

AMENDED RETURN - SECTION 512(a)(7) REPEAL

Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e)) 1806

OMB No 1545-0687

2017

For calendar year 2017 or other tax year beginning 07/01, 2017, and ending 06/30, 2018

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service

Form header section containing: A Check box if address changed; B Exempt under section 501(c)(3); C Book value of all assets at end of year; F Group exemption number; G Check organization type; D Employer identification number; E Unrelated business activity codes.

H Describe the organization's primary unrelated business activity; I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?; J The books are in care of; Telephone number.

Table with 3 main columns: (A) Income, (B) Expenses, (C) Net. Rows include: 1a Gross receipts or sales; 1b Less returns and allowances; 2 Cost of goods sold; 3 Gross profit; 4a Capital gain net income; 4b Net gain (loss); 5 Income (loss) from partnerships; 6 Rent income; 7 Unrelated debt-financed income; 8 Interest, annuities, royalties; 9 Investment income; 10 Exploited exempt activity income; 11 Advertising income; 12 Other income; 13 Total. Includes a 'RECEIVED' stamp from OGDEN, UT dated SEP 09 2020.

Table with 3 main columns: (A) Income, (B) Expenses, (C) Net. Rows include: 14 Compensation of officers, directors, and trustees; 15 Salaries and wages; 16 Repairs and maintenance; 17 Bad debts; 18 Interest; 19 Taxes and licenses; 20 Charitable contributions; 21 Depreciation; 22 Less depreciation claimed; 23 Depletion; 24 Contributions to deferred compensation plans; 25 Employee benefit programs; 26 Excess exempt expenses; 27 Excess readership costs; 28 Other deductions; 29 Total deductions; 30 Unrelated business taxable income before net operating loss deduction; 31 Net operating loss deduction; 32 Unrelated business taxable income before specific deduction; 33 Specific deduction; 34 Unrelated business taxable income.

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Part III Tax Computation

Table with 3 columns: Line number, Description, and Amount. Includes rows 35 (Organizations Taxable as Corporations), 36 (Trusts Taxable at Trust Rates), 37 (Proxy tax), 38 (Alternative minimum tax), 39 (Tax on Non-Compliant Facility Income), and 40 (Total).

Part IV Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Includes rows 41a-41e (Credits), 42 (Subtract line 41e), 43 (Other taxes), 44 (Total tax), 45a-45g (Payments), 46 (Total payments), 47 (Estimated tax penalty), 48 (Tax due), 49 (Overpayment), and 50 (Enter the amount of line 49).

Part V Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Line number, Description, and Yes/No columns. Includes rows 51 (Foreign interest), 52 (Foreign trust), and 53 (Tax-exempt interest).

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Preparation of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer: [Handwritten Signature] Date: 10/19/2020 Title: VP FINANCE

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only

Table with 4 columns: Print/Type preparer's name, Preparer's signature, Date, and PTIN. Includes fields for Firm's name, Firm's EIN, and Phone no.

Schedule A—Cost of Goods Sold. Enter method of inventory valuation ▶

1 Inventory at beginning of year	1			6 Inventory at end of year	6		
2 Purchases	2			7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7		
3 Cost of labor	3						
4a Additional section 263A costs (attach schedule)	4a						
b Other costs (attach schedule)	4b			8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		Yes	No
5 Total. Add lines 1 through 4b	5						<input checked="" type="checkbox"/>

Schedule C—Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property		
(1)		
(2)		
(3)		
(4)		
2. Rent received or accrued		
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶		

Schedule E—Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 × column 6)	8. Allocable deductions (column 6 × total of columns 3(a) and 3(b))
(1)				
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Total dividends-received deductions included in column 8				

Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

Add columns 5 and 10
Enter here and on page 1, Part I, line 8, column (A)

Add columns 6 and 11
Enter here and on page 1, Part I, line 8, column (B)

Totals

Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				

Enter here and on page 1, Part I, line 9, column (A)

Enter here and on page 1, Part I, line 9, column (B)

Totals

Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						

Enter here and on page 1, Part I, line 10, col (A)

Enter here and on page 1, Part I, line 10, col (B)

Enter here and on page 1, Part II, line 26

Totals

Schedule J – Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						

Totals (carry to Part II, line (5))

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I						
Totals, Part II (lines 1–5)	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27

Schedule K – Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			

Alternative Minimum Tax—Corporations

2017

▶ Attach to the corporation's tax return.
 ▶ Go to www.irs.gov/Form4626 for instructions and the latest information.

Name **MERCY CLINIC SPRINGFIELD COMMUNITIES** Employer identification number **43-1560263**

Note: See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e).

1	Taxable income or (loss) before net operating loss deduction	1	0
2	Adjustments and preferences:		
a	Depreciation of post-1986 property	2a	
b	Amortization of certified pollution control facilities	2b	
c	Amortization of mining exploration and development costs	2c	
d	Amortization of circulation expenditures (personal holding companies only)	2d	
e	Adjusted gain or loss	2e	
f	Long-term contracts	2f	
g	Merchant marine capital construction funds	2g	
h	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)	2h	
i	Tax shelter farm activities (personal service corporations only)	2i	
j	Passive activities (closely held corporations and personal service corporations only)	2j	
k	Loss limitations	2k	
l	Depletion	2l	
m	Tax-exempt interest income from specified private activity bonds	2m	
n	Intangible drilling costs	2n	
o	Other adjustments and preferences	2o	
3	Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 2o	3	0
4	Adjusted current earnings (ACE) adjustment:		
a	ACE from line 10 of the ACE worksheet in the instructions	4a	
b	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount. See instructions	4b	
c	Multiply line 4b by 75% (0.75). Enter the result as a positive amount	4c	
d	Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments. See instructions. Note: You must enter an amount on line 4d (even if line 4b is positive)	4d	
e	ACE adjustment. • If line 4b is zero or more, enter the amount from line 4c • If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount	4e	
5	Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT	5	0
6	Alternative tax net operating loss deduction. See instructions	6	
7	Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions	7	
8	Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c):		
a	Subtract \$150,000 from line 7. If completing this line for a member of a controlled group, see instructions. If zero or less, enter -0-	8a	
b	Multiply line 8a by 25% (0.25)	8b	
c	Exemption. Subtract line 8b from \$40,000. If completing this line for a member of a controlled group, see instructions. If zero or less, enter -0-	8c	
9	Subtract line 8c from line 7. If zero or less, enter -0-	9	
10	Multiply line 9 by 20% (0.20)	10	
11	Alternative minimum tax foreign tax credit (AMTFTC). See instructions	11	
12	Tentative minimum tax. Subtract line 11 from line 10	12	
13	Regular tax liability before applying all credits except the foreign tax credit	13	
14	Alternative minimum tax. Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	14	

NAME AND FEIN OF PARENT CORPORATION

MERCY HEALTH
43-1423050

AMENDED RETURN – SECTION 512(a)(7) REPEAL

Mercy Clinic Springfield Communities

43-1560263

ATTACHMENT 2

Part I - Line 12 - Other Income

This line has been updated from the Originally Filed Return to reflect the repeal of Section 512(a)(7).

Part I - Line 12 - Other Income

\$0

This update also changed the following:

- Line 13
- Line 30
- Line 32
- Line 34
- Line 35a(3)
- Line 35c
- Line 40
- Line 42
- Line 44
- Line 45g
- Line 46
- Line 48
- Line 49
- Line 50
- Form 4626
- Form 3800
- Schedule O - Part II, Part III

AMENDED RETURN – SECTION 512(a)(7) REPEAL

MERCY CLINIC SPRINGFIELD COMMUNITIES
 EIN 43-1560263

STATEMENT ATTACHED TO AND MADE PART OF EXEMPT
 ORGANIZATION BUSINESS INCOME TAX RETURN FORM 990-T
 FOR THE YEAR ENDED JUNE 30, 2018

LINE 31, NET OPERATING LOSS

YEAR	AMOUNT GENERATED	AMOUNT UTILIZED IN PRIOR YEAR	AMOUNT UTILIZED IN CURRENT YEAR	NOL CARRYFORWARD	EXPIRATION DATE
6/30/2002 & PRIOR	(883,934)	-	-	(883,934)	6/30/2022
6/30/2003	(273,252)	-	-	(273,252)	6/30/2023
6/30/2004	(468,529)	-	-	(468,529)	6/30/2024
6/30/2005	(599,130)	-	-	(599,130)	6/30/2025
6/30/2006	(777,242)	-	-	(777,242)	6/30/2026
6/30/2007	(713,932)	-	-	(713,932)	6/30/2027
6/30/2008	(635,454)	-	-	(635,454)	6/30/2028
6/30/2009	(629,200)	-	-	(629,200)	6/30/2029
6/30/2010	(309,298)	-	-	(309,298)	6/30/2030
6/30/2011	(290,851)	-	-	(290,851)	6/30/2031
6/30/2012	-	-	-	-	6/30/2032
6/30/2013	-	-	-	-	6/30/2033
6/30/2014	-	-	-	-	6/30/2034
6/30/2015	-	-	-	-	6/30/2035
6/30/2016	-	-	-	-	6/30/2036
6/30/2017	-	-	-	-	6/30/2037
6/30/2018	-	-	-	-	6/30/2038
	(5,580,822)	-	-	(5,580,822)	

AMENDED RETURN – SECTION 512(a)(7) REPEAL

MERCY CLINIC SPRINGFIELD COMMUNITIES

EIN 43-1560263

STATEMENT ATTACHED TO AND MADE PART OF EXEMPT
ORGANIZATION BUSINESS INCOME TAX RETURN FORM 990-T
FOR THE YEAR ENDED JUNE 30, 2018

AMT NET OPERATING LOSS

YEAR	AMOUNT GENERATED	AMOUNT UTILIZED IN PRIOR YEAR	AMOUNT UTILIZED IN CURRENT YEAR	NOL CARRYFORWARD	EXPIRATION DATE
6/30/2002 & PRIOR	(883,934)	-	-	(883,934)	6/30/2022
6/30/2003	(273,252)	-	-	(273,252)	6/30/2023
6/30/2004	(468,529)	-	-	(468,529)	6/30/2024
6/30/2005	(599,130)	-	-	(599,130)	6/30/2025
6/30/2006	(777,242)	-	-	(777,242)	6/30/2026
6/30/2007	(713,932)	-	-	(713,932)	6/30/2027
6/30/2008	(635,454)	-	-	(635,454)	6/30/2028
6/30/2009	(629,200)	-	-	(629,200)	6/30/2029
6/30/2010	(309,298)	-	-	(309,298)	6/30/2030
6/30/2011	(290,851)	-	-	(290,851)	6/30/2031
6/30/2012	-	-	-	-	6/30/2032
6/30/2013	-	-	-	-	6/30/2033
6/30/2014	-	-	-	-	6/30/2034
6/30/2015	-	-	-	-	6/30/2035
6/30/2016	-	-	-	-	6/30/2036
6/30/2017	-	-	-	-	6/30/2037
6/30/2018	-	-	-	-	6/30/2038
	(5,580,822)	-	-	(5,580,822)	

Form **3800**

AMENDED RETURN - SECTION 512(a)(7) REPEAL

General Business Credit

OMB No 1545-0895

2017
Attachment
Sequence No **22**

Department of the Treasury
Internal Revenue Service (99)

▶ Go to www.irs.gov/Form3800 for instructions and the latest information.
▶ You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return.

Name(s) shown on return
MERCY CLINIC SPRINGFIELD COMMUNITIES

Identifying number
43-1560263

Part I Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT)
(See instructions and complete Part(s) III before Parts I and II)

1	General business credit from line 2 of all Parts III with box A checked	1	
2	Passive activity credits from line 2 of all Parts III with box B checked <input type="text" value="2"/>		
3	Enter the applicable passive activity credits allowed for 2017 See instructions	3	
4	Carryforward of general business credit to 2017 Enter the amount from line 2 of Part III with box C checked See instructions for statement to attach	4	11,000
5	Carryback of general business credit from 2018 Enter the amount from line 2 of Part III with box D checked See instructions	5	
6	Add lines 1, 3, 4, and 5	6	11,000

Part II Allowable Credit

7	Regular tax before credits <ul style="list-style-type: none"> Individuals Enter the sum of the amounts from Form 1040, lines 44 and 46, or the sum of the amounts from Form 1040NR, lines 42 and 44 Corporations Enter the amount from Form 1120, Schedule J, Part I, line 2, or the applicable line of your return Estates and trusts Enter the sum of the amounts from Form 1041, Schedule G, lines 1a and 1b, or the amount from the applicable line of your return 	7	
8	Alternative minimum tax <ul style="list-style-type: none"> Individuals Enter the amount from Form 6251, line 35 Corporations Enter the amount from Form 4626, line 14 Estates and trusts Enter the amount from Schedule I (Form 1041), line 56 	8	0
9	Add lines 7 and 8	9	0
10a	Foreign tax credit	10a	
b	Certain allowable credits (see instructions)	10b	
c	Add lines 10a and 10b	10c	
11	Net income tax. Subtract line 10c from line 9 If zero, skip lines 12 through 15 and enter -0- on line 16	11	0
12	Net regular tax. Subtract line 10c from line 7 If zero or less, enter -0-	12	
13	Enter 25% (0.25) of the excess, if any, of line 12 over \$25,000 (see instructions)	13	
14	Tentative minimum tax <ul style="list-style-type: none"> Individuals Enter the amount from Form 6251, line 33 Corporations Enter the amount from Form 4626, line 12 Estates and trusts Enter the amount from Schedule I (Form 1041), line 54 	14	0
15	Enter the greater of line 13 or line 14	15	0
16	Subtract line 15 from line 11 If zero or less, enter -0-	16	
17	Enter the smaller of line 6 or line 16 C corporations: See the line 17 instructions if there has been an ownership change, acquisition, or reorganization	17	

For Paperwork Reduction Act Notice, see separate instructions.

Form **3800** (2017)

Part II Allowable Credit (Continued)

Note: If you are not required to report any amounts on lines 22 or 24 below, skip lines 18 through 25 and enter -0- on line 26.

18	Multiply line 14 by 75% (0.75). See instructions	18	
19	Enter the greater of line 13 or line 18	19	
20	Subtract line 19 from line 11. If zero or less, enter -0-	20	0
21	Subtract line 17 from line 20. If zero or less, enter -0-	21	0
22	Combine the amounts from line 3 of all Parts III with box A, C, or D checked	22	
23	Passive activity credit from line 3 of all Parts III with box B checked 23		
24	Enter the applicable passive activity credit allowed for 2017. See instructions	24	
25	Add lines 22 and 24	25	
26	Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 25	26	
27	Subtract line 13 from line 11. If zero or less, enter -0-	27	0
28	Add lines 17 and 26	28	
29	Subtract line 28 from line 27. If zero or less, enter -0-	29	0
30	Enter the general business credit from line 5 of all Parts III with box A checked	30	
31	Reserved	31	
32	Passive activity credits from line 5 of all Parts III with box B checked 32		
33	Enter the applicable passive activity credits allowed for 2017. See instructions	33	
34	Carryforward of business credit to 2017. Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked. See instructions for statement to attach	34	
35	Carryback of business credit from 2018. Enter the amount from line 5 of Part III with box D checked. See instructions	35	
36	Add lines 30, 33, 34, and 35.	36	
37	Enter the smaller of line 29 or line 36.	37	
38	Credit allowed for the current year. Add lines 28 and 37. Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return. <ul style="list-style-type: none"> • Individuals Form 1040, line 54, or Form 1040NR, line 51 • Corporations. Form 1120, Schedule J, Part I, line 5c • Estates and trusts Form 1041, Schedule G, line 2b 	38	

Form 3800 (2017)

Name(s) shown on return MERCY CLINIC SPRINGFIELD COMMUNITIES	Identifying number 43-1560263
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Part III General Business Credits or Eligible Small Business Credits (see instructions)

Complete a separate Part III for each box checked below (see instructions)

- | | |
|---|--|
| <input type="checkbox"/> A General Business Credit From a Non-Passive Activity | <input type="checkbox"/> E Reserved |
| <input type="checkbox"/> B General Business Credit From a Passive Activity | <input type="checkbox"/> F Reserved |
| <input checked="" type="checkbox"/> C General Business Credit Carryforwards | <input type="checkbox"/> G Eligible Small Business Credit Carryforwards |
| <input type="checkbox"/> D General Business Credit Carrybacks | <input type="checkbox"/> H Reserved |

I If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III

(a) Description of credit	(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
Note: On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity		
1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	
b Reserved	1b	
c Increasing research activities (Form 6765)	1c	
d Low-income housing (Form 8586, Part I only)	1d	
e Disabled access (Form 8826) (see instructions for limitation)	1e	
f Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f	
g Indian employment (Form 8845)	1g	
h Orphan drug (Form 8820)	1h	
i New markets (Form 8874)	1i	
j Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j	
k Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k	
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
p Energy efficient home (Form 8908)	1p	
q Energy efficient appliance (carryforward only)	1q	
r Alternative motor vehicle (Form 8910)	1r	
s Alternative fuel vehicle refueling property (Form 8911)	1s	
t Enhanced oil recovery credit (Form 8830)	1t	
u Mine rescue team training (Form 8923)	1u	
v Agricultural chemicals security (carryforward only)	1v	
w Employer differential wage payments (Form 8932)	1w	
x Carbon dioxide sequestration (Form 8933)	1x	
y Qualified plug-in electric drive motor vehicle (Form 8936)	1y	
z Qualified plug-in electric vehicle (carryforward only)	1z	
aa Employee retention (Form 5884-A)	1aa	11,000
bb General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb	
zz Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)	1zz	
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I	2	11,000
3 Enter the amount from Form 8844 here and on the applicable line of Part II	3	
4a Investment (Form 3468, Part III) (attach Form 3468)	4a	
b Work opportunity (Form 5884)	4b	
c Biofuel producer (Form 6478)	4c	
d Low-income housing (Form 8586, Part II)	4d	
e Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e	
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	
g Qualified railroad track maintenance (Form 8900)	4g	
h Small employer health insurance premiums (Form 8941)	4h	
i Increasing research activities (Form 6765)	4i	
j Reserved	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	11,000

AMENDED RETURN - SECTION 512(a)(7) REPEAL

FORM 3800 DETAIL

=====

LINE 1AA - CARRYFORWARD OF NEW HIRE RETENTION CREDIT

TAX YEAR	AVAILABLE	UTILIZED	CARRYFORWARD
06/30/2011	11,000.		11,000.
TOTALS	11,000.		11,000.

=====

TOTAL CARRIED FORWARD FROM PRIOR YEARS 11,000.

Mercy Clinic Springfield Communities
Section 1.263(a)-3(n) Election

EIN: 43-1560263
Tax Year Ending 6/30/2018

Section 1.263(a)-3(n) Election Statement

Taxpayer Name: Mercy Clinic Springfield Communities (“Taxpayer”)
Taxpayer Address: 1235 E. Cherokee Springfield, MO 65804
EIN: 43-1560263

The above-referenced Taxpayer is making the election to capitalize repair and maintenance costs under Section 1.263(a)-3(n) for its tax year ending 6/30/2018.

Mercy Clinic Springfield Communities

EIN: 43-1560263

Section 1.263(a)-1(f) de minimis safe harbor election

Tax Year Ending 6/30/2018

Section 1.263(a)-1(f) de minimis safe harbor election statement

Taxpayer Name: Mercy Clinic Springfield Communities (“Taxpayer”)

Taxpayer Address: 1235 E. Cherokee Springfield, MO 65804

EIN: 43-1560263

The above-referenced Taxpayer is making the de minimis safe harbor election under Section 1.263(a)-1(f) for its tax year ending 6/30/2018.