Department of Revenue Services State of Connecticut PO Box 5014 Hartford CT 06102-5014

Form CT-990T Connecticut Unrelated Business Income Tax Return

2014

(Rev. 12/14)

Complete this return in blue or black ink only.

Enter Inco	ome Year Beginning ▶	, 201	4, and Ending	>			
Taxpayer	Organization name (please type	e or print)		•	CT Tax R	Registration Nun	nber
Taxpayor	Address Number	er and street PO Box			DRS use		
(Please type				•			- 20
or print)	City or town	State	ZIP code	•	Federal E	Employer ID Nur	nber (FEIN)
Check and	Complete All Applicable Boxe	es If the organization is ar	nualizing its inco	ome check he	ere ►í		
		onth (Attach explanation.) Return	_				l return
_	_	Merged/reorganized: Enter surv					
		☐ Domestic trust ►☐ Foreign	-				
		Connecticut:					
2. Natur	e of unrelated trade or business inco	ome activity:					
3. Corp	oration only: Enter state of incorpo	ration:	Date of	of organization	:		
Date qualifie	ed in Connecticut if not incorporate	d in Connecticut:					
	 Attach a Complete Copy 	of Form 990-T Including all Sche	dules as Filed W	ith the Intern	al Reve	nue Service –	
	on of Income						
		me from 2014 federal Form 990-T,	•				00
		n 2014 federal Form 990-T, Part II					00
		unrelated business taxable incom					00
					-		00
	. ,	necticut tax included in federal unr			-		00
		tract Line 5 from Line 4			. ▶ 6		00
Computati		1		. 1 ! 0	N		100
		Line 6 above. If 100% Connection					00
		Line 5 on back page. Carry to six ncome: Line 1 or Line 1 multiplied	•			0.	00
		B, Line 15 on back page	-				00
	-	om Line 3					00
	-	JIII LIIIe 3					00
	on of Amount Payable				0		00
	·	tructions			1		00
						7///////	7//////////////////////////////////////
					-	///////////////////////////////////////	00
		I, Line 9. Do not exceed amount					00
		from Line 3. If zero or less, enter "(00
	' '	Form CT-990T EXT					00
		T ESA, ESB, ESC, & ESD					00
							00
1		Sa, 6b, and 6c					00
7. Baland	ce of tax due (overpaid): Subtract I	_ine 6 from Line 5			▶ 7		00
8. Add Pe	enalty ►(8a)00 Interes	est ►(8b)00 CT-1120	I Interest ►(8c) _	.00	8		00
9. Amour	nt to be credited to 2015 estimated	I tax ▶(9a)00_ Ref	unded ►(9b)	.00	9		00
For fa	ster refund, use Direct Deposit I	by completing Lines 9c, 9d, and	9e. 9c. Ch	necking 🕨 🗌	Savin	gs ▶ □	
9d. Routin	g number ▶	96	e. Account number	r ▶			
9f. Will thi	is refund go to a bank account outsion	de the U.S.? ▶ ☐ Yes 9g	ı. Bank name ▶				
	ce due with this return: Add Line		·		▶ 10		00
Visit the DRS	s website at	Mail to: Dept. of Revenue Services, S		Make check p			
	Too to pay electronically.	PO Box 5014, Hartford CT 06102-501				enue Services	
		examined this return (including any accon willfully delivering a false return or docur					
imprisonment f	for not more than five years, or both. The	e declaration of a paid preparer other tha					
	Name of officer or fiduciary (print)	Signature of officer or fiduciary			Date	9	
Sign Here	Officer's email address (print)				May	y DRS contact the r	oreparer shown below
Keep a copy	Titlo		Telephone number			about this return?	See instructions.
return for	Title		()			Yes	□ No
your	Paid preparer's signature		Date		Prep	parer's SSN or PTIN	
"" a a " " d a	Firm's name and address		FEIN		Tele	ephone number	
			1		- 11	,	

Complete this schedule if the taxpayer's unrelated trade or business is conducted at a regular place of business outside Connecticut.

Factor	ltem	Column A Connecticut		Column B Everywhere		Column C Divide Column A by Column B. Carry to six places	
	1. (a) Inventories		00		00		
	(b) Tangible property		00		00		
Property (Average value)	(c) Real property		00		00		
(riverage value)	(d) Capitalized rent		00		00		
	1. Total		00		00	0.	
	(a) Sales of tangibles		00		00		
	(b) Services		00		00		
Receipts	(c) Rentals		00		00		
	(d) Other		00		00		
	2. Total		00		00	0.	
Wages, salaries,						-	
and other compensation	3. Total		00		00	0.	
	4. Total: Add Lines 1, 2, and 3 in	Column C.			<u> </u>	0.	
	5. Apportionment fraction: Divide Line 4 by number of factors used			used. Enter here;		-	
	on Schedule C, Line 4; and also	o on front page, Comp	utatio	n of Tax, Line 2		0.	
	onnecticut Apportioned Operating L						
	cut net operating loss available for use in			00			
	cut net operating loss available for use in			00			
	cut net operating loss available for use in cut net operating loss available for use in			00			
		H		00			
	cut net operating loss available for use in			00			
2005 Connecticut net operating loss available for use in 2014 2006 Connecticut net operating loss available for use in 2014						00	
	cut net operating loss available for use in			00			
	cut net operating loss available for use in			00			
	cut net operating loss available for use in			00			
	cut net operating loss available for use in			00			
	cut net operating loss available for use in			00			
	cut net operating loss available for use in			00			
	cut net operating loss available for use in					00	
	es 1 through 14. Enter here and on Com			<u> </u>		00	
Schedule C — C	computation of Net Operating Loss (Carryforward		1 1		<u> </u>	
Enter amount f	from Computation of Income, Line 6, if le	ss than zero		1.		00	
2. Add back spec	Add back specific deduction from 2014 federal Form 990-T, Part II, Line 33					00	
3. Subtotal: Add I	Line 1 and Line 2			3.		00	
4. Apportionment	fraction from Schedule A, Line 5			4. 0).	l .	
	cut net operating loss available for carry 3 multiplied by Line 4			5.		00	