

Note: The draft you are looking for begins on the next page.

#### Caution: DRAFT—NOT FOR FILING

This is an early release draft of an IRS tax form, instructions, or publication, which the IRS is providing for your information. **Do not file draft forms**. We incorporate all significant changes to forms posted with this coversheet. However, unexpected issues occasionally arise, or legislation is passed—in this case, we will post a new draft of the form to alert users that changes were made to the previously posted draft. Thus, there are never any changes to the last posted draft of a form and the final revision of the form. Forms and instructions are subject to OMB approval before they can be officially released, so we post drafts of them until they are approved. Drafts of instructions and pubs usually have some additional changes before their final release. Early release drafts are at <a href="IRS.gov/DraftForms">IRS.gov/DraftForms</a> and remain there after the final release is posted at <a href="IRS.gov/LatestForms">IRS.gov/LatestForms</a>. Also see <a href="IRS.gov/Forms">IRS.gov/Forms</a>.

Most forms and publications have a page on IRS.gov: <a href="IRS.gov/Form1040">IRS.gov/Form1040</a> for Form 1040; <a href="IRS.gov/Pub501">IRS.gov/Pub501</a> for Pub. 501; <a href="IRS.gov/W4">IRS.gov/W4</a> for Form W-4; and <a href="IRS.gov/ScheduleA">IRS.gov/ScheduleA</a> for Schedule A (Form 1040), for example, and similarly for other forms, pubs, and schedules for Form 1040. When typing in a link, type it into the address bar of your browser, not a Search box on IRS.gov.

If you wish, you can submit comments to the IRS about draft or final forms, instructions, or pubs at <a href="IRS.gov/FormsComments">IRS.gov/FormsComments</a>. Include "NTF" followed by the form or pub number (for example, "NTF1040", "NTFW4", "NTF501", etc.) in the body of the message to route your message properly. We cannot respond to all comments due to the high volume we receive and may not be able to consider many suggestions until the subsequent revision of the product, but we will review each "NTF" message. If you have comments on reducing paperwork and respondent (filer) burden, with respect to draft or final forms, please respond to the relevant information collection through the Federal Register process; for more info, click <a href="here">here</a>.

# **990-T** Check box if 501( 408(e)

## **Exempt Organization Business Income Tax Return**

TREASURY/IRS AND OMB USE ONLY DRAFT

OMB No. 1545-0047 (and proxy tax under section 6033(e)) For calendar year 2025 or other tax year beginning \_\_\_\_\_\_, 2025 and ending \_\_\_\_\_, 20 Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Do not enter SSN numbers on this form as it may be made public if your organization is an 501(c)(3). Internal Revenue Service D Employer identification number address changed. Number and street. If a P.O. box, see instructions. Room or suite no. E Group exemption number **B** Exempt under section (see instructions) 220(e) State or province ZIP or foreign postal code 530(a) 408A F Check box if an amended return. 529(a) 529A C Book value of all assets at end of year . G Check organization type ☐ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust ☐ State college/university 6417(d)(1)(A) Applicable entity Check if filing only to claim Credit from Form 8941 Refund shown on Form 2439 Elective payment amount from Form 3800 During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? 

Yes If "Yes," enter the name and identifying number of the parent corporation The books are in care of Telephone number **Total Unrelated Business Taxable Income** Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) 1 2 2 3 3 4 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 . . . 6 Total of unrelated business taxable income before specific deduction and section 199A deduction. 7 8 Specific deduction (generally \$1,000, but see instructions for exceptions) . . . . . . . . . . . . . 8 9 9 10 10 11 **Unrelated business taxable income.** Subtract line 10 from line 7. If line 10 is greater than line 7, 11 Part II **Tax Computation** Organizations taxable as corporations. Multiply Part I, line 11, by 21% (0.21) . . . . . . . . 1 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on 2 Part I, line 11, from: Tax rate schedule or Schedule D (Form 1041) . . . . . . . . . . . 2 3 3 Amount from Form 4255, Part I, line 3, column (q) . . . . . . 4a Other tax amounts. See instructions . . . . . . . . . . . . . . . . 4b 5 5 6 Tax on noncompliant facility income. See instructions . . . . 6 **Total.** Add lines 3 through 6 to line 1 or 2, whichever applies . Part III **Tax and Payments** Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116). 1a 1b General business credit. Attach Form 3800 (see instructions) . . . . 1c С Credit for prior-year minimum tax (attach Form 8801 or 8827) . . . . . Ы **Total credits.** Add lines 1a through 1d . . . . . . . . . . . . . . 1e Subtract line 1e from Part II, line 7 . . . . . . . . 2 2 Amount from Form 4255, Part I, line 3, column (r) (see instructions) . . . . За Amount due from Form 8611 . . . . . . . . . . . . 3b Amount due from Form 8697 3с Amount due from Form 8866 . . . 3d Other amounts due (see instructions) Total tax. Add lines 2 and 3f (see instructions). 

Check if includes tax previously deferred under section

# DRAFT - DO NOT FILE

### TREASURY/IRS AND OMB USE ONLY DRAFT

Form 99	,	<u> </u>								Page 2
Part		Tax and Payments (continued)								
5a		nt net 965 tax liability paid from Form			า (k)				5a	
b	Net s	ection 1062 tax liability due this year	from Form	1062 .					5b	
6a	Paym	ents: Preceding year's overpayment	credited to	the current	year	. 6	a			
b	Curre	ent year's estimated tax payments.	. Check if	section 6	43(g) electi	ion				
	applie	es					b			
С	Tax d	eposited with Form 8868				. 6	ic			
d	Foreig	gn organizations: Tax paid or withheld	d at source	(see instru	ctions) .	. 6	d			
е	Back	up withholding (see instructions)				. 6	ie			
f	Credi	t for small employer health insurance	premiums	(attach For	m 8941) .	. 6	of .			
g	Electi	ve payment election amount from Fo	rm 3800 .			. 6	g			
h	Paym	ent from Form 2439				. 6	h			
i	Credi	t from Form 4136				. 6	Bi .			
j	Other	(see instructions)				. 6	)j			
k	Net ta	ax liability deferred on sale of farmland	d. Enter am	nount from	Form 1062	. 6	k			
7	Total	payments and section 1062 net tax	<b>eferred.</b> Ac	ld lines 6a tl	hrough	6k		7		
8		Estimated tax penalty (see instructions). Check if Form 2220 is attached							8	
9		Tax due. If line 7 is smaller than the total of lines 4, 5a, 5b, and 8, enter amount owed							9	
10									10	
11	Enter the amount of line 10 you want: Credited to 2026 estimated tax  Refunded							11		
	For R	efunded amount, also complete and	attach Forr	n 8050. See	e instruction	is.				
Part I	V	Statements Regarding Certain A	Activities	and Othe	r Informat	ion (se	e instructions	)		
2 3 4 5	here During If "Ye Enter Enter show Part I Post- the ar	the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  ""," see instructions for other forms the organization may have to file.  "he amount of tax-exempt interest received or accrued during the tax year \$  "Invalidable pre-2018 NOL carryovers here \$  "". Do not include any post-2017 NOL carryover on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on line 6.  "". Don't reduce the NOL carryover shown here by any deduction reported on line 4.  "". Don't reduce and available post-2017 NOL carryovers. Don't reduce ounts shown below by any NOL claimed on any Schedule A, Part II, line 17, for the tax year. See instructions.  Business Activity Code  Available post-2017 NOL carryover  *  "". Available post-2017 NOL carryover.  "". Available post-2017 NOL carryover.  "". See instructions.  Available post-2017 NOL carryover.  "". See instructions.  "". Available post-2017 NOL carryover.  "". Available post-20								
		rved for future use								
		rved for future use								
Part		Supplemental Information								
Sign	Unde	additional information. See instruction  r penalties of perjury, I declare that I have exan, it is true, correct, and complete. Declaration of	nined this retu						as any kno May the IR with the pr	wledge.  S discuss this return reparer shown below
	Sign	nature of officer	Da	te	Title				(see instruc	ctions)?
Paid Prepa	arer	Enter preparer's name	Preparer's s	ignature			Date	Check self-e	k if if mployed	PTIN
Use (		Firm's name						Firm's	EIN	
-35	-:::y	Firm's address						Dhono		