	Illinois Department of Revenue 2024 IL-990-T-X Amended Exempt Organization Inc For tax years ending on or after December 31, 2024		e and Replaceme	ent T	ax Return						
Ind	icate what tax year you are amending: Tax year beginning		_, ending		Enter the amount you						
WAR	If you are filing an amended return for tax years ending before De form. For prior years, see instructions to determine the correct form	cembe	e r 31, 2024 , you may not us	e this	are paying. ´ \$						
	tep 1: Identify your exempt organization		F Enter your federal emplo	-	. ,						
A	Enter your complete legal business name. If you have a name change, check this box.		G Check the applicable box for the type of change being made.								
D	Name: Enter your mailing address.		State change Federal change								
D	C/0:	eck one:									
	Mailing address:		Enter the finalization	date							
	City: State: ZIP:		Attach your federal fina								
С	Throwback adjustment - see instructions.		H Check this box if you ar	e taxe	d as a corporation.						
D	Double throwback adjustment - see instructions.	Π	I Check this box if you ar	e taxe	d as a trust.						
_ E	Check this box if you are a 52/53 week filer.	П	J Check this box if Sched	lule 12	99-D is attached.						
Attach your payment and Form IL-990-T-X-V here.	Explain the changes on this return (Attach a separ	rate sh	eet if necessary.):								
는 돈 -											
Forr	Step 2: Figure your base income or loss		A As most recently reported or adjusted (Whole dollars only)		B Corrected amount (Whole dollars only)						
	Step 2: Figure your base income or loss Unrelated business taxable income or loss from federal Form 990-T. See instructions.	1 _	As most recently reported or adjusted	1	Corrected amount						
1	Unrelated business taxable income or loss from federal Form 990-T. See instructions. Illinois income and replacement tax and surcharge deducted in	1 _	As most recently reported or adjusted (Whole dollars only)	1	Corrected amount (Whole dollars only) 00						
1 2	Unrelated business taxable income or loss from federal Form 990-T. See instructions. Illinois income and replacement tax and surcharge deducted in arriving at Line 1.		As most recently reported or adjusted (Whole dollars only) •00		Corrected amount (Whole dollars only) 						
1 2	Unrelated business taxable income or loss from federal Form 990-T. See instructions. Illinois income and replacement tax and surcharge deducted in arriving at Line 1. Base income or loss. Add Lines 1 and 2.	3 _	As most recently reported or adjusted (Whole dollars only) <u>•00</u> <u>•00</u>	3	Corrected amount (Whole dollars only) 						
1 2	Unrelated business taxable income or loss from federal Form 990-T. See instructions. 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	3 _	As most recently reported or adjusted (Whole dollars only) <u>•00</u> <u>•00</u> <u>•00</u> tois resident trust, check this	3 . box an	Corrected amount (Whole dollars only) •00 •00 •00						
1 2	Unrelated business taxable income or loss from federal Form 990-T. See instructions. 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 2, Line 3 on Step 4, Line 12. You may not complete Ste	3 an Illin p 3. (Yo	As most recently reported or adjusted (Whole dollars only) •00 •00 roois resident trust, check this ou must leave Step 3, Lines 4	3 box an throug	Corrected amount (Whole doilars only) •00 •00 d enter the amount						
1 2 3	Unrelated business taxable income or loss from federal Form 990-T. See instructions. 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 2, Line 3 on Step 4, Line 12. You may not complete Ste	3 an Illin p 3. (Yo	As most recently reported or adjusted (Whole dollars only) •00 •00 roois resident trust, check this ou must leave Step 3, Lines 4	3 box an throug	Corrected amount (Whole doilars only) •00 •00 d enter the amount						
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1 2 3 Ste	Unrelated business taxable income or loss from federal Form 990-T. See instructions. 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 2, Line 3 on Step 4, Line 12. You may not complete Ste B If any portion of the amount on Line 3 is derived outside Illinois, (Do not leave Lines 6 through 8 blank.) See instructions.	3 e an Illin p 3. (Yo check t only if y	As most recently reported or adjusted (Whole dollars only) 	3 box an throug <u>s</u> of Ste	Corrected amount (Whole dollars only) •00 •00 •00 •00 •00 •00 •00 •00 •00 •0						
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1 2 3 STC 4	Unrelated business taxable income or loss from federal Form 990-T. See instructions. 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 2, Line 3 on Step 4, Line 12. You may not complete Ste B If any portion of the amount on Line 3 is derived outside Illinois, (Do not leave Lines 6 through 8 blank.) See instructions.	3 e an Illin p 3. (Yo check t only if y hips, 4	As most recently reported or adjusted (Whole dollars only) 	3 box an throug s of Ste e B, ab	Corrected amount (Whole dollars only) •00 •00 •00 •00 •00 •00 •00 •0						
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1 2 3 Ste 4 5 6 7	 Unrelated business taxable income or loss from federal Form 990-T. See instructions. 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 2, Line 3 on Step 4, Line 12. You may not complete Ste B If any portion of the amount on Line 3 is derived outside Illinois, (Do not leave Lines 6 through 8 blank.) See instructions. Figure your income allocable to Illinois (Complete Business income or loss included in Line 3 from non-unitary partnersh partnerships included on a Schedule UB, S corporations, trusts, or estates. See instructions. Business income or loss. Subtract Line 4 from Line 3. Total sales everywhere. This amount cannot be negative. 	3 a an Illin p 3. (Yo check t only if y nips, 4 5 6 7	As most recently reported or adjusted (Whole dollars only) 	3 box an throug s of Ste e B, ab e B, ab 4 5 6 7	Corrected amount (Whole dollars only) •00 •00 •00 •00 mid enter the amount h 11 blank.) ep 3.						
1 2 3 Stc 4 5 6 7 8	Unrelated business taxable income or loss from federal Form 990-T. See instructions. 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 2, Line 3 on Step 4, Line 12. You may not complete Ste B If any portion of the amount on Line 3 is derived outside Illinois, (Do not leave Lines 6 through 8 blank.) See instructions. P 3: Figure your income allocable to Illinois (Complete Business income or loss included in Line 3 from non-unitary partnersh partnerships included on a Schedule UB, S corporations, trusts, or estates. See instructions. 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. Round to six decimal places.	3 a an Illin p 3. (Yo check t only if y nips, 4 5 6 7	As most recently reported or adjusted (Whole dollars only) 	3 box an throug s of Ste e B, ab e B, ab 4 5 6 7	Corrected amount (Whole dollars only) •00 •00 •00 •00 •00 •00 •00 •00 •00 •0						
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1 2 3 Ste 4 5 6 7 8 9	Unrelated business taxable income or loss from federal Form 990-T. See instructions. 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 2, Line 3 on Step 4, Line 12. You may not complete Ste B If any portion of the amount on Line 3 is derived outside Illinois, (Do not leave Lines 6 through 8 blank.) See instructions. P 3: Figure your income allocable to Illinois (Complete Business income or loss included in Line 3 from non-unitary partnersh partnerships included on a Schedule UB, S corporations, trusts, or estates. See instructions. 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. Round to six decimal places. Business income or loss apportionable to Illinois. Multiply Line 5 by Line 8. Business income or loss apportionable to Illinois from non-unitary	3 a an Illin p 3. (Yo check t only if ; hips, 4 5 6 7 8	As most recently reported or adjusted (Whole dollars only) 	3 box an throug s of Ste e B, ab e B, ab 4 5 6 7 8	Corrected amount (Whole dollars only) 00 00 00 00 00 00 00 00 00						
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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.



Stor	4. Figure your not replacement toy		As most recently reported or adjusted		B Corrected amount
	• 4: Figure your net replacement tax Net income or loss from Line 3 or Line 11.	12	• <u>00</u>	12	• <u>00</u>
	Replacement tax. Corporations: multiply Line 12 by 2.5% (.025);	14 _		14 _	
10	Trusts : multiply Line 12 by 1.5% (.015).	13	•00	13	•00
14	Recapture of investment credits. Attach Schedule 4255.	14	•00	14	•00
	Replacement tax before investment credits. Add Lines 13 and 14.	15	•00	15	•00
	Investment credits. Attach Form IL-477.	16	•00	16	•00
	Net replacement tax. Subtract Line 16 from Line 15.	_			
	If the amount is negative, enter zero.	17 _	•00	17 _	•00
Step	5: Figure your net income tax				
-	Net income or loss from Line 12.	18	<u>•00</u>	18	•00
	Income tax. See instructions.	19	•00	19	•00
-	Recapture of investment credits. Attach Schedule 4255.		•00	20	•00
	Income tax before credits. Add Lines 19 and 20.		•00	21 _	•00
	Income tax credits. Attach Schedule 1299-D.	22 _	•00	22 _	•00
23	Net income tax. Subtract Line 22 from Line 21.				
	If the amount is negative, enter zero.	23 _	•00	23 _	•00
Step	6: Figure your refund or balance due				
	Net replacement tax from Line 17.	24	•00	24 _	•00
25	Net income tax from Line 23.	25 _	•00	25 _	•00
26	Compassionate Use of Medical Cannabis Program Act surcharge				
	See instructions.	26 _	•00	26 _	•00
27	Sale of assets by gaming licensee surcharge. See instructions.	27 _	•00	27 _	•00
28	Total net income and replacement taxes and surcharges.				
	Add Lines 24 through 27.	28 _	•00	28 _	•00
29	Payments. See instructions.				00
	a Credit from prior year overpayments.				•00
	b Total payments made before the date this amended return is filed.			29b _	•00
	c Pass-through withholding reported to you on			00 -	<u>•00</u>
	Schedule(s) K-1-P or K-1-T. Attach Schedule(s) K-1-P or K-1-T.			29C _	•00
	d Pass-through entity tax credit reported to you.			204	•00
	Attach Schedule(s) K-1-P or K-1-T. e Illinois income tax withholding. Attach Form(s) W-2G.				<u>•00</u>
30	Total payments. Add Lines 29a through 29e.			290 _	<u>•00</u>
	Previously paid penalty and interest. See instructions.				•00
	Total amount of overpayment (including any carryforward or refund) be	fore the	e filing of this return	51 _	
02	for the year being amended. See instructions.			32	•00
33	Add Lines 31 and 32.				•00
	Net tax paid. Subtract Line 33 from Line 30.			34	•00
	Overpayment. If Line 34 is greater than Line 28, subtract Line 28 from	Line 3	4.		•00
	Amount of overpayment from Line 35 to be credited forward . See inst				•00
	Check this box and attach a detailed statement if this carryforward is g				
37	Refund. Subtract Line 36 from Line 35. This is the amount to be refund			37 _	•00
	Tax due with this amended return. If Line 28 is greater than Line 34,		ct Line 34 from Line 28.		•00

ENote You will be sent a bill for any additional penalty and interest.

► If you owe tax on Line 38, complete a payment voucher, Form IL-990-T-X-V. Write your FEIN, tax year ending, and "IL-990-T-X-V" on your check or money order and make it payable to "Illinois Department of Revenue." Attach your voucher and payment to the front of this form. 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				-		(()			Check if the Department may discuss this return with the		
	Signature of authorized officer		Date (mm/dd/	nm/dd/yyyy) Title		Phone			paid	paid preparer shown in this step.			
Paid										Che	ck if	1	
	Print/Type paid preparer'		arer's name	e Paid preparer's signatur		preparer's signature	Date (mm/dd/yyyy) se		self-empl	oyed	Paid Preparer's PTIN		
Prepa Use C		Firm's name							Firm's	Firm's FEIN ►			
	Firm's address							Firm's phone		()		

Mail this return to: Illinois Department of Revenue, PO Box 19016, Springfield, IL 62794-9016