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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047 Open to Public Inspection

<u>A</u>	For the	e 2011 calendar year, or tax year beginning a	nd ending		
В	Check if applicable	ILLINOIS TELECOMMUNICATIONS ACCESS	• • •	D Employer identific	cation number
	Addre	CORPORATION			
	Name change	Doing Business As		36-3	591867
	Initial return Termir ated	Number and street (or P 0 box if mail is not delivered to street address) 3001 MONTVALE DRIVE	Room/su		698-4170
	Amend	City or town, state or country, and ZIP + 4		G Gross receipts \$	5,143,086.
	Applic			H(a) is this a group re	
	pendir	F Name and address of principal officer:TRUDY SNELL SAME AS C ABOVE		for affiliates? H(b) Are all affiliates inc	Yes X No
$\overline{}$	Tax-ax	empt status:	/1\ or		list. (see instructions)
<u></u>	Waheit	te: NWW.ITACTTY.ORG	(1)013	H(c) Group exemption	
		organization X Corporation	I Ve		State of legal domicile IL
P	art I	Summary		ar or tormation 2300 [16	Totate of legal dofficie 2 44
	4	Briefly describe the organization's mission or most significant activities: $\overline{ ext{TEI}}$	ECOMMU	JNICATIONS DE	VICES AND
Activities & Governance		SERVICES FOR THE HEARING IMPAIRED			
/er	2	Check this box If the organization discontinued its operations or dis	sposed of m	ore than 25% of its net as	
é	3	Number of voting members of the governing body (Part VI, line 1a)		3	6
∞ ∞	4	Number of independent voting members of the governing body (Part VI, line 1	b)	4	6
ties	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)		5	11
ξį	6	Total number of volunteers (estimate if necessary)		6	0
Ac		Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
	↓ <u>b</u>	Net unrelated business taxable income from Form 990-T, line 34			
			-	Prior Year 5,025,323.	Current Year 5,060,209.
ě	8	Contributions and grants (Part VIII, line 1h)	-	50,001.	50,000.
Revenue	9	Program service revenue (Part VIII, line 2g)	-		31,719.
æ	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-	58,967. 70.	
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5,134,361.	1,158.
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12	2)	3,680,903.	5,143,086. 3,801,382.
		Grants and similar amounts paid (Part IX, column (A), lines 1:3)	-	3,660,903.	3,801,362.
	1	Benefits paid to or for members (Partrix coloring (A) (ine 4)	}	541,734.	544,413.
Expenses	15	Salaries, other compensation, employee benefits (Part X, column (A), lines 5-1	⁽⁰⁾	0.	0.
ē	108	Professional fundraising fees (Part IX, Column (A), line (1e)	0.		<u> </u>
Ä	1.5	Total fundraising expenses (Partrix, column (D), line 25)		716,695.	729,857.
		Other expenses (Part IX, column (Å), lines 11a-11d, 11f-24e) \(\Omega\)	-	4,939,332.	5,075,652.
	18	Total expenses. Add lines 13-17 (must equal Part X, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12	-	195,029.	67,434.
- 6	19 8	Revenue less expenses. Subtract line-15 from line-12		Beginning of Current Year	End of Year
Net Assets or	<u> </u>	Total passes (Part V. line 16)	}	3,963,806.	3,996,969.
ASS	20	Total assets (Part X, line 16)	}	316,573.	282,302.
e e	21	Total liabilities (Part X, line 26) Net assets or fund balances Subtract line 21 from line 20	-	3,647,233.	3,714,667.
P	art II	Signature Block		3/01//2000	07/22/00/1
		Ities of perjury, I declare that I have examined this return, including accompanying scher	dules and stat	ements, and to the hest of m	v knowledge and helief it is
		t, and complete. Designation of preparer (other than officer) as based on all information of			y kinomicago ana cono., k io
	2, 001100	t, and complete opposition of problems young main of many to describe an information of	i willon propu	8-14	-12
Sig	.	Signature of officer		Date	_100
He		TRUDY SNELL, EXECUTIVE DIRECTOR			
110	10	Type or print name and title			 _
_		Print/Type preparer's name Preparer's signature	0	Date Check	PTIN
Pal	d	PAUL E. HAFEL	KI	08/14/12 of self-employ	P00021361
)	parer	Firm's name HURST, WRIGHT & HAFEL LLP	/ 	Firm's EIN	37-1374435
_	Only	Firm's address 3001 SPRING MILL DR. SUITE T		THE PERSON NAMED IN	<u></u>
5)	····j	SPRINGFIELD, IL 62704		Phone no (217)787-9700
À.	v the IC	RS discuss this return with the preparer shown above? (see instructions)		11110110110	X Yes No
	001 01-2		ctions.		Form 990 (2011)
	201 UITE	A 15 MIN 1 A 4 4 A PROTECTION OF THE CONTROL OF THE	_		, ,

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	· ILLINOIS TELECOMMUNICATIONS ACCESS	
	990'(2011) CORPORATION	36-3591867 Page 2
Pa	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response to any question in this Part III	X
1	Briefly describe the organization's mission:	EXE AND CEVEDIV
	TO DISTRIBUTE TELECOMMUNICATIONS DEVISES TO QUALIFIED D HEARING IMPAIRED ILLINOIS RESIDENTS AND TO PROVIDE DUAL	
	SERVICE WHEREBY A HEARING IMPAIRED PERSON WITH A TDD CA	
	THROUGH A SPECIAL OPERATOR WITH ANOTHER PERSON WHO USES	
2	Did the organization undertake any significant program services during the year which were not listed on	N REGULIA
-	the prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	L les Es No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
-	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of	
	others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code) (Expenses \$ 5,017,983. including grants of \$) (Reven	sues 51,158.
	TO DISTRIBUTE TELECOMMUNICATIONS DEVICES TO QUALIFIED D	
	HEARING IMPAIRED ILLINOIS RESIDENTS AND TO PROVIDE DUAL	
		N COMMUNICATE
		A REGULAR
	TELEPHONE.	
		
4b	(Code) (Expenses \$) (Rever	uua \$
••	/ (code // (cxpelises 4 // // (cxpelis	
4c	(Code) (Expenses \$) (Rever	ue \$
		
		•

4d Other program services (Describe in Schedule O.)

(Expenses \$

) (Revenue \$

including grants of \$ 5,017,983. 4e Total program service expenses ▶

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Form 990'(2011)

CORPORATION Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			.,
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		Х
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8	.	х
9	Schedule D, Part III Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
•	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
•	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
ь	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	X	
Ь	Was the organization included in consolidated, independent audited financial statements for the tax year?	40.		Х
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	.40		-
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990 (2011)

Form 990'(2011) CORPORATION

Part IV Checklist of Required Schedules (continued)

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		[· .	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	ļ	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			Ì
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	l '		.,
	Schedule L, Part I	25b	<u> </u>	X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			x
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		^
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial]	ļ
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	0.7		Х
00	of any of these persons? If "Yes," complete Schedule L, Part III	27		Α.
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	Instructions for applicable filing thresholds, conditions, and exceptions):	28a	•	Х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
-	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
-	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?		l	1
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
ь	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	ļ	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36_	<u> </u>	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	}		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		.,	1
	Note. All Form 990 filers are required to complete Schedule O	38	X	<u></u>
		Form	990	(2011)

Form 990 (2011)

CORPORATION

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Litter tile rigilioer reported in box o or rotti 1000. Litter o il not applicable	3		
	Enter the nothing of Points W2d included in line 1a. Enter of infort applicable	$\overline{\mathbf{D}}$		ĺ
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			İ
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return	⊣	Х	
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	^	· · · · · · · · ·
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2-	1	х
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	30		
48	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4a		Х
L	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	744		
В	If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b	ļ	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor		_	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	 -	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			х
	to file Form 8282?	7c	ļ	
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7e	İ	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	1	
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
·	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		L
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9Ь	ļ	ļ
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	4		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	_		
11	Section 501(c)(12) organizations. Enter:			
_	Gross income from members or shareholders	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	٠,,		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	 	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a	†	†
а	Is the organization licensed to issue qualified health plans in more than one state?	.58	1	1
	Note. See the instructions for additional information the organization must report on Schedule O.			1
מ	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
_	Enter the amount of reserves on hand	٦		
14a	The trib difference of reservoir of the territory of the	14a	L	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
~		Forn	n 990	(2011)

ILLINOIS TELECOMMUNICATIONS ACCESS

Form 990 (2011) CORPORATION 36-3591867 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 6 b Enter the number of voting members included in line 1a, above, who are independent 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, or trustees, or key employees to a management company or other person? X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X a The governing body? 8a Х **b** Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a i **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c in Schedule O how this was done X 13 13 Did the organization have a written whistleblower policy? X 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х a The organization's CEO, Executive Director, or top management official 15a X 15b **b** Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X 16a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's 16b exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ightharpoons IL Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request ___ Own website ___ Another's website Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

Form 990 (2011)

State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

TRUDY SNELL - 217-698-4170

3001 MONTVALE DR., STE D, SPRINGFIELD,

62704

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

hours per week (describe hours for	offic	, unle	ss pe		than o	one	Reportable	Reportable	(F) Estimated	
1 '	box, unless person is both an officer and a director/trustee)				is botl	h an	compensation from	compensation from related organizations	amount of other compensation	
related organizations in Schedule O)	Individual trustee or director	Individual trustee or directing institutional trustee		Officer Key employee Highest compensated employee		Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations	
		ļ					_	0		
0.00	X	<u> </u>	X				0.	<u>U.</u>	0	
0.00	.,		,,					^	0	
0.00			A	<u> </u>	-		<u> </u>	U.		
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	-									
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									_	
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	0.00 0.00 0.00 0.00	0.00 x 0.00 x 0.00 x 0.00 x	0.00 X 0.00 X 0.00 X 0.00 X	0.00 x x 0.00 x x 0.00 x x 0.00 x x 0.00 x x	0.00 x x 0.00 x x 0.00 x x 0.00 x x 0.00 x x	0.00 x x 0.00 x x 0.00 x x 0.00 x x 0.00 x x	0.00 x x 0.00 x x 0.00 x x 0.00 x x 0.00 x x	0.00 x x 0. 0.00 x x 0. 0.00 x x 0. 0.00 x x 0. 0.00 x x 0. 0.00 x 0.	0.00 x x 0. 0. 0.00 x x 0. 0. 0.00 x x 0. 0. 0.00 x x 0. 0. 0.00 x x 0. 0. 0.00 x x 0. 0.	

Page 8

Part VII Section A. Officers, Directors, Tru		nplo	yee	s, a	nd l	ligh	est	Compensated Employ	ees (continued)			
(A)	(B)			(0	C)			(D)	(E)		(1	
Name and title	Average hours per		not c		more	than		Reportable	Reportable			nated
	week					is boti or/trus		compensation from	compensation from related	'		unt of ner
	(describe	director						the	organizations	.		nsation
	hours for	9. 12.			İ	B		organization	(W-2/1099-MIS	C)		the .
	related organizations	LS TEC	truste		ge	pens		(W-2/1099-MISC)			•	ization elated
	in Schedule	Individual trustee or	Institutional trustee	_	S S	stcon	15					zations
	O)		Instit	Officer	Key employee	Highest compensated employee	Former					
			_		<u> </u>	-						
		_				-				-		
	İ											
			-			-						
· · · · · · · · · · · · · · · · · · ·		<u> </u>	<u> </u>			1_				_		
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		ŀ								- 1		
									-			
	<u></u>		<u>l</u> .		<u>_</u>	<u></u>				_		
1 b Sub-total								0.		0.		0
c Total from continuation sheets to Part V	II, Section A							0.		0.		0
d Total (add lines 1b and 1c) 2 Total number of individuals (including but r	not limited to th	2000	lieta	-d a	boy	a) w	10 r		000 of reportable			
compensation from the organization	iot illilited to ti	1030	, 11310	- C C		o, .		COCITOR MOTO MIGHT \$ 100	,,000 0, 10,001,120.	•		
										_	Y	es No
3 Did the organization list any former officer	, director, or tri	uste	e, ke	y er	mple	oyee	or	highest compensated e	mployee on			
line 1a? If "Yes," complete Schedule J for s										,	3	<u> </u>
4 For any individual listed on line 1a, is the s									the organization			· ·
and related organizations greater than \$15										ŀ	4	X
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," con							eıaı	ted organization or indiv	idual for services	ļ	5	x
Section B. Independent Contractors	ipiete Scriedui	00	01 3	<u>ucri</u>	per	3011			· . 			
Complete this table for your five highest co	mpensated in	dep	ende	ent c	ont	racto	ors 1	that received more than	\$100,000 of com	pensa	ation fro	m
the organization. Report compensation for											_	
(A)								(B)		_	(C)	-4
Name and business	address						_	Description of s	services		ompens	ation
SPRINT	አ <i>ሮ</i> አ ጋ	n 2	ດລ					 ILLINOIS REL	A V	2	,892	679
P. O. BOX 101343, ATLANT TELTEX INC	A, GA 3	03	<u> </u>				$\overline{}$	AMPLIFIED PH			,052	,013
404 E 13TH AVE, KANSAS C	TTY. MO	6	41	16				VOUCHER PROG			578	,790
NOVEL MARKETING, INC. (H										_		•
4481 ASH GROVE, SPRINGFI			27	11				ADVERTISING			185	,589
	handard to the				41			d abana) who are seen to	- are the			
2 Total number of independent contractors	_	101	mite	a to		se II 3	3 10 (u above) who received h	iore man			
\$100,000 of compensation from the organ	IZALIUII F						_				Form 99	90 (201

Form 990 (2011)

CORPORATION

	rt VII	Statement of Rever			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts nts	1 a	Federated campaigns	1a					
اة ق	b	Membership dues	1b					
Ağ,	C	Fundraising events	1c					
뜵힐	d	Related organizations	1d					
ξ.Έ	е	Government grants (contribut	tions) 1e 5	,060,209.				
윤희	f	All other contributions, gifts, gran						
들		similar amounts not included abo	ve 1f					
Contributions, Giffs, Grants and Other Similar Amounts	_	Noncash contributions included in lines	1a-1f \$		F 060 200			
<u>5 ē</u>	h	Total. Add lines 1a-1f			5,060,209.			
		MELECON DELAY (TEDUTOE	Business Code 517000	50,000.	50,000.		
် မြ	2 a		PERVICE	317000	30,000.	30,000.		
E Š	b							-
E S	C						 	
gg	d							
Program Service Revenue	4	All other program service reve						
	'	Total. Add lines 2a-2f	51100		50,000.			
	3	Investment income (including	dividends, inte	rest, and				
	•	other similar amounts)	,	>	31,719.			31,719.
	4	Income from investment of ta	x-exempt bond	proceeds >				
ł	5	Royalties	•	•				
		•	(ı) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	c	: Rental income or (loss)						
	d	Net rental income or (loss)		<u> </u>				
1	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory			-			-
	b	Less: cost or other basis	}					
		and sales expenses						
		Gain or (loss)	L		-			
		Net gain or (loss)		<u> </u>				
Other Revenue	8 a	Gross income from fundraising \$	of					
Be		contributions reported on line	e 1c). See					
ĕ		Part IV, line 18		a	-			
ਰੋ		Less: direct expenses		b				
		Net income or (loss) from fun						
İ	9 a	Gross income from gaming a						
		Part IV, line 19		a	1			
		Less: direct expenses		b	1			
1		Net income or (loss) from gar						
	10 a	 Gross sales of inventory, less and allowances 						
				a b	1			
		Less: cost of goods sold		D	†			
+		Net income or (loss) from sale Miscellaneous Revent		Business Code				
ŀ	44 4	MISCELLANEOUS	ue	900099	1,158.	1,158.		
	ıı a							
								
	,	All other revenue						
	_	Total. Add lines 11a-11d			1,158.			
	12	Total revenue. See instructions		-	5,143,086.		0	31,719.
13200 01-23					· · · · · · · · · · · · · · · · · · ·			Form 990 (2011)

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	olete columns (B), (C), and (D). Check if Schedule O contains a response	se to any question in the	s Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22	3,801,382.	3,801,382.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				······································
J	trustees, and key employees				
6	Compensation not included above, to disqualified				
٠	persons (as defined under section 4958(f)(1)) and			•	
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	402,554.	402,554.		
8	Pension plan accruals and contributions (include				
-	section 401(k) and section 403(b) employer contributions)	30,961.	30,961.		
9	Other employee benefits	79,321.	79,321.		
10	Payroll taxes	31,577.	31,577.		
11	Fees for services (non-employees)	<u> </u>			
·· a	Management				
b	· · · · · · · · · · · · · · · · · ·	28,680.	28,680.		
c		104,018.	46,349.	57,669.	
d	· · · · · · · · · · · · · · · ·			•	
e	0 -4				
f	Investment management fees				
9					
12	Advertising and promotion	249,608.	249,608.		
13	Office expenses	40,491.	40,491.		
14	Information technology		•		
15	Royalties				
16	Occupancy	71,236.	71,236.		
17	Travel	23,532.	23,532.		
18	Payments of travel or entertainment expenses				
_	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	80,308.	80,308.		
23	Insurance	21,367.	21,367.		
24	Other expenses Itemize expenses not covered above. (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	PRINTING	43,526.	43,526.		
b	CONTRACTUAL LEASED EQUI	19,884.	19,884.		
C	ELECTRONIC DOCUMENTATIO	17,330.	17,330.		
d	UTILITIES	9,903.	9,903.		
е	All other expenses	19,974.	19,974.		
25	Total functional expenses. Add lines 1 through 24e	5,075,652.	5,017,983.	57,669.	0
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Check here Infollowing SOP 98-2 (ASC 958-720)				

Parl	X	Balance Sheet	· · · · · · · · · · · · · · · · · · ·		T	
				(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing		26,839.	1	<250,520.
	2	Savings and temporary cash investments		3,025,707.	2	3,532,355.
	3	Pledges and grants receivable, net			3	
İ	4	Accounts receivable, net		674,233.	4	399,952.
	5	Receivables from current and former officers, di	rectors, trustees, key			
		employees, and highest compensated employee	es. Complete Part II			
ŀ		of Schedule L			5	
- [6	Receivables from other disqualified persons (as	defined under section			
		4958(f)(1)), persons described in section 4958(c				
		employers and sponsoring organizations of sec	tion 501(c)(9) voluntary			
		employees' beneficiary organizations (see instru			6	
}	7	Notes and loans receivable, net	ĺ		7	
	8	Inventories for sale or use		-	8	
.	9	Prepaid expenses and deferred charges		20,487.	9	108,706.
		Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a 848,733.			
	b	Less: accumulated depreciation	10b 642,257.	216,540.	10c	206,476.
	11	Investments - publicly traded securities		11		
	12	Investments - other securities. See Part IV, line		12		
	13	Investments - program-related. See Part IV, line		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	3,963,806.	16	3,996,969.
_	17	Accounts payable and accrued expenses	et into o ty	316,573.	17	282,302.
	18	Grants payable			18	
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
.	21	Escrow or custodial account liability. Complete		21		
	22	Payables to current and former officers, directo				
	22	highest compensated employees, and disqualif				
		of Schedule L	led persons. Complete i art ii		22	
	22	Secured mortgages and notes payable to unrel	ated third parties		23	
	23 24	Unsecured notes and loans payable to unrelate			24	
		Other liabilities (including federal income tax, pa				
	25	parties, and other liabilities not included on line				
		Schedule D	S 17-24). Complete Falt A Of		25	
	00			316,573.	26	282,302.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check h	ere ▶ X and complete	010/0.00		
.		_	ere P 121 and complete			
ا ڏا		lines 27 through 29, and lines 33 and 34.		3,647,233.	27	3,714,667.
	27	Unrestricted net assets		3,017,233.	28	0772170070
8	28	Temporarily restricted net assets			29	
]	29	Permanently restricted net assets	hardsham N 🗖 and		2.0	· · · · · · · · · · · · · · · · · · ·
:		Organizations that do not follow SFAS 117, o	theck here and			
מ		complete lines 30 through 34.			30	
	30	Capital stock or trust principal, or current funds			31	
₹	31	Paid in or capital surplus, or land, building, or e			31	
Net Assets of Fund balances	32	Retained earnings, endowment, accumulated in	ncome, or other funds	3,647,233.		3,714,667.
-	33	Total net assets or fund balances		3,963,806.		3,996,969.
	34	Total liabilities and net assets/fund balances		3,303,000.	J4 _	Form 990 (2011)

Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

3a

Х

X Separate basis Consolidated basis

Act and OMB Circular A-133?

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization

ILLINOIS TELECOMMUNICATIONS ACCESS CORPORATION

Employer identification number 36-3591867

ran	Reason	tor Public Char	Ity Status (All organiz	ations mu	st complet	e this part	.) See inst	ructions.				
he org	anization is not a	private foundation	because it is: (For lines 1	through 1	1, check o	only one b	ox.)					
1	A church, cor	nvention of churches	s, or association of churc	ches desci	ribed in se	ction 170	(b)(1)(A)(i)	•				
2	A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Sci	hedule E.)								
3	<u> </u>		tal service organization of		n section	170(b)(1)(A)(iii).					
4	_	•	operated in conjunction					(b)(1)(A)(ii	i). Enter th	ne hospital's	name,	
	city, and state				•					•		
5			benefit of a college or ur	niversity ov	vned or oc	erated by	a governr	nental uni	t describe	d in		
-		(b)(1)(A)(iv). (Comple					_ 3					
6	_		ent or governmental unit	described	tın sectio	n 170(h)(1)(<u>A</u>)(_V)					
7 🗀	_	-	eives a substantial part (r from the	general n	ublic describ	ned in	
' -	-		•	oi ita aupp	on monita	govennie	mai omic o		gonorarp	35.15 4000112	,	
8 🗆	section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)											
9 🗓						rom contri	hutione m	omborehi	n foes an	d aross rece	inte from	
8 141			eives: (1) more than 33 1 actions - subject to certa									
			axable income (less sect	lion 511 ta	X) Irom bu	511165565 6	icquired b	y trie orga	iiiizalioii a	1161 30116 30,	1975.	
	-	509(a)(2). (Complete		-	a anfatu C	`aa aaatia	n E00/a\/A	11				
10 <u> </u>			perated exclusively to tes						v out the r	ournoses of	one or	
''			perated exclusively for the									
			ations described in section				.). See sec	,11011 508(ajtoj. One	CK III6 DOX II	iai	
	describes the type of supporting organization and complete lines 11e through 11h. a Type I b Type II c Type III · Functionally integrated d Type III · Other											
	a ∐ Type I		- /:			-	-	more die		• •		
e ட	By checking this box, i certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).											
									o(a)(1) 01 5	ection sosta	/(∠) .	
f			ten determination from t	ine ino ina	шизату	pe i, Type	ii, or Type	; 111				
_	., .	rganization, check th				from one	of the falls	nuina non	2022			
9			organization accepted ar							Ţ,	Yes No	
			irectly controls, either al	one or tog	etner with	persons c	iescribea i	n (II) and (iii) below,		165 140	
	-	• •	upported organization?							11g(i)		
	• • •	· · · · · · · · · · · · · · · · · · ·	n described in (i) above?		- 0					11g(ii)		
			person described in (i) o							11g(iii)		
h	Provide the f	ollowing information	about the supported or	ganization	(S).							
			(III) Type of				4.4 41	(vi) Is	tho			
	me of supported	(II) EIN	organization		organization sted in your	organizat		organizati	on in col.	(vii) Amo		
C	irganization		(described on lines 1-9	governing			support?	(I) organiz U S	ed in the	suppo	iπ	
			above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No			
			(366 (1131/461/01/3))	165	140	163	140	103	110			
					1							
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		}	}									
	 								-			
Γotal										_		

132021

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

LHA For Paperwork Reduction Act Notice, see the Instructions for

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

<u>Se</u>	ction A. Public Support				,		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not		Į.				
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf		ŀ				
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3			-			
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4	***************************************		#-H-H-H-H-H-H-H-H-H-H-H-H-H-H-H-H-H-H-H			
	ction B. Total Support	· · · · · ·	1	· · · · · · · · · · · · · · · · · · ·	<u> </u>	<u>. I dan dan dan dan dan dan dan dan dan dan</u>	
	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 4	(4) 200.	(5) 2000	10, 2000	(-/		•
8	Gross income from interest,						
٠	dividends, payments received on						
	securities loans, rents, royalties			•			
	and income from similar sources						
^	Net income from unrelated business					·	
9							
	activities, whether or not the						
40	business is regularly carried on		 			-	
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)				 		
11		-4- /		<u>. I</u>	.1	12	
12	•	•	•	und faccioth as fifth t	av voor aa a aasti		
13	First five years. If the Form 990 is for		s first, second, thi	ra, iourtii, or iiitii t	ax year as a secu	on 30 (c)(3)	▶[_]
<u>Sa</u>	organization, check this box and stor ction C. Computation of Publ	ic Support Pe	rcentage		-		
_				column (f))		14	%
	Public support percentage for 2011 (Column (1))		15	<u>%</u>
15	Public support percentage from 2010 a 33 1/3% support test - 2011. If the			on line 13 and line	14 is 33 1/3% or		
168					14 15 00 170 70 01	more, check this of	▶ □
	stop here. The organization qualifies				d line 15 to 33 1/3	% or more check t	hie box
,	b 33 1/3% support test - 2010. If the				1 IIII e 13 13 33 173	70 Of THOIR, CHECK t	▶ □
. -	and stop here. The organization qual	, ,			o 12 160 or 16b	and line 14 is 10%	or more
17	a 10% -facts-and-circumstances tes						
	and if the organization meets the "fac					art iv now the orga	mzation
	meets the "facts-and-circumstances"					. 47a . and bas 45 ts	10% or
- 1	b 10% -facts-and-circumstances tes						
	more, and if the organization meets the						_
	organization meets the "facts-and-cire						
<u>18</u>	Private foundation. If the organization	on did not check a	box on line 13, 10	oa, 166, 1/a, or 17		and see instruction redule A (Form 99)	

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II	. If the organization fails to
--	--------------------------------

qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning in) (c) 2009(d) 2010 (e) 2011 (f) Total (a) 2007 **(b)** 2008 1 Gifts, grants, contributions, and membership fees received. (Do not 5630971. 4621227. 4986530. 5025323. 5060209.25324260. include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 50,001. 50,000. 250,001. 50,000. 50,000. 50,000. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 5110209.25574261. 5680971. 4671227. 5036530. 5075324. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the 0. amount on line 13 for the year 0. c Add lines 7a and 7b 25574261. 8 Public support (Subtract line 7c from line 6) Section B. Total Support (e) 2011 (f) Total Calendar year (or fiscal year beginning in) (a) 2007 (b) 2008(c) 2009 (d) 2010 5110209.25574261. 5680971 4671227. 5036530. 5075324 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties 237,650. 88,651 57,829. 58,967 31,719. 474,816. and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 57,829. 58,967. 31,719. 474,816. 237,650. 88,651 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital 1,159. 4,965. 805. 70. 2,303. 628. assets (Explain in Part IV.) 5143087.26054042. 5920924. 4760506. 5095164. 5134361. 13 Total support (Add lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 98.16 % 15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) 15 97.55 16 % 16 Public support percentage from 2010 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 1.8217 % 17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) 2.41 % 18 Investment income percentage from 2010 Schedule A, Part III, line 17 18 19a 33 1/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not $\triangleright X$ more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► See separate instructions.

2011
Open to Public Inspection

Name of the organization

ILLINOIS TELECOMMUNICATIONS ACCESS

Employer identification number 36-3591867

	CORPORATION		30-3391867
Pa	II Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	is or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor adv	rised funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can b	e used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpos	e conferring
	Impermissible private benefit?		Yes No
Pa	t II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990	, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of an h	nistorically important land area
	Protection of natural habitat	Preservation of a ce	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struc	cture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by t	he organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located ▶	_
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling c	ıf
	violations, and enforcement of the conservation easements i	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	, and enforcing conservation easements	during the year ▶
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during	ng the year 🕨 \$
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 17	70(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservat	ion easements in its revenue and expen	se statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ition's financial statements that describe	s the organization's accounting for
	conservation easements.		
Pa	t III Organizations Maintaining Collections o	of Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue stat	ement and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	hibition, education, or research in furthe	rance of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descri	ibes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue stateme	ent and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ea	ducation, or research in furtherance of p	public service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		s
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financ	cial gain, provide
	the following amounts required to be reported under SFAS 1		
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 01-23-12

Schedule D (Form 990) 2011

ILLINOIS TELECOMMUNICATIONS ACCESS

Sche	dule D (Form 990) 2011 CORPORAT	TION						<u> 36–35</u>	91867	Page 2
Par	t III Organizations Maintaining C	ollections of A	rt, Hist	torical Tr	easures, c	or Othe	r Simil	ar Asse	ts (contin	ued)
3	Using the organization's acquisition, accession	on, and other record	ds, check	k any of the	following tha	t are a sig	gnificant	use of its	collection	items
	(check all that apply):									
а	Public exhibition	d	. 🗀	Loan or exc	hange progra	ams				
b	Scholarly research	e	, 🗀	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explai	n how th	ney further t	he organizati	on's exer	npt purp	ose in Pai	t XIV.	
5	During the year, did the organization solicit or	receive donations	of art, hi	storical trea	sures, or oth	er sımılar	assets			
	to be sold to raise funds rather than to be ma	intained as part of	the orga	nization's co	ollection?				Yes	No_
Par	Escrow and Custodial Arrang reported an amount on Form 990, Part		ete if the	e organizatio	on answered	"Yes" to	Form 990), Part IV,	line 9, or	
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for	contribution	ns or other as	sets not	ıncluded			
	on Form 990, Part X?								Yes	No
b	If "Yes," explain the arrangement in Part XIV a	and complete the fo	ollowing t	table:						
									Amount	
c	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?						Yes	No
<u>b</u>	If "Yes," explain the arrangement in Part XIV.						 			
Par	t V Endowment Funds. Complete if	the organization ar	nswered	"Yes" to Fo	rm 990, Part	IV, line 1	0.			
		(a) Current year	(b) P	rior year	(c) Two year	rs back	(d) Three	years back	(e) Four	years back
1a	Beginning of year balance							_	<u> </u>	***************************************
b	Contributions									
C	Net investment earnings, gains, and losses								<u> </u>	······································
d	Grants or scholarships									
e	Other expenditures for facilities									
	and programs									
f	Administrative expenses									· ,·!!!·!·!
g	End of year balance									
2	Provide the estimated percentage of the curre	ent year end baland	ce (line 1	g, column (a	a)) held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment ▶	%								
C	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c shou	ld equal 100%.								
3a	Are there endowment funds not in the posses	ssion of the organiz	ation tha	at are held a	ınd admınıste	red for th	ne organı	zatıon	_	,
	by:									Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	listed as required of	on Sched	dule R?					3ь	
4	Describe in Part XIV the intended uses of the									
Par	t VI Land, Buildings, and Equipm	ent. See Form 99	0, Part X	, line 10.						
	Description of property	(a) Cost or o			t or other	• •	cumulat		(d) Book	value
		basis (investi	ment)	basis	(other)	dep	reciation	·······		
1a	Land									
b	Buildings									
C	Leasehold improvements									
d	Equipment			84	8,733.	ϵ	42,2	57.	206	,476.
e	Other									
Total	. Add lines 1a through 1e. (Column (d) must ed	gual Form 990, Part	X, colur	nn (B), line :	10(c).)				206	,476.

20

Schedule D (Form 990) 2011

132053 01-23-12 ILLINOIS TELECOMMUNICATIONS ACCESS

Scho	dule D (Form 990) 2011 CORPORATION	ND AC	CE	33		7	16-3	3591867 Page	. 1
	t XI Reconciliation of Change in Net Assets from Form 990 t	o Audi	ted	Financi	al S				<u> </u>
1	Total revenue (Form 990, Part VIII, column (A), line 12)	<u>o Audi</u>	teu	- IIIaiici	1	tater	ile i it	5,143,086	_
2	Total expenses (Form 990, Part IX, column (A), line 25)			-	2			5,075,652	
3	Excess or (deficit) for the year. Subtract line 2 from line 1			<u> </u>	3			67,434	
4	Net unrealized gains (losses) on investments			-	4			017131	·
5	Donated services and use of facilities			F	5				
6	Investment expenses			}-	6				
7	Prior period adjustments			-	7				—
8	Other (Describe in Part XIV.)			_	8				_
9	Total adjustments (net). Add lines 4 through 8				9				
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 a	nd 9			10			67,434	Ι.
	t XII Reconciliation of Revenue per Audited Financial Statem		Vith	Revenu	e p	er Re	turn		_
1	Total revenue, gains, and other support per audited financial statements						1	5,143,086	<u>.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:								_
а	Net unrealized gains on investments	2a							
b	Donated services and use of facilities	2b							
С	Recoveries of prior year grants	2c					- 1		
d	Other (Describe in Part XIV.)	2d							
е	Add lines 2a through 2d						2e) .
3	Subtract line 2e from line 1						3	5,143,086	<u>.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					ľ			
а	Investment expenses not included on Form 990, Part VIII, line 7b	_4a							
þ	Other (Describe in Part XIV.)	4b							
C	Add lines 4a and 4b					L	4c		<u>.</u>
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)						5	5,143,086	<u>, </u>
Pa	1 XIII Reconciliation of Expenses per Audited Financial Stater	nents '	With	Expen	ses	per F	<u> Retui</u>	r n	.
1	Total expenses and losses per audited financial statements					-	1	5,075,652	<u>. •</u>
2	Amounts included on line 1 but not on Form 990, Part iX, line 25:	1 .	ı				İ		
а	Donated services and use of facilities	2a	-						
Ь	Prior year adjustments	2b	+						
C	Other losses	2c	┼—						
d	Other (Describe in Part XIV.)	2d	ــــــــــــــــــــــــــــــــــــــ						١
_	Add lines 2a through 2d					H	2e	5,075,652	<u>; •</u>
3	Subtract line 2e from line 1					-	3	3,013,032	<u>·</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4-	1						
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	+						
	Other (Describe in Part XIV.) Add lines 4a and 4b	4b	J				40	C).
_						F	4c	5,075,652	
D ₂₀	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) **INV Supplemental Information			_			<u> </u>	370137032	••
Com	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also con								t
					_				
				-					
					_				_
									_
									_

SCHEDULE 1 (Form 990)

Grants and Other Assistance to Organizations,

OMB No 1545-0047

(100 mag)			Government	Governments, and Individuals in the United States	in the United Stat	les		
Department of the Treasury Internal Revenue Service		Comple	Complete if the organization	organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.	" to Form 990, Par m 990.	t IV, line 21 or 22.		Open to Public Inspection
Name of the organization	ILLINOIS	ELECOMMU	TELECOMMUNICATIONS A	ACCESS			ш	Employer identification number 36–3591867
Part : General In	General Information on Grants and Assistance	d Assistance						
1 Does the organiz	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	substantiate the	amount of the grants	or assistance, the	grantees' eligibility	y for the grants or ass	istance, and the selection	\ \ \!\
criteria used to a	criteria used to award the grants or assistance?	ance?	to early of grant	finds in the United	States			A Tes
art #	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	overnments and	Organizations in the	e United States. C	Somplete if the orga	Inization answered "Y	es* to Form 990, Part IN	/, line 21, for any
recipient th	hat received more than \$5	5,000. Check this	box if no one recipier	at received more th	lan \$5,000. Part II	can be duplicated if a	additional space is need	▲ p ₈
1 (a) Name and ac or go	1 (a) Name and address of organization or government (b) EIN (c) IRC section if applicable or government (d) Amount of non-cash grant or government (e) Amount of valuation (book, non-cash assistance assistance other) (g) Description of non-cash assistance other)	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
2 Enter total numb	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	nd government or	ganizations listed in the	he line 1 table				

3 Enter total number of other organizations listed in the line 1 table LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2011)

Page 2

36-3591867

CORPORATION

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule I (Form 990) (2011) Part #

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Part (V | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. AND SEVERELY HEARING IMPAIRED IS AN ILLINOIS NOT-FOR-PROFIT CORPORATION TELECOMMUNICATIONS ACCESS CORPORATION ("ITAC") FOR THE DEAF ACCORDANCE WITH THE APPROVAL OF THE ILLINOIS COMMERCE COMMISSION THE ILLINOIS LOCAL EXCHANGE CARRIERS ("LECS") IN o ö (d) Amount of non-cash assistance 2,942,679, 858,703 (c) Amount of cash grant 4714 (b) Number of recipients PROVIDED SPECIAL EQUIPMENT TO CITIZENS OF ILLINOIS PROVIDE RELAY SERVICE TO THE CITIZENS WHO ARE DEAF ILLINOIS. 711 SERVICE IS MANDATED BY FEDERAL AND OR SEVERELY HEARING IMPAIRED IN THE STATE OF 85-0502 (a) Type of grant or assistance ("ICC") IN DOCKET NO. WHO ARE HEARING IMPAIRED. $\mathbf{B}\mathbf{X}$ ESTABLISHED ILLINOIS STATE LAW

SERVICE FOR THE DEAF AND SEVERELY HEARING IMPAIRED IS REQUIRED BY RELAY

FEDERAL COMMERCE COMMISSION ("FCC") AND ILLINOIS REVISED STATUTES

ILLINOIS TELECOMMUNICATIONS ACCESS

Schedule (Form 990) 2011 CORPORATION	36-3591867 Page 2
Part IV Supplemental Information	
IN ACCORDANCE WITH IL ADM. CODE PART 755, ITAC IS TO PROVID	DE QUALIFIED
ILLINOIS RESIDENTS WITH THE NECESSARY EQUIPMENT TO ENGAGE	IN REGULAR
AND ROUTINE TELEPHONE COMMUNICATIONS.	· · · · · · · · · · · · · · · · · · ·
·	
	· · · · · · · · · · · · · · · · · · ·
	·····

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Pepartment of the Treasury Internal Revenue Service

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Name of the organization

ILLINOIS TELECOMMUNICATIONS ACCESS CORPORATION

Employer identification number 36-3591867

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: TELEPHONE. FORM 990, PART VI, SECTION B, LINE 11: THE BOARD OF DIRECTORS RECEIVE A COPY AND APPROVE THE 990. TWO OF THE BOARD MEMBERS ARE REQUIRED TO SIGN THE STATE RETURN. FORM 990, PART VI, SECTION C, LINE 19: THE DOCUMENTS ARE AVAILABLE PER REQUEST BY CONTACTING THE OPERATING OFFICE OF ITAC. FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC: MARSHA LIVINGSTONE - 210 N COAL STREET, COLCHESTER, IL 62326 MICHAEL GUFFY - 120 W LANE, EQUALITY, IL 62934 JOJI G. ANGUILAR - 225 W RANDOLPH ST HQ 27C, CHICAGO, IL 60606 STEVEN SAYLOR - 330 W BEECHER ST, JACKSONVILLE, IL 62650 MIKE REYNOLDS - 100 REDBUD RD, VIRGINIA, IL 62691 RACHEL ARFA - 20 NORTH MICHIGAN STE 300, CHICAGO, IL 60602 FORM 990, LINE 1E, GOVERNMENT GRANTS GOVERNMENT GRANTS ILLINOIS TELECOMMUNICATIONS ACCESS CORPORATION ("ITAC") FOR THE DEAF AND SEVERELY HEARING IMPAIRED, IS AN ILLINOIS NOT-FOR-PROFIT CORPORATION ESTABLISHED BY THE ILLINOIS LOCAL EXCHANGE CARRIERS ("LECS") IN ACCORDANCE WITH THE APPROVAL OF THE ILLINOIS COMMERCE COMMISSION ("ICC") IN DOCKET NO. 85-0502. DOCKET 85-0502 REQUIRED TELECOMMUNICATIONS CARRIERS PROVIDING LOCAL EXCHANGE SERVICE TO BEGIN LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2011) 132211 01-23-12

Schedule O (Form 990 or 990-EZ) (2011)	Page 2
Name of the organization ILLINOIS TELECOMMUNICATIONS ACCESS CORPORATION	Employer identification number 36-3591867
CHARGING AN ADDITIONAL MONTHLY SURCHARGE TO THEIR CUSTOME	RS AND TO
REMIT THE FUNDS MONTHLY TO ITAC. DOCKET NO. 11-0316 MAIN	TAINED THE
MONTHLY SURCHARGE, MAINTAINING THE REMITTANCE TO ITAC.	
2011 GOVERNMENT GRANTS \$5,060,209	
	

Form **8868**

(Rev. January 2012)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

OMB No. 1545-1709

• ii you ar	e filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box		•	► <u>[X]</u>
If you are	e filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II (on page 2 of	this form).		
Do not co	mplete Part II unless you have already been granted a	an automa	atic 3-month extension on a previous	sly filed Fo	rm 8868.	
	filing (e-file). You can electronically file Form 8868 if y					oration
	file Form 990-T), or an additional (not automatic) 3-mo					
	ile any of the forms listed in Part I or Part II with the exc					
	lenefit Contracts, which must be sent to the IRS in pap					
	rs gov/efile and click on e-file for Charities & Nonprofits		(See Metrostone). For more cottains t	511 1110 0101	saomo ming or ano	101111,
Part I	Automatic 3-Month Extension of Time		submit original (no copies ne	eded)	· · · · · · · · · · · · · · · · · · ·	-
	ion required to file Form 990-T and requesting an autor					
Part I only	ion required to the Collin occ 1 and requesting all actor	nano o me	Shar oxionolon onesk this sex and	oop.o.c	•	▶ □
All other co	orporations (including 1120-C filers), partnerships, REM me tax returns.	IICs, and t	rusts must use Form 7004 to reques	st an exter	nsion of time	
Type or	Name of exempt organization or other filer, see instru	ctions.		Employe	r identification num	ber (EIN) or
print	ILLINOIS TELECOMMUNICATIONS		ESS			
	CORPORATION			X	36-35918	67
File by the	Number, street, and room or suite no. If a P.O. box, s	ee inetriic	tions		curity number (SSI	
due date for filing your	3001 MONTVALE DRIVE, NO. D	00 11131100	tions.		outry homber (our	**,
return See instructions	City, town or post office, state, and ZIP code. For a for SPRINGFIELD, IL 62704	oreign add	fress, see instructions.			
Enter the F	Return code for the return that this application is for (file	e a separa	te application for each return)			0 1
Applicatio	n	Return	Application			Return
ls For		Code	Is For			Code
Form 990		01	Form 990-T (corporation)			07_
Form 990-E	BL	02	Form 1041-A			08
Form 990-8	EZ	01	Form 4720			09
Form 990-f	PF	04	Form 5227			10
Form 990-1	T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
	T (trust other than above)	06	Form 8870			12
Telepho If the or	TRUDY SNELL and the care of \triangleright 3001 MONTVALE In the No. \triangleright 217-698-4170 reganization does not have an office or place of business for a Group Return, enter the organization's four digit	s in the Ur	FAX No. ▶		•	► □
. –	 ,	,				
box ▶ L 1 I regi	If it is for part of the group, check this box ▶ uest an automatic 3-month (6 months for a corporation				ers the extension i	s ior.
is for	AUGUST 15, 2012 , to file the exemp	-	to life Form 990-1) extension of time		The extension	
▶∐	\times calendar year 2011 or					
	tax year beginning	, an	d ending	-	<u></u> ·	
2 If the	e tax year entered in line 1 is for less than 12 months, c Change in accounting period	heck reas	on: Initial return	Final retur	m	
	s application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any		_	
	efundable credits. See instructions.			3 <u>a</u>	\$	0.
	s application is for Form 990-PF, 990-T, 4720, or 6069,					Λ
	nated tax payments made. Include any prior year overp			3 <u>b</u>	\$	0.
	nce due. Subtract line 3b from line 3a. Include your pa	-		٥٠		0.
	sing EFTPS (Electronic Federal Tax Payment System).			3c	EO for payment ins	
	you are going to make an electronic fund withdrawal vir Privacy Act and Paperwork Reduction Act Notice,			OIII 00/ 3.	Form 8868 (F	

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For Privacy Act and Paperwork Reduction Act Notice, see Instructions.