Amended Exempt Organization Income and Replacement Tax Return

2014 IL-990-T-X In For tax years ending on or after December 31, 2014

Illinois Department of Revenue

	• For lax years ending on or aller December 31, 2014				
Inc STC	dicate what tax year you are amending: Tax year beginning $\frac{1}{month}$ for you are filing an amended return for tax years ending before Degree you cannot use this form. For prior years, use the amended return	Enter the amount you are paying. \$			
	ep 1: Identify your exempt organization Enter your complete legal business name. If you have a name change, check this box.		 C Enter your federal employ 		
В	Enter your mailing address. If you have an address change, check this box. C/O:		State change If a federal change, check Partial agreed Enter the finalization da	Finalized	
•	Mailing address: City: ZIP:		Attach your federal finaliz E Check this box if you are f F Check this box if you are f G Check this box if Schedule	taxed as a corporation.	
Attach your payment and Form IL-990-T-X-V here.	Step 2: Explain the changes on this return				
	Step 3: Figure your base income or loss		Α	В	
1	Unrelated business taxable income or loss from U.S. Form 990-T, Line 34.	1_	A As most recently reported or adjusted	B Corrected amount	
1 2	Unrelated business taxable income or loss		As most recently reported or adjusted	Corrected amount	
1 2	Unrelated business taxable income or loss from U.S. Form 990-T, Line 34. Illinois income and replacement tax and surcharge 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 from Step 3 Line 3 on Step 5 Line 12 You may not complete Step	2 _ 3 _ e an Illin p 4. (You	As most recently reported or adjusted <u>•00</u> <u>•00</u> rois resident trust, check this bo u must leave Step 4, Lines 4 thro	Corrected amount 100 200 300 x and enter the amount	
1 2 3 \$TC	Unrelated business taxable income or loss from U.S. Form 990-T, Line 34. Illinois income and replacement tax and surcharge 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 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, tep 4: Figure your income allocable to Illinois (Completed)	2 _ 3 _ e an Illin p 4. (You check th	As most recently reported or adjusted <u>00</u> <u>00</u> 00 00 00 00 00 00 00 00 00	Corrected amount 100 200 300 x and enter the amount ugh 11 blank.) f Step 4. See instructions	
1 2 3 STC 51 4	Unrelated business taxable income or loss from U.S. Form 990-T, Line 34. Illinois income and replacement tax and surcharge 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 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, tep 4: Figure your income allocable to Illinois (Complet Trust, estate, and non-unitary partnership business income or loss included in Line 3.	2 3 e an Illin p 4. (You check the check the d	As most recently reported or adjusted 	Corrected amount 1 .00 2 .00 3 .00 x and enter the amount bugh 11 blank.) .00 f Step 4. See instructions. B, above.) 4	
1 2 3 STC STC 5 4 5 6 7	Unrelated business taxable income or loss from U.S. Form 990-T, Line 34. Illinois income and replacement tax and surcharge 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 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, tep 4: Figure your income allocable to Illinois (Complet 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. Total sales inside Illinois. This amount cannot be negative.	2 3 2 an Illin p 4. (You check the check the re only if 4 5 6 7	As most recently reported or adjusted 	Corrected amount 1 -00 2 -00 3 -00 x and enter the amount ough 11 blank.) Image: Construction in the image: Constructined in the image: Construction in the image: Construct	
1 2 3 \$TC \$TC \$1 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 and surcharge 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 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, tep 4: Figure your income allocable to Illinois (Complet 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. Total sales inside Illinois. This amount cannot be negative. Apportionment Factor. Divide Line 7 by Line 6 (carry to six decimal place Business income or loss apportionable to Illinois. Multiply Line 5 by Line 8.	2 3 e an Illin p 4. (You check th ce only if 4 5 6 7 s). 8	As most recently reported or adjusted 	Corrected amount 1 .00 2 .00 3 .00 x and enter the amount ough 11 blank.) f Step 4. See instructions. B, above.) 4 5 6	
1 2 3 STC SI 4 5 6 7 8 9 10	Unrelated business taxable income or loss from U.S. Form 990-T, Line 34. Illinois income and replacement tax and surcharge 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 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, tep 4: Figure your income allocable to Illinois (Complet 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. Total sales inside Illinois. This amount cannot be negative. Apportionment Factor. Divide Line 7 by Line 6 (carry to six decimal place Business income or loss apportionable to Illinois.	2 3 2 an Illin p 4. (You check the re only in 4 5 6 7 s). 8 9	As most recently reported or adjusted 00 00 tois resident trust, check this bout unust leave Step 4, Lines 4 throws his box and complete all lines of this box on Line 00 00 00 00	Corrected amount 1 .00 2 .00 3 .00 x and enter the amount ough 11 blank.) f Step 4. See instructions. B, above.) 4 .00 5 .00 6 .00 7 8	

This form is authorized as outlined by the Illinois Income Tax Act. Disclosure of this information is REQUIRED. Failure to provide information could result in a penalty.

Ctor	5. Figure your net replacement toy		A As most recently reported or adjusted		B Corrected amount
-	5: Figure your net replacement tax Net income or loss from Line 3 or Line 11.	10	• <u>00</u>	12	
	Replacement tax. Corporations: multiply Line 12 by 2.5%		<u>00</u>	12	• <u>00</u>
	Trusts: multiply Line 12 by 1.5% (.015).		•00	13	
	Recapture of investment credits (Schedule 4255).		•00		•00
	Replacement tax before investment credits. Add Lines 13 a		•00		•00
	Investment credits (Form IL-477).	16 _	•00	16	•00
17	Net replacement tax . Subtract Line 16 from Line 15. If the amount is negative, enter "0."	17	• <u>00</u>	17	•00
Ster	6: Figure your net income tax				
-	Net income or loss from Line 12.	18	•00	18	•00
19	Income tax. Fiscal filers - See instructions.	_			
	Corporations: multiply Line 18 by 7% (.07).				
~~~	Trusts: multiply Line 18 by 5% (.05).		• <u>00</u>		<u>•00</u>
	Recapture of investment credits (Schedule 4255).		•00		• <u>00</u>
	Income tax before credits. Add Lines 19 and 20.		<u>•00</u> •00		• <u>00</u> • <u>00</u>
	Income tax credits (Schedule 1299-D). Net income tax. Subtract Line 22 from Line 21.	<u> </u>	•00	<u> </u>	•00
25	If the amount is negative, enter "0."	23	• <u>00</u>	23	•00
Ster	7: Figure your refund or balance due				
	Net replacement tax from Line 17.	24	•00	24	• <u>00</u>
25	Net income tax from Line 23.	25	•00	25	•00
26	Compassionate Use of Medical Cannabis Pilot Program Ac				
07	surcharge. See instructions.		•00	26	•00
21	Total net income and replacement taxes and surcharge Add Lines 24, 25, and 26.		• <u>00</u>	27	•00
28	Payments				
	a Credit from prior year overpayments.		•00		
	<b>b</b> Total estimated payments.		•00		
	c Form IL-505-B (extension) payment.		•00		
	d Pass-through withholding payments (Schedule(s) K-1-P				
~~	e Gambling withholding (Form W-2G).	28e _	•00		
	Total payments. Add Lines 28a through 28e.				•00
	Tax paid with original return (do not include penalties and in	-		30	
~~	Subsequent tax payments made since the original return w	as filed.		31	•00
32	Total tax paid. Add Lines 29, 30, and 31.			32	•00
33	Total amount previously refunded and/or credited for the ye you received the overpayment.	ar being amende	d, whether or not	33	•00
34	Net tax paid. Subtract Line 33 from Line 32.				•00
35	<b>Overpayment.</b> If Line 34 is greater than Line 27, subtract L	ine 27 from Line	34	35	
36	Amount of overpayment from Line 35 to be credited to a s				• <u>00</u>
37	<b>Refund</b> . Subtract Line 36 from Line 35. This is the amount				•00
				38	
39	Penalty. See instructions.			~ ~	•00
40	Interest. See instructions.			40	•00
41	Total balance due. Add Lines 38 through 40.			41	•00
	If you owe tax on Line 41, complete a payment voucher,	Form IL-990-T-X	-V. make vour check pa		
	Revenue" and attack	h them to the fro	ont of this form.	-	
	<u>Especial Note</u> Enter the amount of your	payment on the	top of Page 1 in the sp	ace provided.	
Step	<b>8: Sign here</b> Under penalties of perjury, I state that I have e	examined this return	n and, to the best of my kno	wledge, it is true, c	correct, and complete.
Signat	ure of authorized officer Date Title		() Phone		if the Department
oigrial				preparer show	is return with the n in this step.
Signat	ure of preparer Date Preparer's	Social Security numb	per or firm's FEIN	- [	· _
Dros	rer's firm name (or yours, if self-employed) Address			()	
riehai	rer's firm name (or yours, if self-employed) Address			Phone	

Mail this return to: Illinois Department of Revenue, P.O. Box 19016, Springfield, IL 62794-9016 IL-990-T-X back (R-12/14)