Illinois Department of Revenue 2019 Form IL-990-T Exempt Organization Income and Repl Due on or before the 15th day of the 5th month (4th month for en				Vear
If this return is not for calendar year 2019, enter your fiscal tax year here.	прюу		Enter the amount yo	-
Tax year beginning 20_year_, ending 20_year_			,	5
This form is for tax years ending on or after December 31, 2019, and before De For all other situations, see instructions to determine the correct form to use.	ecemb	per 31, 2020.	\$	
Step 1: Identify your exempt organization A Enter your complete legal business name. If you have a name change, check this box. Image: Imag	E F	Enter your federal employer identification number (FEIN).		
 you have an address change. C/O: 	н	Check this box if ye		
Mailing address:	I	Enter your North Ar	nerican Industry Cla	ssification
City: State:		System (NAICS) Co	ode, if applicable. Se	e instructions.
C If this is the first or final return, check the applicable box(es).	J	Check this box if yo	ou are a 52/53 week	c filer.
Final return (Enter the date of termination				
 Step 2: Figure your base income or loss 1 Unrelated business taxable income or loss from U.S. Form 990-T, Line 39. Attach a copy of Page 2 of your U.S. Form 990-T. 2 RESERVED 3 RESERVED 4 Illinois income and replacement tax and surcharge deducted in arriving at Li 5 Base income or loss. Add Lines 1 and 4. 	ine 1.		(Whole dol 1 2 3 4 5 	•00 •00 •00 •00 •00 •00
A If the amount on Line 5 is derived inside Illinois only or if you are an Illin from Step 2, Line 5 on Step 4, Line 14. You may not complete Step 3. (You				amount
B If any portion of the amount on Line 5 is derived outside Illinois, check th (Do not leave Lines 8 through 10 blank.) See instructions.	his bo	ox and complete <u>all li</u>	nes of Step 3.	
Step 3: Figure your income allocable to Illinois (Complete only if you ch	hecke	ed the box on Line B	, above.)	
 Business income or loss included in Line 5 from non-unitary partnerships, partnerships,		rships included on a	6 7	• <u>00</u> • <u>00</u>
 10 Apportionment factor. Divide Line 9 by Line 8. Round to six decimal places. 11 Business income or loss apportionable to Illinois. Multiply Line 7 by Line 10. 	10	-•	11	•00
12 Business income or loss apportionable to Illinois from non-unitary partnersh a Schedule UB, S corporations, trusts, or estates. See instructions.	iips, p	artherships include	d on 12	• <u>00</u>
13 Base income or loss allocable to Illinois. Add Lines 11 and 12.			13	
Step 4: Figure your net replacement tax				
14 Net income or loss from Line 5 or Line 13.	امنانيم	$1 = \frac{1}{2} = $	14	
 15 Replacement tax. Corporations multiply Line 14 by 2.5% (.025); Trusts m 16 Recapture of investment credits. Attach Schedule 4255. 	nunipi	y by 1.3% (.015).	15 16	
17 Replacement tax before investment credits. Add Lines 15 and 16.			17	<u>00</u>
the inplacement credits. Attach Form IL-477.			18	
 14 Net income or loss from Line 5 or Line 13. 15 Replacement tax. Corporations multiply Line 14 by 2.5% (.025); Trusts m 16 Recapture of investment credits. Attach Schedule 4255. 17 Replacement tax before investment credits. Add Lines 15 and 16. 18 Investment credits. Attach Form IL-477. 19 Net replacement tax. Subtract Line 18 from Line 17. If the amount is negative. 	ative,	enter zero.	19	

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Step 5: Figure your net income tax

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20	Net income or loss from Line 14.	20	•00
21	Income Tax.		
	Corporations multiply Line 20 by 7.00% (.07).		
	Trusts multiply Line 20 by 4.95% (.0495).	21	•00
22	Recapture of investment credits. Attach Schedule 4255.	22	•00
23	Income tax before credits. Add Lines 21 and 22.	23	•00
24	Income tax credits. Attach Schedule 1299-D.	24	•00
25	Net income tax. Subtract Line 24 from Line 23. If the amount is negative, enter zero.	25	•00
Step	6: Figure your refund or balance due		
26	Net replacement tax from Line 19.	26	• <u>00</u>
27	Net income tax from Line 25.	27	•00
28	Compassionate Use of Medical Cannabis Program Act surcharge. See instructions.	28	•00
29	Sale of assets by gaming licensee surcharge. See instructions.	29	•00
30	Total net income and replacement taxes and surcharges. Add Lines 26, 27, 28, and 29.	30	<u>00</u>
31	Payments. See instructions.		
	a Credits from previous overpayments. 31a00		
	b Total payments made before the date this return is filed. 31b		
	c Pass-through withholding reported to you on Schedule(s)		
	K-1-P or K-1-T. Attach Schedule(s) K-1-P or K-1-T. 31c00		
	d Illinois gambling withholding. Attach Form(s) W-2G. 31d		
32	Total payments. Add Lines 31a through 31d.	32	
33	Overpayment. If Line 32 is greater than Line 30, subtract Line 30 from Line 32.	33	
-		♦ 34	
	Refund. Subtract Line 34 from Line 33. This is the amount to be refunded.	35	<u>•00</u>
36	Complete to direct deposit your refund		
	Routing Number Savings		
	Account Number		
37	Tax Due. If Line 30 is greater than Line 32, subtract Line 32 from Line 30. This is the amount you owe.	37	• <u>00</u>
►	If you owe tax on Line 37, complete a payment voucher, Form IL-990-T-V. Write your FEIN, tax year	r ending, and "IL-	990-T-V" on
	your check or money order and make it payable to "Illinois Department of Revenue." Attach your	voucher and payr	nent to the
	front of this form.		
	<u>ESpecial Note</u> Enter the amount of your payment on the top of Page 1 in the space	e provided.	
Step	7: Sign below - Under penalties of perjury, I state that I have examined this return and, to the best of my knowled	ge, it is true, correct, a	and complete.
Sign			Department
Here		may discuss this r	return with the
	Signature of authorized officer Date (mm/dd/yyyy) Title Phone	paid preparer sho	within this step.

Paid						Check if	
Preparer Use Only	Print/Type paid prepa	arer's name	Paid preparer's signature	Date (mm/dd/yy	yy) S	elf-employed	Paid Preparer's PTIN
	Firm's name		-		Firm's F	FEIN 🕨	
	Firm's address				Firm's p	ohone▶ ()

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