EXTENDED TO MAY 15, 2024 Err. 990-T Exempt Organization Business Income Tax Return OMB No. 1545-0047 (and proxy tax under section 6033(e)) For calendar year 2022 or other tax year beginning JUL 1, 2022 and ending JUN 30, 2023 Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Internal Revenue Service Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Name of organization (Check box if name changed and see instructions.) DEmployer identification number Check box if address changed. ILLINOIS VALLEY PUBLIC TELECOMMUNICATIONS CORPORATION 23-7041401 B Exempt under section **Print** E Group exemption number (see instructions) or X = 501(c)(3)Number, street, and room or suite no. If a P.O. box, see instructions. Туре 408(e) 220(e) 101 STATE STREET 408A 530(a) City or town, state or province, country, and ZIP or foreign postal code PEORIA, IL 61602 529(a) _529A Check box if C Book value of all assets at end of year 276,190. an amended return. X 501(c) corporation 501(c) trust 401(a) trust Other trust State college/university Check organization type Claim credit from Form 8941 Claim a refund shown on Form 2439 H Check if filing only to Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation 1 Enter the number of attached Schedules A (Form 990-T) X No Yes During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter the name and identifying number of the parent corporation. HELEN BARRICK (309)677-4747 The books are in care of Telephone number Part I Total Unrelated Business Taxable Income Total of unrelated business taxable income computed from all unrelated trades or businesses (see 0. instructions) 1 Reserved 2 2 Add lines 1 and 2 3 3 Charitable contributions (see instructions for limitation rules) 0. 4 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 5 5 0. Deduction for net operating loss. See instructions 6 6 Total of unrelated business taxable income before specific deduction and section 199A deduction. 7 7 Subtract line 6 from line 5 1,000. Specific deduction (generally \$1,000, but see instructions for exceptions) 8 8 Trusts. Section 199A deduction. See instructions 9 9 1,000. Total deductions. Add lines 8 and 9 10 10 Unrelated business taxable income. Subtract line 10 from line 7, If line 10 is greater than line 7, 11 0. enter zero Part II Tax Computation Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) 0. 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 Proxy tax. See instructions 3 3 Other tax amounts. See instructions 4 4 Alternative minimum tax (trusts only) 5 5 Tax on noncompliant facility income. See instructions 6 6 0. 7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies

For Paperwork Reduction Act Notice, see instructions.

Form 990-T (2022)

Form 9							F	age 2
Part	111	Tax and Payments						
1a	Foreig	n tax credit (corporations attach Form 1	118; trusts attach Form 1116)	1a				
b				1b				
c		al business credit. Attach Form 3800 (se						
d		for prior year minimum tax (attach Form				- 1		
e		credits. Add lines 1a through 1d				1e		
2		· · ·		promone	_	2		0.
3	Other		4255 Form 8611 Form	n 8697 F	orm 8866			
			[]			3		
4		tax. Add lines 2 and 3 (see instructions).		•				0
		n 1294. Enter tax amount here				4		0.
5		nt net 965 tax liability paid from Form 96		1 1		5		0.
6a	-	ents: A 2021 overpayment credited to 20	_					
b		estimated tax payments. Check if section				77-1		
C		eposited with Form 8868						
d	-	n organizations: Tax paid or withheld at						
e		up withholding (see instructions)						
f		for small employer health insurance pre						
g	Other	credits, adjustments, and payments:	Other Tot					
7		payments, Add lines 6a through 6g				7		
7		ated tax penalty (see instructions). Check				8		
8 9		ue. If line 7 is smaller than the total of lin	***************************************			9		
10		payment. If line 7 is larger than the total of				10		
11		the amount of line 10 you want: Credite		rpaid	Refunded	11		
Part		Statements Regarding Certain		ition (see instru				
1	_	time during the 2022 calendar year, did					Yes	No
•		i financial account (bank, securities, or of	-	-			100	110
		N Form 114, Report of Foreign Bank and		-				1117
	here							х
2		the tax year, did the organization receiv	e a distribution from, or was it the gr	antor of, or transf	eror to. a		100	
		n trust?						Х
		s," see instructions for other forms the or						
3		the amount of tax-exempt interest receiv			\$			
4		available pre-2018 NOL carryovers here			t-2017 NOL carry	over/		
		on Schedule A (Form 990-T). Don't redu			-			
5		2017 NOL carryovers. Enter the Business						
		nounts shown below by any NOL claime						
		Business Activi	ty Code	Available po	st-2017 NOL car	rryover		
		541	900	\$	63	1,186.	188	150
				\$				
6a	Did th	e organization change its method of acc	ounting? (see instructions)					X
ь	lf 6a i	s "Yes," has the organization described t	he change on Form 990, 990-EZ, 990)-PF, or Form 112	8? If "No,"			
		n in Part V						
Part	V :	Supplemental Information						
Provide	the e	planation required by Part IV, line 6b. Al	so, provide any other additional infor	mation, See instru	ictions.			
	_							
Sign		ider penalties of perjury, I declare that I have examined rrect, and complete. Declaration of preparer (other than				e and belief, it is tru	16,	
Here					May	the IRS discuss th	is return ν	vith
ricie	-	anature of officer	Date TREAS	URER		oreparer shown bel		a
	٥	gnature of officer	1	r		uctions)? X Y	es	No
		Print/Type preparer's name	Preparer's signature	Date	Check if	PTIN		
Paid				DE (12 (24	self- employed	D0000	1760	
Prepa	arer	SAMUEL A. CIGELNIK	SAMUEL A. CIGELNIK	UD/13/24	Ter. 1 -111	P00324		_
Use (Only	Firm's name CLIFTONLARSO		1000	Firm's EIN	41-074	0/4	
			DAMS STREET, SUITE	T000	Dhora na / S	2001 671	_ 4 =	0.0
000741		Firm's address PEORIA, IL	01002		Phone no. (3	309) 671		
223711 0	1-16-23					Form 9	/JU- I	(2022)

FORM 990-T	PRE-201	.8 NET OPERATING	LOSS DEDUCTION	STATEMENT 1
		LOSS		
		PREVIOUSLY	LOSS	AVAILABLE
TAX YEAR	LOSS SUSTAINED	APPLIED	REMAINING	THIS YEAR
06/30/10	37,500.	37,500.	0.	0.
06/30/11	62,444.	7,046.	55,398.	55,398.
06/30/12	106,638.	0.	106,638.	106,638.
06/30/13	86,245.	0.	86,245.	86,245.
06/30/14	85,219.	0.	85,219.	85,219.
06/30/15	73,679.	0.	73,679.	73,679.
06/30/16	75,216.	0.	75,216.	75,216.
06/30/17	93,489.	0.	93,489.	93,489.
06/30/18	91,190.	0.	91,190.	91,190.
NOL CARRYOV	VER AVAILABLE THIS	YEAR	667,074.	667,074.

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3),

			30 HONO)	Organizacions Only
A	Name of the organization ILLINOIS VALLEY PUBLIC TELECOMMUNICATIONS CORPORATION	B Employer identif		mber
c	Unrelated business activity code (see instructions) 541900	D Sequence:	1 of	1
E	Describe the unrelated trade or business CONTRACT & SATELLITE SET	RVICES		

Pa	Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 24,382.				
b		1c	24,382.		
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit, Subtract line 2 from line 1c	3	24,382.		24,382.
4 a	Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a			
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b			
С	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach statement)	5			
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7			
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11			
12	Other income (see instructions; attach statement)	12			
13	Total. Combine lines 3 through 12	13	24,382.		24,382.

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1	Compensation of officers, directors, and trustees (Part X)	. 1	
2	Salaries and wages		33,524.
3	Repairs and maintenance		
4	Bad debts		
5	Interest (attach statement). See instructions	-	
6	Taxes and licenses	6	
7	Depreciation (attach Form 4562). See instructions 7 4 , 082	2.	
8	Less depreciation claimed in Part III and elsewhere on return 8a	8b	4,082.
9	Depletion	9	
10	Contributions to deferred compensation plans		
11	Employee benefit programs	11	1,823.
12	Excess exempt expenses (Part VIII)	. 12	
13	Excess readership costs (Part IX)		
14	Other deductions (attach statement) SEE STATEMENT 2		11,587.
15	Total deductions. Add lines 1 through 14		51,016.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13,		
	column (C)	16	-26,634.
17	Deduction for net operating loss. See instructions	. 17	0.
18	Unrelated business taxable income. Subtract line 17 from line 16	18	-26,634.
LHA	For Paperwork Reduction Act Notice, see instructions.	Schedule	A (Form 990-T) 2022

Schedule A (Form 990-T) 2022

10

11

0.

0.

Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)

Total dividends-received deductions included in line 10

Part VI Interest, Annu	iities, R	oyalties, and Re	ents fror	n Control	led Or	ganizations	S (se	ee instruct	ions)		
					E	xempt Contro	lled Or	ganization	ıs		
1. Name of controlled 2. Employer 3. Normalization identification income					al of specified	5. Part of column 4 that is included in the			6. Deductions directly		
organization	organization		1	ne (loss)	payn	nents made		s included olling orga			ected with
		number	(see ins	structions)				gross inc		income	in column 5
(1)											
(2)							_				
(3)											
(4)		N.									
Tavable Income			· ·	Controlled O		ons 10. Part	of ook	mn 0	44	Dodustia	and dispath.
7. Taxable Income		Net unrelated ncome (loss)	1	otal of specif vments mad		that is inc			31.	connecte	ons directly
	m	e instructions)	Pa	ymanto maa	•	controlling			income in column		
(4)	(*	,				gross	incom	ie			
(1)					-						
(3)											
(4)											
1/						Add colum	nns 5 a	nd 10.	Add	d columns	s 6 and 11.
						Enter here					d on Part I,
						line 8, o	column	(A)		line 8, col	umn (B)
Totals								0.			0.
		of a Section 50	1(c)(7), (9), or (17)	Organ	nization (s	ee inst	ructions)			
1. Desc	cription of	income		2. Amou incon		3. Deduction directly connutation (attach states	ected	4. Set- (attach st	asides tatemei	nt) and	al deductions set-asides cols 3 and 4)
(1)											
(2)											
(3)											
(4)											
				Add amor							amounts in mn 5. Enter
				here and o			100				and on Part I,
				line 9, colu	1.1					line 9	9, column (B)
Totals		Lata Mark Factor	O4k	Flacus A -1	0.		2				0.
		Activity Income,	Otner 1	ınan Adve	ertising	ıncome	(see in	structions)			
Description of exploite	- 1		F .		D	r 40 !	(4)				
2 Gross unrelated busine						•	` '		2		
3 Expenses directly con		•									
line 10, column (B) 4 Net income (loss) from									3		
` '						•			ارا		
lines 5 through 7 5 Gross income from ac									5		
5 Gross income from ac6 Expenses attributable									6		
7 Excess exempt expens									0		
4. Enter here and on P									7		
T. LINGI HEIE AND OH F	21 F 11 11110										

Schedule A (Form 990-T) 2022

	ule A (Form 990-T) 2022				Page 4
Part					
1	Name(s) of periodical(s). Check box if reporting	g two or more periodicals on a c	onsolidated basis.	•	
	A				
	В				
	с 🖳				
	D				
Enter a	amounts for each periodical listed above in the				
		Α	В	С	D
2	Gross advertising income				
	Add columns A through D. Enter here and on	Part I, line 11, column (A)			0.
а		r			
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and on	Part I, line 11, column (B)			0.
4	Advertising gain (loss). Subtract line 3 from lin	e			
	2. For any column in line 4 showing a gain,	1 1			
	complete lines 5 through 8. For any column in	I I			
	line 4 showing a loss or zero, do not complete				
	lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than	1 1			
	line 5, subtract line 6 from line 5. If line 5 is les				
	than line 6, enter zero				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain of				i
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the gr		al or zero here and	d on	•
	Part II, line 13				0.
Part	X Compensation of Officers, Dir	ectors, and Trustees (se	ee instructions)		
				3. Percentage	4. Compensation
	1. Name	2. Title	ĭ	of time devoted	attributable to
0.00				to business	unrelated business
(1)				%	
(2)				%	
(3)				%	
(4)				%	
					•
	Enter here and on Part II, line 1				0.
Part	XI Supplemental Information (se	e instructions)			

DESCRIPTION	AMOUNT
CONFERENCES/MEETINGS/TRAVEL	305.
OFFICE SUPPORT	1,909.
PROFESSIONAL SERVICES	5,341.
MARKETING	85.
UTILITIES AND OCCUPANCY	2,675.
COMMUNICATIONS	194.
POSTAGE AND SHIPPING	40.
DUES AND PROGRAM RIGHTS	85.
MISCELLANEOUS	953.
TOTAL TO SCHEDULE A, PART II, LINE 14	11,587.
990-T SCH A POST-2017 NET OPERATING LOSS DEDUCTI	ON STATEMENT 3
LOSS PREVIOUSLY LOSS	AVAILABLE
TAX YEAR LOSS SUSTAINED APPLIED REMAINING	THIS YEAR
06/30/19 124,415. 0. 124,4	124,415.
06/30/21 386,835. 0. 386,8	
06/30/22 119,936. 0. 119,9	36. 119,936.
NOL CARRYOVER AVAILABLE THIS YEAR 631,1	631,186.