

# 2018 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 2018, enter your fiscal tax year here. Tax year beginning <u>JUL 1</u> , <u>2018</u> , ending <u>JUN 30</u> , <u>2019</u> <small>month day year month day year</small> This form is for tax years ending on or after December 31, 2018, and before December 31, 2019. For tax years ending in 2018 but before December 31, 2018, use the 2017 form. For prior years, use the form for that year.	Enter the amount you are paying. \$ _____
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### Step 1: Identify your exempt organization

**A** Enter your complete legal business name.  
 If you have a name change, check this box.   
 Name: Catholic Charities of the Archdioces

**B** Enter your mailing address.  
 Check this box if either of the following apply:  
 • this is your **first return**, or  
 • you have an **address change**.   
 C/O: \_\_\_\_\_

Mailing address: 721 N. LaSalle Drive

City: Chicago State: IL ZIP: 60654

**C** If this is the first or final return, check the applicable box(es).  
 First return  
 Final return (Enter the date of termination. \_\_\_\_\_ )  
mm dd yyyy

**D** Enter your federal employer identification no. (FEIN).  
36-2170821

**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. INVESTMENTS

**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.  
525990

### 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 38. <b>Attach</b> a copy of Page 2 of your U.S. Form 990-T.	1 <u>83,770.00</u>
2 Illinois income and replacement tax and surcharge deducted in arriving at Line 1.	2 <u>.00</u>
3 <b>Base income or loss.</b> Add Lines 1 and 2.	3 <u>83,770.00</u>

<b>STOP</b>	<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 all lines of Step 3. (Do not leave Lines 6 through 8 blank.) See instructions. <input checked="" 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	92,722.00
5 Business income or loss. Subtract Line 4 from Line 3.	5	-8,952.00
6 Total sales everywhere. This amount cannot be negative.	6	
7 Total sales inside Illinois. This amount cannot be negative.	7	N/A
8 Apportionment factor. Divide Line 7 by Line 6. (Round to six decimal places.)	8	.
9 Business income or loss apportionable to Illinois. Multiply Line 5 by Line 8.	9	-8,952.00
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	380.00
11 <b>Base income or loss allocable to Illinois.</b> Add Lines 9 and 10.	11	-8,572.00

### Step 4: Figure your net replacement tax

12 Net income or loss from Line 3 or Line 11.	12	-8,572.00
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
17 <b>Net replacement tax.</b> Subtract Line 16 from Line 15. If the amount is negative, enter "0."	17	0.00

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



**Step 5: Figure your net income tax**

18	Net income or loss from Line 12.	18	-8,572 .00
19	Income Tax. <b>Corporations</b> multiply Line 18 by 7.00% (.07). <b>Trusts</b> multiply Line 18 by 4.95% (.0495).	19	.00
20	Recapture of investment credits. <b>Attach</b> Schedule 4255.	20	0 .00
21	Income tax before credits. Add Lines 19 and 20.	21	.00
22	Income tax credits. <b>Attach</b> Schedule 1299-D.	22	.00
23	<b>Net income tax.</b> Subtract Line 22 from Line 21. If the amount is negative, enter "0."	23	0 .00

**Step 6: Figure your refund or balance due**

24	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 Act surcharge. See instructions.	26	.00
27	<b>Total net income and replacement taxes and surcharge.</b> Add Lines 24, 25, and 26.	27	.00
28	Payments. See instructions.		
	a Credits and payments made before the original tax due date.	28a	17,903 .00
	b Pass-through withholding reported to you on Schedule(s) K-1-P or K-1-T. <b>Attach</b> Schedule(s) K-1-P or K-1-T.	28b	.00
	c Illinois gambling withholding. <b>Attach</b> Form(s) W-2G.	28c	.00
29	Total payments. Add Lines 28a through 28c.	29	17,903 .00
30	<b>Overpayment.</b> If Line 29 is greater than Line 27, subtract Line 27 from Line 29.	30	17,903 .00
31	Amount to be <b>credited forward.</b> See instructions.	31	250 .00
32	<b>Refund.</b> Subtract Line 31 from Line 30. This is the amount to be refunded.	32	17,653 .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 29 from Line 27. This is the amount you owe. 34 \_\_\_\_\_ .00

▶ If you owe tax on Line 34, complete payment voucher, Form IL-990-T-V. Write your FEIN, tax year 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 payment to the front of this form.

*Special Note* → 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	Signature of authorized officer	Date (mm/dd/yyyy)	Title	Phone	<input checked="" type="checkbox"/> Check if the Department may discuss this return with the paid preparer shown in this step. <input type="checkbox"/> Check if self-employed
	Christina Gast	2/20/2020	Christina Gast		
Paid Preparer Use Only	Print/Type paid preparer's name	Paid preparer's signature	Date (mm/dd/yyyy)	Paid Preparer's PTIN	
	Firm's name ▶	Deloitte Tax LLP	Firm's FEIN ▶		
	Firm's address ▶	Minneapolis, MN 55402-1538	Firm'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**



# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time. Only submit original (no copies needed).**

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		<b>Enter filer's identifying number</b>
<b>Type or print</b>	Name of exempt organization or other filer, see instructions. Catholic Charities of the Archdiocese of Chicago	Employer identification number (EIN) or  36-2170821
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 721 N. LaSalle Drive	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Chicago, IL 60654	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 7

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1-41-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

Elida Hernandez

- The books are in the care of ▶ 721 N. LaSalle Drive - Chicago, IL 60654-3751  
Telephone No. ▶ 312-655-7326 Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box  ▶
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until May 15, 2020, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_  
 ▶  tax year beginning JUN 1, 2018, and ending JUN 30, 2019.

**2** If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	85,561.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	75,561.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	10,000.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**CATHOLIC CHARITIES OF THE ARCHDIOCESE OF CHICAGO**  
**FEIN: 36-2170821**  
**SUMMARY OF STATE UBI**  
**F/Y/E JUNE 30, 2019**  
**FORM IL-990-T**

PARTNERSHIP	FEIN	ILLINOIS SOURCED INCOME	OTHER STATES SOURCED INCOME	TOTAL FEDERAL K-1 INCOME
Blackstone SGP Capital Partners (Cayman) IV, LP	98-0467780	-	(69)	(69)
Landmark Equity Partners XV, LP	46-1153167	375	20,421	20,796
Landmark Equity Partners XVI, LP	36-2170821	5	71,990	71,995
Total Illinois Sourced Income To Form IL 990-T Line 10		380	92,342	92,722

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