

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

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Most forms and publications have a page on IRS.gov: IRS.gov/Form1040 for Form 1040; IRS.gov/Pub501 for Pub. 501; IRS.gov/W4 for Form W-4; and IRS.gov/ScheduleA 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 IRS.gov/FormsComments. 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 here.

990-T

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 _____ Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Do not enter SSNs on this form as it may be made public if your organization is a 501(c)(3). Internal Revenue Service D Employer identification number Check box if 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) 501(408(e) 220(e) ZIP or foreign postal code State or province 530(a) 408A 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) . 3a 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

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TREASURY/IRS AND OMB USE ONLY DRAFT

Form 990)-T (202	5)									Pa	age 2	
Part I	Ι .	Tax and Payments (continued)											
5a	Curre	nt net 965 tax liability paid from Form	965-A, Pa	art II, colum	n (k)				5a				
b	First i	nstallment of section 1062 applicable	net tax lia	bility. Enter	amount fro	m Form	1062, line 15	· .	5b				
6a	Paym	ents: Preceding year's overpayment of	redited to	the curren	tyear	. 6	а						
	Curre applie	nt year's estimated tax payments.				ion □ 6	b						
		eposited with Form 8868											
		gn organizations: Tax paid or withheld				_	_						
		up withholding (see instructions)		-			е						
		t for small employer health insurance				_	f						
		ve payment election amount from For			-								
_		ent from Form 2439				_							
	-	t from Form 4136					i i						
j	Other	(see instructions)				. 6	i i						
-		on 1062 applicable net tax liability. En	ter amoun	t from 1062	2, line 14 .								
		payments and section 1062 applica					h 6k		7				
		ated tax penalty (see instructions). Ch		_		_		. 🗆	8				
		lue. If line 7 is smaller than the total of							9				
		payment. If line 7 is larger than the tot							10				
		the amount of line 10 you want: Cred					-	ınded	11				
	For R	efunded amount, also complete and a	ttach Forr	n 8050. Se	e instruction	ns.							
Part I	V :	Statements Regarding Certain A	ctivities	and Othe	r Informat	i on (se	e instructions	s)					
2 3 4	FinCE here During If "Ye: Enter Enter	a financial account (bank, securities, on Form 114, Report of Foreign Bank of the tax year, did the organization receives, see instructions for other forms the the amount of tax-exempt interest receives available pre-2018 NOL carryovers her on Schedule A (Form 990-T). Don't	and Finar re a distribute organizateived or a bere \$	ncial Accou ution from o tion may ha accrued du	nts. If "Yes," r was it the grave to file. ring the tax y . Do not	" enter t rantor of year .	the name of t for transferor \$ a any post-20	he for to a fo	eign cou reign trus	ntry st?			
5	Post-	line 6. 2017 NOL carryovers. Enter the Busing nounts shown below by any NOL clain	ned on any			e 17, fo	r the tax year.	See i	nstructio	ns.			
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6-	Dagar	ved for future use				\$							
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Part \	_	Supplemental Information			<u></u>	· · ·		• •					
		additional information. See instruction	S.										
	Undo	penalties of perjury, I declare that I have exam	in and their water	in aludina									
Sign Here		it is true, correct, and complete. Declaration of							as any kno May the IF with the p	wledge. RS discuss	this re	eturn elow	
	Sigr	nature of officer	Da	te	Title				(see instru	ctions)?	Yes	_ No	
Paid		Enter preparer's name	Preparer's s	signature			Date	Chec self-e	k if employed	PTIN			
Prepa		Firm's name						Firm's	EIN	EIN			
Use C	nıy	Firm's address Phone no								10.			