



# 2015 Form IL-990-T

## Exempt Organization Income and Replacement Tax Return

Due on or before the 15th day of the 5th month (4th month for employee trusts) following the close of the tax year.

If this return is not for calendar year 2015, enter your fiscal tax year here. Tax year beginning _____ 20____, ending _____ 20____ <small>month day year month day year</small> For tax years ending <b>on</b> or <b>after</b> December 31, 2015. For prior years, use the form for that year.	Enter the amount you are paying.  \$ _____
--	--

### Step 1: Identify your exempt organization

**A** Enter your complete legal business name.  
 If you have a name change, check this box.

Name: \_\_\_\_\_

**B** Enter your mailing address.  
 If you have an address change or this is a first return, check this box.

C/O: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**C** Check the applicable box if one of the following applies.

First return  Final return (If final, enter the date. \_\_\_\_\_ )  
mm dd yyyy

**D** Enter your federal employer identification no. (FEIN).  
 \_\_\_\_\_ - \_\_\_\_\_

**E** Check if you are taxed as a corporation.

**F** Check if you are taxed as a trust.

**G** Provide the nature of your unrelated trade or business. \_\_\_\_\_

**H** Check this box if you attached Illinois Schedule 1299-D, Income Tax Credits.

**I** Enter your North American Industry Classification System (NAICS) Code, if applicable. See instructions.  
 \_\_\_\_\_

### 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.<br><b>Attach</b> a copy of Page 1 of your U.S. Form 990-T. | 1 | _____ .00 |
| 2 Illinois income and replacement tax and surcharge deducted in arriving at Line 1.   | 2 | _____ .00 |
| <b>3 Base income or loss.</b> Add Lines 1 and 2.  | 3 | _____ .00 |

	<b>A</b> If the amount on Line 3 is derived inside Illinois only or if you are an Illinois resident trust, check this box and enter the amount from Step 2, Line 3 on Step 4, Line 12. You may not complete Step 3. (You must leave Step 3, Lines 4 through 11 blank.) <input type="checkbox"/>
	<b>B</b> If any portion of the amount on Line 3 is derived outside Illinois, check this box and complete <b>all</b> lines of Step 3. See instructions. <input type="checkbox"/>

### Step 3: Figure your income allocable to Illinois (Complete only if you checked the box on Line B, above.)

- |   |    |           |
|---|----|-----------|
| 4 Business income or loss included in Line 3 from non-unitary partnerships, partnerships included on a Schedule UB, S corporations, trusts, or estates. See instructions.         | 4  | _____ .00 |
| 5 Business income or loss. Subtract Line 4 from Line 3.   | 5  | _____ .00 |
| 6 Total sales everywhere. This amount cannot be negative.   | 6  | _____     |
| 7 Total sales inside Illinois. This amount cannot be negative.  | 7  | _____     |
| 8 Apportionment factor. Divide Line 7 by Line 6 (carry to six decimal places).  | 8  | _____     |
| 9 Business income or loss apportionable to Illinois. Multiply Line 5 by Line 8.   | 9  | _____ .00 |
| 10 Business income or loss apportionable to Illinois from non-unitary partnerships, partnerships included on a Schedule UB, S corporations, trusts, or estates. See instructions. | 10 | _____ .00 |
| <b>11 Base income or loss allocable to Illinois.</b> Add Lines 9 and 10.  | 11 | _____ .00 |

### Step 4: Figure your net replacement tax

- |   |    |           |
|---|----|-----------|
| 12 Net income or loss from Line 3 or Line 11.   | 12 | _____ .00 |
| 13 Replacement tax. <b>Corporations</b> multiply Line 12 by 2.5% (.025); <b>Trusts</b> multiply by 1.5% (.015). | 13 | _____ .00 |
| 14 Recapture of investment credits. <b>Attach</b> Schedule 4255.  | 14 | _____ .00 |
| 15 Replacement tax before investment credits. Add Lines 13 and 14.  | 15 | _____ .00 |
| 16 Investment credits. <b>Attach</b> Form IL-477.   | 16 | _____ .00 |
| <b>17 Net replacement tax.</b> Subtract Line 16 from Line 15. If the amount is negative, enter "0."             | 17 | _____ .00 |

Attach your payment and Form IL-990-T-V here.

