

## 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** and do **not** rely on draft forms, instructions, and publications for filing. We do **not** release draft forms until we believe we have incorporated all changes (except when explicitly stated on 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 generally are subject to OMB approval before they can be officially released, so we post only drafts of them until they are approved. Drafts of instructions and publications usually have some changes before their final release.

Early release drafts are at <u>IRS.gov/DraftForms</u> and remain there after the final release is posted at <u>IRS.gov/LatestForms</u>. All information about all forms, instructions, and pubs is at <u>IRS.gov/Forms</u>.

Almost every form and publication has a page on IRS.gov with a friendly shortcut. For example, the Form 1040 page is at <u>IRS.gov/Form1040</u>; the Pub. 501 page is at <u>IRS.gov/Pub501</u>; the Form W-4 page is at <u>IRS.gov/W4</u>; and the Schedule A (Form 1040/SR) page is at <u>IRS.gov/ScheduleA</u>. If typing in a link above instead of clicking on it, be sure to type the link into the address bar of your browser, not a Search box.

If you wish, you can submit comments to the IRS about draft or final forms, instructions, or publications at <u>IRS.gov/FormsComments</u>. 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.

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 <u>here</u>.

| Form   | 990-T   | Exempt Organization Business Income Tax Return<br>(and proxy tax under section 6033(e))   | 0                             | 20 <b>22</b>   |
|--------|---|---|-------------------------------|--|
|        |   | For calendar year 2022 or other tax year beginning, 2022, and ending, 20  |                               |  |
|        | ent of the Treasury<br>Revenue Service        | Go to <i>www.irs.gov/Form990T</i> for instructions and the latest information.<br>Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(  | Ор<br>3).                     | en to Public Inspection<br>for 501(c)(3)<br>Organizations Only |
|        | Check box if<br>ddress changed.               |   | Employe                       | r identification number  |
| 5      | npt under section<br>01( )( )<br>08(e) 220(e) | Print<br>or<br>Type       Number, street, and room or suite no. If a P.O. box, see instructions.       E         City or town, state or province, country, and ZIP or foreign postal code       E   | <b>Group ex</b><br>(see instr | emption number<br>uctions)                                     |
| _      | 08A 530(a)<br>29(a) 529A                      | C         Book value of all assets at end of year         . |                               | ck box if<br>mended return.                                    |
| G Ch   | eck organizatio                               | on type 🔄 501(c) corporation 🔄 501(c) trust 🗋 401(a) trust 🔄 Other trust 🗔 /  | State co                      | ollege/university  |
| H Ch   | eck if filing only                            |   | 39                            |  |
|        |   | 3) organization filing a consolidated return with a 501(c)(2) titleholding corporation  |                               |  |
|        |   | of attached Schedules A (Form 990-T)  |                               |  |
| K Du   | ring the tax yea                              | ar, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled   |                               | Yes No   |
|        |   | name and identifying number of the parent corporation   |                               |  |
| L Th   | e books are in                                | care of   | _                             |  |
| Part   | Total U                                       | nrelated Business Taxable Income  |                               |  |
| 1      |   | ated business taxable income computed from all unrelated trades or businesses (see  | )<br>1                        |  |
| 2      | Reserved .                                    |   | 2                             |  |
| 3      |   | nd 2  | 3                             |  |
| 4      |   | ntributions (see instructions for limitation rules)   | 4                             |  |
| 5      |   | d business taxable income before net operating losses. Subtract line 4 from line 3  | 5                             |  |
| 6      |   | net operating loss. See instructions  | 6                             |  |
| 7      |   | ated business taxable income before specific deduction and section 199A deduction   |                               |  |
| •      |   | ction (generally \$1,000, but see instructions for exceptions)  | 7                             |  |
| 8      |   | 8   |                               |  |
| 9      |   | on 199A deduction. See instructions   | 9                             |  |
| 10     |   | ons. Add lines 8 and 9  | 10                            |  |
| 11     |   | siness taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7  |                               |  |
| Deut   |   |   | 11                            |  |
| Part   |   | mputation   |                               |  |
| 1      |   | s taxable as corporations. Multiply Part I, line 11 by 21% (0.21)   | 1                             |  |
| 2      |   | le at trust rates. See instructions for tax computation. Income tax on the amount or from:  Tax rate schedule or  Schedule D (Form 1041)  | י<br>2                        |  |
| 3      | Proxy tax. Se                                 | e instructions  | 3                             |  |
| 4      | Other tax amo                                 | ounts. See instructions   | 4                             |  |
| 5      |   | nimum tax (trusts only)   | 5                             |  |
| 6      | Tax on nonco                                  | mpliant facility income. See instructions   | 6                             |  |
| 7      |   | es 3 through 6 to line 1 or 2, whichever applies  | 7                             |  |
| For Pa |   | tion Act Notice, see instructions. Cat. No. 11291J  |                               | Form <b>990-T</b> (2022)                                       |

| Form 99      | 0-T (202   | 22)   |   |                   |                             |               |             |             | Page          | 2 |
|--------------|--|---|---|-------------------|-----------------------------|---------------|-------------|-------------|---------------|---|
| Part I       |  | Tax and Payments  |   |                   |                             |               |             |             |               |   |
| 1a           |  | gn tax credit (corporations attach Fo   |   | 1a                |                             |               |             |             |               |   |
| b            |  | credits (see instructions)  |   | 1b                |                             |               |             |             |               |   |
| С            |  | ral business credit. Attach Form 38   | . ,   | 1c                |                             |               | -           |             |               |   |
| d            |  | t for prior year minimum tax (attach  |   | 1d                |                             |               |             |             |               |   |
| e            |  | credits. Add lines 1a through 1d  |   |                   |                             | ·             | 1e          |             |               |   |
| 2            |  | act line 1e from Part II, line 7.   |   |                   |                             | •             | 2           |             |               |   |
| 3            | Other  | amounts due. Check if from: Group Oth   | er (attach statement)   |                   |                             |               | 3           |             |               |   |
| 4            | Total tax. Add lines 2 and 3 (see instructions).       Check if includes tax previously deferred under section 1294. Enter tax amount here       4 |   |   |                   |                             |               |             |             |               |   |
| 5            |  | ent net 965 tax liability paid from For   |   |                   |                             | _·            | 4<br>5      |             |               | _ |
| 6a           |  | nents: A 2021 overpayment credited  |   | 6a                |                             |               |             |             |               | - |
| b            | -  | estimated tax payments. Check if s  |   | 6b                |                             |               |             |             |               |   |
| C            |  |   |   | 6c                |                             |               |             |             |               |   |
| d            |  | gn organizations: Tax paid or withhe  |   | 6d                |                             |               |             |             |               |   |
| е            |  | ·   |   | 6e                |                             |               |             |             |               |   |
| f            | Credi  | t for small employer health insuranc  | e premiums (attach Form 8941) .   | 6f                |                             |               |             |             |               |   |
| g            |  | credits, adjustments, and payments  |   |                   |                             |               |             |             |               |   |
|              |  |   | ther Total  |                   |                             |               |             |             |               |   |
| 7            |  | payments. Add lines 6a through 6  | -   |                   |                             |               | 7           |             |               |   |
| 8            |  | nated tax penalty (see instructions).   |   |                   |                             |               | 8           |             |               |   |
| 9            |  | <b>lue.</b> If line 7 is smaller than the total   |   |                   |                             |               | 9           |             |               |   |
| 10<br>11     |  | payment. If line 7 is larger than the the amount of line 10 you want: Credite   |   | unt ove           | rpaid<br>Refun              |               | 10<br>11    |             |               |   |
| Part         |  | Statements Regarding Certair  |   | tion (se          |                             |               |             |             |               |   |
| 1            |  | y time during the 2022 calendar year  |   |                   |                             |               | thar auth   | ority 1     | Yes No        | - |
| 2            | here<br>During<br>If "Ye   | EN Form 114, Report of Foreign Ba<br>g the tax year, did the organization rec<br>s," see instructions for other forms | eive a distribution from, or was it the g<br>the organization may have to file. | grantor o         | of, or transferor           |               | -           |             | +             |   |
| 3            |  | the amount of tax-exempt interest   |   |                   |                             |               |             |             |               |   |
| 4            |  | available pre-2018 NOL carryovers<br>n on Schedule A (Form 990-T). Do<br>, line 6.                                    | here \$ Do not in<br>n't reduce the NOL carryover show                          | nclude<br>wn here | any post-201<br>by any dedu | 7 NO<br>ction | L carryo    | ver<br>d on |               |   |
| 5            |  | 2017 NOL carryovers. Enter the Bus  |   |                   |                             |               |             |             |               |   |
|              | the a  | mounts shown below by any NOL cl  | aimed on any Schedule A, Part II, lin   | e 17 for          | the tax year.               | See ii        | nstructio   | ns.         |               |   |
|              |  | Business Activ  | ity Code  | Availa            | able post-2017              | ' NOI         | _ carryov   | ver         |               |   |
|              |  |   |   | \$                |                             |               |             |             |               |   |
|              |  |   | (   | \$                |                             |               |             |             |               |   |
|              |  |   | {   | \$                |                             |               |             |             |               |   |
| _            |  |   |   | \$                |                             |               |             |             |               |   |
|              |  | ne organization change its method or is "Yes," has the organization desc  |   |                   |                             |               |             |             | _             | - |
| b            |  | in in Part V.   | -   | 0-LZ, 3           | 990-11, 0110                |               | 120: 11     | ino,        |               |   |
| Part         | •  | Supplemental Information  |   |                   |                             |               |             |             |               | _ |
|              |  | explanation required by Part IV, line   | 6h Also provide any other addition  | nal info          | rmation See i               | netru         | ctions      |             |               | - |
| TOVIG        |  | explanation required by rait iv, line   | ob. Also, provide any other addition  |                   |                             | 1311 4        | 010113.     |             |               |   |
|              |  |   |   |                   |                             |               |             |             |               |   |
|              | Unde   | r penalties of perjury, I declare that I have ex  | amined this return, including accompanying                                      | schedules         | s and statements            | and t         | o the best  | of my kno   | wledge ar     | d |
| <b>C</b> :~~ |  | , it is true, correct, and complete. Declaration  |   |                   |                             |               |             |             | 0             |   |
| Sign         |  |   |   |                   |                             |               | May the I   | RS discuss  | s this returr | , |
| Here         |  |   |   |                   |                             |               | with the p  | reparer sh  | nown below    | ' |
|              | Sign   | ature of officer  | Date Title  |                   |                             |               | (see instru | icuons)?    | ]Yes ∏N       | י |
| Paid         |  | Print/Type preparer's name  | Preparer's signature  |                   | Date                        | Cher          | ck 🗌 if     | PTIN        |               |   |
| Prepa        | arer   |   |   |                   |                             | self-         | employed    |             |               | _ |
| Use (        |  | Firm's name   |   |                   |                             | Firm'         | s EIN       |             |               | _ |
| 036 (        | Jiny   | Firm's address  |   |                   |                             | Phon          | e no.       |             |               |   |