

Amended Exempt Organization Income and Replacement Tax Return

	For tax years ending on or after December 31, 2012					
Inc	Write the amount you are paying.					
STO	dicate what tax year you are amending: Tax year beginning month da	ember	ear ending month day year 31, 2012,			
	you cannot use this form. For prior years, use the amended return for	orm for	r that year.	\$		
	tep 1: Identify your exempt organization Write your complete legal business name. If you have a name change, check this box. Name:	П	C Write your federal employer D Check the applicable box fo being made.			
В	Write your mailing address. If you have an address change, check this box. C/O:			Finalized		
	Mailing address:		Attach your federal finalizat			
	City: State: ZIP:		E Check this box if you are tax	xed as a corporation.		
			F Check this box if you are taxed as a trust.			
•			G Check this box if Schedule	1299-D is attached		
ը .						
Attach your payment and Form IL-990-T-X-V here.						
₩ ₩	Step 3: Figure your base income or loss		A As most recently reported or adjusted	B Corrected amount		
^			As most recently	Corrected		
^	Step 3: Figure your base income or loss Unrelated business taxable income or loss from U.S. Form 990-T, Line 34.	1 _	As most recently reported or adjusted	Corrected		
1	Unrelated business taxable income or loss from U.S. Form 990-T, Line 34. Illinois income and replacement tax deducted in arriving at Line 1.		As most recently reported or adjusted •00 •00	Corrected amount •00 •00		
1	Unrelated business taxable income or loss from U.S. Form 990-T, Line 34.	1 2 3	As most recently reported or adjusted •00 •00	Corrected amount		
1 2	Unrelated business taxable income or loss from U.S. Form 990-T, Line 34. Illinois income and replacement tax deducted in arriving at Line 1. Base income or loss. Add Lines 1 and 2. A If the amount on Line 3 is derived inside Illinois only or if you are a from Step 3. Line 3 on Step 5. Line 12. You may not complete Step 1.	an Illino 4. (You	As most recently reported or adjusted •00 •00 •00 •00 •out	Corrected amount 1		
1 2 3	Unrelated business taxable income or loss from U.S. Form 990-T, Line 34. Illinois income and replacement tax deducted in arriving at Line 1. Base income or loss. Add Lines 1 and 2. A If the amount on Line 3 is derived inside Illinois only or if you are a from Step 3, Line 3 on Step 5, Line 12. You may not complete Step B. B If any portion of the amount on Line 3 is derived outside Illinois, cl	an Illino 4. (You heck th	As most recently reported or adjusted •00 •00 •00 •00 •is resident trust, check this box must leave Step 4, Lines 4 throughts box and complete all lines of S	Corrected amount		
1 2 3	Unrelated business taxable income or loss from U.S. Form 990-T, Line 34. Illinois income and replacement tax deducted in arriving at Line 1. Base income or loss. Add Lines 1 and 2. A If the amount on Line 3 is derived inside Illinois only or if you are a from Step 3, Line 3 on Step 5, Line 12. You may not complete Step B. If any portion of the amount on Line 3 is derived outside Illinois, classes. The parameters of the property of the prope	an Illino 4. (You heck th	As most recently reported or adjusted •00 •00 •00 •00 •is resident trust, check this box must leave Step 4, Lines 4 throughts box and complete all lines of S	Corrected amount		
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1 2 3 STC	Unrelated business taxable income or loss from U.S. Form 990-T, Line 34. Illinois income and replacement tax deducted in arriving at Line 1. Base income or loss. Add Lines 1 and 2. A If the amount on Line 3 is derived inside Illinois only or if you are a from Step 3, Line 3 on Step 5, Line 12. You may not complete Step B. If any portion of the amount on Line 3 is derived outside Illinois, classes are a from Step 4: Figure your income allocable to Illinois (Complete Trust, estate, and non-unitary partnership business income or loss included in Line 3. Business income or loss. Subtract Line 4 from Line 3.	3an Illino 4. (You heck the only if 45	As most recently reported or adjusted •00 •00 •00 •00 •is resident trust, check this box must leave Step 4, Lines 4 throughts box and complete all lines of Step 4, Lines 4 through the step 4 through through the step 4 through the step 4 through the step 4 through through the step 4 through the step 4 through the step 4 through	Corrected amount		
1 2 3 SIC	Unrelated business taxable income or loss from U.S. Form 990-T, Line 34. Illinois income and replacement tax deducted in arriving at Line 1. Base income or loss. Add Lines 1 and 2. A If the amount on Line 3 is derived inside Illinois only or if you are a from Step 3, Line 3 on Step 5, Line 12. You may not complete Step B. If any portion of the amount on Line 3 is derived outside Illinois, classes experience of the complete Trust, estate, and non-unitary partnership business income or loss included in Line 3. Business income or loss. Subtract Line 4 from Line 3. Total sales everywhere. This amount cannot be negative.	3an Illino 4. (You heck the only if 4 5 6	As most recently reported or adjusted •00 •00 •00 •00 is resident trust, check this box must leave Step 4, Lines 4 through is box and complete all lines of S you checked the box on Line B •00 •00 •00	Corrected amount 2		
1 2 3 STC STC 4 5 6 7	Unrelated business taxable income or loss from U.S. Form 990-T, Line 34. Illinois income and replacement tax deducted in arriving at Line 1. Base income or loss. Add Lines 1 and 2. A If the amount on Line 3 is derived inside Illinois only or if you are a from Step 3, Line 3 on Step 5, Line 12. You may not complete Step B. If any portion of the amount on Line 3 is derived outside Illinois, classes are state, and non-unitary partnership business income or loss included in Line 3. Business income or loss. Subtract Line 4 from Line 3. Total sales everywhere. This amount cannot be negative. Total sales inside Illinois. This amount cannot be negative.	3an Illino 4. (You heck the only if 4 5 6 7	As most recently reported or adjusted •00 •00 •00 •00 •is resident trust, check this box must leave Step 4, Lines 4 throughts box and complete all lines of \$ you checked the box on Line B •00 •00 •00 •00 •00	Corrected amount		
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1 2 3 SIC 4 5 6 7 8 9	Unrelated business taxable income or loss from U.S. Form 990-T, Line 34. Illinois income and replacement tax deducted in arriving at Line 1. Base income or loss. Add Lines 1 and 2. A If the amount on Line 3 is derived inside Illinois only or if you are a from Step 3, Line 3 on Step 5, Line 12. You may not complete Step B. B If any portion of the amount on Line 3 is derived outside Illinois, classes and non-unitary partnership business income or loss included in Line 3. Business income or loss. Subtract Line 4 from Line 3. Total sales everywhere. This amount cannot be negative. Total sales inside Illinois. This amount cannot be negative. Apportionment Factor. Divide Line 7 by Line 6 (carry to six decimal places) Business income or loss apportionable to Illinois. Multiply Line 5 by Line 8. Trust, estate, and non-unitary partnership business income or loss	3	As most recently reported or adjusted •00 •00 •00 •00 •is resident trust, check this box must leave Step 4, Lines 4 throughts box and complete all lines of Step 4, Lines 4 through the step 4 through through the step 4 through the step 4 through the step 4 through the step 4 th	Corrected amount		
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					A		ь
					As most recently reported or adjusted		Corrected amount
Step	5: Figure your net	replacement	tax				
12	Net income or loss from	Line 3 or Line 11.		12 _	<u>•00</u>	12	<u>•00</u>
13	Replacement tax. Corp		Line 12 by 2.5% (.025);				
	Trusts: multiply Line 12				<u>•00</u>		<u>•00</u>
	Recapture of investment	=			<u>•00</u>		•00
	Replacement tax before		. Add Lines 13 and 14.	15 _	<u>•00</u>	15	•00
	Investment credits (Forn			16 _	<u>•00</u>	16	•00
17	Net replacement tax. S		m Line 15.	47	00	47	22
	If the amount is negative	, write "U."		17_	<u>•00</u>	17 _	<u>•00</u>
Step	6: Figure your net	income tax					
18	Net income or loss from	Line 12.		18 _	•00	18	•00
19	Income tax. Corporatio	ns: multiply Line 1	8 by 7% (.07).				
	Trusts: multiply Line 18			19 _	<u>•00</u>	19	•00
20	Recapture of investment	credits (Schedule	4255).	20 _	<u>•00</u>	20	•00
21	Income tax before credits	s. Add Lines 19 an	d 20.		<u>•00</u>		<u>•00</u>
22	Income tax credits (Sche	edule 1299-D).		22	<u>•00</u>		<u>•00</u>
23	Net income tax. Subtract	ct Line 22 from Line	e 21.				
	If the amount is negative	, write "0."		23 _	<u>•00</u>	23	•00
Ster	7: Figure your refu	und or balance	e due				
-	Net replacement tax fron		, aao	2/	•00	2/	•00
25	Net income tax from Line				•00		• <u>00</u>
26	Total net income and re		Add Lines 24 and 25		•00		•00
	Payments	spiacement taxes	. Add Lines 24 and 25.	20 _	<u> </u>	20	•00
_,	a Credit from prior year	overnavment		27a	•00		
	b Total estimated payments				•00		
	c Form IL-505-B (exten				•00		
	d Gambling withholding				•00		
28	Total payments. Add Line	. ,	1	2 70 _	<u> </u>	28	•00
29	Tax paid with original ret	_					•00
30		*					•00
			onginai return was ilieu.				
	Total tax paid. Add Lines Total amount previously		aditad for the year being	amanda	d whather or not	31	<u>•00</u>
32	you received the overpay		edited for the year being	amenue	d, whether of not	32	•00
33	Net tax paid. Subtract Lir					33	•00
	Refund. If Line 33 is greater			22		33 <u> </u>	•00
35	Tax due. If Line 26 is gre					35 	•00
36	Penalty. See instructions		Subtract Line 33 Hom Li	116 20.		36 36	•00
37	Interest. See instructions					30 <u> </u>	•00
38	Total balance due. Add L		7			38	•00
	If you owe tax on Line 3	_		_000_T_Y	-V make vour check na		
	ii you one tax on Emo o		ue" and attach them to		-	yabio to iii	moio Bopartinont or
	<i>≣</i> Special L	Vote → Write the a	mount of your paymen	t on the	top of Page 1 in the sp	ace provide	d.
Ctor			, , ,			•	
-	8: Sign here		antina al Alatin materima a male tra	41 14	and the second and the second and the second		
Unde	r penalties of perjury, I sta	ate that I have exa	mined this return and, to	tne best	of my knowledge, it is tru	ue, correct, a	ina complete.
Cia '	ure of outbourned -ff:	Dots	Title		()		s box if we may
Signat	ure of authorized officer	Date	Title		Phone		his return with the shown in this step.
Sianat	ure of preparer		Preparer's Social Sec	curity numb	per or firm's FFIN	preparer	snown in triis step. 🔲
oignat	a.o o, proparor	Dato	1 Toparor 5 Goodar Ger	carry manne	o. o. minor Env	()	
Prepai	rer's firm name (or yours, if self-e	mployed) Addre	ess			Phone	