Illinois Department of Revenue		
(2017 Form IL-990-T		
Exempt Organization Income and	Replacement Tax Retu	rn
Due on or before the 15th day of the 5th month (4th mor		
If this return is not for calendar year 2017, enter your fiscal tax ye	· · · · ·	nter the amount you are paying.
		nie in an an an jed are paying.
Tax year beginning 20, ending day, ending day		
For tax years ending <b>on</b> or <b>after</b> December 31, 2017. For prior ye	ears, use the form for that year. \$	
Step 1: Identify your exempt organization	D Enter your federal e	employer identification no. (FEIN).
A Enter your complete legal business name.	<u> </u>	
If you have a name change, check this box.	<b>E</b> Check if you are ta	xed as a corporation
Name:	<b>F</b> Check if you are ta	
B Enter your mailing address.	-	of your unrelated trade or
Check this box if either of the following apply:		or your unrelated trade of
• this is your <b>first return</b> , or	H Check this box if yo	
• you have an <b>address change</b> .		Income Tax Credits.
C/O:		nerican Industry Classification
Mailing address:	-	ode, if applicable. See instructions.
City: State: ZIP: _		
<b>C</b> If this is the first or final return, check the applicable box(es).		
First return		
	<b>`</b>	
Final return (Enter the date of termination mm dd	) )	
Step 2: Figure your base income or loss		(Whole dollars only)
1 Unrelated business taxable income or loss from U.S. Form 990	-T. Line 34.	(There denale entry)
Attach a copy of Page 1 of your U.S. Form 990-T.		1
2 Illinois income and replacement tax and surcharge deducted in	arriving at Line 1.	<b>2</b> <u>•00</u>
<b>3</b> Base income or loss. Add Lines 1 and 2.		<b>3</b> 00
A If the amount on Line 3 is derived inside Illinois only or if yo		
from Step 2, Line 3 on Step 4, Line 12. You may not complete		
B If any portion of the amount on Line 3 is derived outside Illi	nois, check this box and complete <u>all lin</u>	es of Step 3.
(Do not leave Lines 6 through 8 blank.) See instructions.		
Step 3: Figure your income allocable to Illinois (Complete		
4 Business income or loss included in Line 3 from non-unitary pa		
<ul><li>Schedule UB, S corporations, trusts, or estates. See instruction</li><li>5 Business income or loss. Subtract Line 4 from Line 3.</li></ul>	15.	4 5
<ul><li>6 Total sales everywhere. This amount cannot be negative.</li></ul>	6	
<ul><li>7 Total sales inside Illinois. This amount cannot be negative.</li></ul>	7	
8 Apportionment factor. Divide Line 7 by Line 6 (carry to six decin		
9 Business income or loss apportionable to Illinois. Multiply Line 5		9
10 Business income or loss apportionable to Illinois from non-unita	ary partnerships, partnerships included	d on
a Schedule UB, S corporations, trusts, or estates. See instruction	ons.	<b>10</b> 00
<b>11 Base income or loss allocable to Illinois.</b> Add Lines 9 and 10	0.	11 <u>•00</u>
Step 4: Figure your net replacement tax		
▼ 12 Net income or loss from Line 3 or Line 11.		<b>12</b>
<b>13</b> Replacement tax <b>Corporations</b> multiply Line 12 by 2.5% (0	25); <b>Trusts</b> multiply by 1.5% (.015).	1300
<b>14</b> Recapture of investment credits. <b>Attach</b> Schedule 4255.		14 <u></u>
15 Replacement tax before investment credits. Add Lines 13 and	d 14.	15
້ອ້ອ້ <b>16</b> Investment credits. <b>Attach</b> Form IL-477.		<b>16</b> 0 <u>0</u>
<ul> <li>14 Recapture of investment credits. Attach Schedule 4255.</li> <li>15 Replacement tax before investment credits. Add Lines 13 and 16 Investment credits. Attach Form IL-477.</li> <li>17 Net replacement tax. Subtract Line 16 from Line 15. If the a</li> </ul>	mount is negative, enter "0."	<b>17</b> 00
Att F		

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Step 5: Figure your net inc	come tax
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18	Net income or loss from Line 12.		18	•00
19	Income Tax. See instructions for tax rate calculations.			
	Corporations: Multiply Line 18 by the appropriate I	blended tax rate or enter the tax		
	Trusts: from Schedule SA.		19	•00
20	Recapture of investment credits. Attach Schedule 4255.		20	•00
21	Income tax before credits. Add Lines 19 and 20.		21	•00
22	Income tax credits. Attach Schedule 1299-D.		22	•00
23	Net income tax. Subtract Line 22 from Line 21. If the amo	ount is negative, enter "0."	23	
Step	6: Figure your refund or balance due			
-	Net replacement tax from Line 17.		24	•00
25	Net income tax from Line 23.		25	•00
26	Compassionate Use of Medical Cannabis Pilot Program A	Act surcharge. See instructions.	26	•00
	Total net income and replacement taxes and surcharg	27	•00	
28	Payments. See instructions.			
	a Credit from prior year overpayments.	<b>28a</b>		
	<b>b</b> Total estimated payments.	<b>28b</b>		
	<b>c</b> Form IL-505-B (extension) payment.	<b>28c</b> ₀ <u>00</u>		
	d Pass-through withholding payments reported to you on	ı Schedule(s)		
	K-1-P or K-1-T. Attach Schedule(s) K-1-P or K-1-T.	<b>28d</b> 00		
	e Illinois gambling withholding. Attach Form(s) W-2G.	<b>28e</b> 00		
29	Total payments. Add Lines 28a through 28e.		29	
30	Overpayment. If Line 29 is greater than Line 27, subtract	Line 27 from Line 29.	30	
31	Amount to be credited forward. See instructions.	<b>♦</b> 31		
32	Refund. Subtract Line 31 from Line 30. This is the amoun	it to be refunded.	32	•00
33	Complete to direct deposit your refund			
	Routing Number	Checking or Savings		
	Account Number			
34	Tax Due. If Line 27 is greater than Line 29, subtract Line 2	29 from Line 27. This is the amount you owe.	34	•00
►	If you owe tax on Line 34, complete a payment vouche your check or money order and make it payable to "Illi front of this form.		•	

= Special Note  $\rightarrow$  Enter the amount of your payment on the top of Page 1 in the space provided.

Step 7: Sign below - Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

Sign Here								( )		may	discus	t if the Department to this return with the
			Date (mm/dd/	уууу)	Title		Phone			paid preparer shown in this step.		
Paid										Che	ck if	
Prepa Use C		Print/Type paid preparer's name		Paid preparer's signature		Date (mm/dd/yyyy) se		self-empl	oyed	Paid Preparer's PTIN		
		Firm's name	•					Firm's FEIN 🕨				
	, <b>,</b>	Firm's address	•						Firm's	s phone ►	(	)

If a payment is not enclosed, mail this return to: Illinois Department of Revenue, P.O. Box 19009, Springfield, IL 62794-9009

If a payment is enclosed, mail this return to: Illinois Department of Revenue, P.O. Box 19053, Springfield, IL 62794-9053

