Form **990** 

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042464

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Openito Public

<u>A</u>	For ti	he 2020 calendar year, or tax year beginning	and	ending		
В	Check applica	C Name of organization			D Employer identifi	cation number
	char		ior	1		
2	Nam char				37-09012	37
F	fnitia Fina Fetui	Number and street (or P.U. box it mail is not delivered to street address)		Room/suit	E Telephone numbe 217-679-	
1	term	nin-	e		G Gross receipts \$	1,399,925.
Г		ended Chrinafield II. 62708			H(a) Is this a group re	
Ē		blica- TALLER TOCEDH HANDLEY		i	for subordinates	
	pen	same as C above		110	H(b) Are all subordinates in	ncluded? Yes No
T	Tax-e		(a)(1)	%ZY€2	7 If "No," attach a	list See instructions
		site: ▶ www.ctcil.com		t	H(c) Group exemption	n number
K	Form	of organization: X Corporation Trust Association Other		L Yea	r of formation: 1994 i	M State of legal domicile: IL
P	artil	Summary				
0	1				GE IDEAS REG	
nance		CABLE TELEVISION OPERATIONS AND TO ADV	OCA	TE LE	GISLATION BE	<u>NEFITING</u>
		Check this box   if the organization discontinued its operations or	dispo	sed of mor	e than 25% of its net as:	
) See	3	Number of voting members of the governing body (Part VI, line 1a)			3	20
S.	4	Number of independent voting members of the governing body (Part VI, line			4	20
در ctivities &	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			.5	2
_	6	Total number of volunteers (estimate if necessary)			6	20
		a Total unrelated business revenue from Part VIII, column (C), line 12			7 <u>a</u>	0.
<u> </u>	╀	b Net unrelated business taxable income from Form 990-T, Part I, line 11		<u> </u>	7b	
•		O the bound of the Control of the Co			<u>Prior Year</u> 26,800.	Current Year 26,800.
<b>1</b>	8	Contributions and grants (Part VIII, line 1h)			1,382,122.	1,359,853.
Revenue	9	Program service revenue (Part VIII, line 2g)			11,075.	7,419.
g g	10				25,000.	5,853.
	11		12)	-	1,444,997.	1,399,925.
}—	12		12)		3,700.	2,000.
SCAIN Expenses	13				0.	0.
5.	15	100	5-10)		482,264.	505,700.
က်ရှိ	16	a Professional fundraising rees (Part (X, column (A), line 11e)	J 10,		0.	0.
oen		b Total fundraising expenses (Part IX Column (D), line 25)		0.		
Ä	17				846,971.	849,766.
	18				1,332,935.	1,357,466.
	19				112,062.	42,459.
- b	4			В	eginning of Current Year	End of Year
Net Assets or	20	Total assets (Part X, line 16)			1,413,651.	1,456,110.
ASS	21	Total liabilities (Part X, line 26)			<70.>	<70.>
					1,413,721.	1,456,180.
		Signature Block				
		nalties of perjury, I declare that I have examined this return, including accompanying sc				/ knowledge and belief, it is
true	, corr	ect, and complete. Declaration of preparer (other than officer) is based on all information	n of w	hich prepare		
		Doorba G. Handley			Date 2	31
Sig	ın	Signature of officer			Dale	
He	re	JOSEPH HANDLEY, PRESIDENT				<del></del>
		Type or print name and title			Date Check [	PTIN
<b>j</b> . n - ·		Print/Type preparer's name Preparer's signature	/		00/01/01	
Pai		Brent Leach CHAPPER & DIDNE LLD	<u> </u>		02/01/21 "self-employ	P00331592 37-1335003
_	parer			<del> </del>	Firm's EIN	21-1333003
USE	Only	Firm's address 227 S. Seventh Street Springfield, IL 62701			Dhann - / 2	17) 525-1111_
_		IRS discuss this return with the preparer shown above? See instructions	-		Prione rio. ( 2	X Yes No
N/12	v the	JRS discuss this return with the brenarer shown above? See instructions				I ANTAGS I INU

Form	111inois Broadband & Cable Association	<u> 37-0901237</u>	Page 2
Pai	rt III   Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission.		
	TO EXCHANGE IDEAS REGARDING THE CABLE TELEVISION OPERATION		
	ADVOCATE LEGISLATION BENEFITING THE CABLE TELEVISION IND	USTRY.	
		<del></del>	
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Y	es 🗶 No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	□v	es X No
3		<u> </u>	es [ <u>11</u> ] 140
	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 i	measured by expense	es.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	s, the total expenses	, and
	revenue, if any, for each program service reported	·	
40			· · · · · · · · · · · · · · · · · · ·
4a	(Code) (Expenses \$		
	TO EXCHANGE IDEAS REGARDING THE CABLE TELEVISION OPERATION		
	ADVOCATE LEGISLATION BENEFITING THE CABLE TELEVISION INDI	USTRY.	
		•	_
		• •	
			·
4b	(Code) (Expenses \$) (Revenue	ue\$	1
70	(Code) (Code) (Notes of)		······································
	- Marie Carlos C		
			<del></del>
4c	(Code) (Expenses \$ including grants of \$) (Revenue	ue \$	)
		_	
		· · · · · · · · · · · · · · · · · · ·	-
4d	Other program services (Describe on Schedule O )		<del></del>
		1	
4-	(Expenses \$ including grants of \$ ) (Revenue \$		
70	LOTAL DIGGRAM CONICO ANDOROS -		

^rm	aan	(2020)

# Form 990 (2020) Illinois Broadband & Cable Association [Partily] Checklist of Required Schedules

1 is the organization described in section 501(s)(s) or 4947(e)(t) (other than a private foundation)?  1				Yes	No
2 is the organization regioned to complete Schedule B, Schedule of Contribution 2" 3 of the organization engage in direct or indirect political campaging activities in the public office? If "Yes," complete Schedule C, Part II 4 Section 50 (E(S) organizations. Did the organization as defined in Review Procedure 98 19? If "Yes," complete Schedule C, Part II 5 is the organization a section 501(E(S), 50 (E(S)) or 50 (E(S)) organization that receives membership dues, assessments, or similar amounts as defined in Review Procedure 98 19? If "Yes," complete Schedule C, Part III 6 Did the organization maintain any donor advised funds or any similar funds or accounts? "If "Yes," complete Schedule C, Part II 7 Did the organization maintain any donor advised funds or any similar funds or accounts? "If "Yes," complete Schedule C, Part II 8 Did the organization report an amount in Part X, tine 10 maintain including assements to preserve open space, the environment, historic lad analysis of the organization report an amount in Part X, tine 10 maintain including assements to preserve open space, the environment, historic lad analysis of the organization report an amount in Part X, tine 10 maintain and the organization report an amount in Part X, tine 10 maintain and the organization report an amount for bringing, debit management, credit repair, or debit negotiation services? If "Yes," complete Schedule D, Part X II 9 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part X II 10 Did the organization report an amount for other assess in Part X, line 10? If "Yes," complete Schedule D, Part X II 11 Did the organization report an amount for other assess in Part X, line 10 maintain assess reported in Part X, line 10 maintain and the organization report an amount for other assess in Part X, line 10 maintain and the organization report an amount for other assess in Part X, line 10 maintain and the organization report an amount for other assess in Part X, line	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3		·			X
public office? If "Yes," complete Schedule C, Part II  \$ Section 501(s) organization. Did the organization engage in lobbying activities, or have a section 501(s) election in effect during the tax year? If "Yes," complete Schedule C, Part III  \$ is the organization a section 501(s)(s), 501(s)(s), 501(s)(s) organization that receives membership dues, assessments, or similar amounts as defined in Review Procedure 98-19? If "Yes," complete Schedule C, Part III  \$ Did the organization maintain any dionor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II  \$ Did the organization maintain any dionor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II  \$ Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  \$ Did the organization organization organization of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV  Did the organization amount for longly but investments organization amount for other assets in Part X, line 12, Ir yes, "complete Schedule D, Part VII  Did the organization report an amount for other assets 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 VII  Did the organization report an amount for other assets in Part X, line 15, Ir Yes, "complete Schedule D, Part VIII  Did the organization report an amount for other assets in Part X, line 15, Ir Yes, "complete Schedule D, Part XIII  Did the organization report an amount for other assets in Part X, line 15, Ir Yes, "complete Schedule D, Part XIII  Did the organization report an amount for other assets in Part X, line 15,			2	<u> </u>	
Section 50 (c)(3) organizations. Dot the organization engage in lobbying activities, or have a section 501(h) election in effect dumit the tax year? If "Yes," complete Schedule C, Part II is the organization assection 501(c)(4), 501(c)(5), 50	3		_		<b>.</b>
dump the tax yea? If "Yes," complete Schedule C, Part II   Did the organization a section SOT (s)(4), 501 (s)(5),			3_		^
5 is the organization a section STI (c)(4), STI (c)(5), or STI (c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98.19° if "9.8°, "complete Schedule C, Part II Dut the organization markan any donor advised funds or any similar funds or accounts of which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts of which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts of "he yes," complete Schedule D, Part II Dut the organization markan collections of works of art, historical streams, or other similar assets? If "Yes," complete Schedule D, Part II Dut the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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 Dut the organization, directly or through a related organization, hold assets in donor restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part VI If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part VI II But the organization report an amount for land, buildings, and equipment in Part X, line 10; If "Yes," complete Schedule D, Part VIII Dut 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 VIII Dut the organization separate in or investments is part X, line 15, that is 5% or more of its total assets the organization separate in consolidated financial statements for the tax year? If Yes, complete Schedule D, Part X and XII Dut the organization separate or consolidated financial statements for the tax year? If Yes, complete Schedule D, Part X and XII is optional is the organization separate or con	4				
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Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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 VI Did the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part VI, If It the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part VI, If It the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII 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 VIII Did the organization report an amount for other assets 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 Did the organization an amount for other assets 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 Did the organization separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 46 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization separate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X in the averagement of the organization and the organization on share asset and the organization on child of nonsolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X in the organization of the analysis of the organization of the analysis of the averagement of the organization report on Part IX, column (A), line 3, more than \$1,00	_				^
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## Yes, "complete Schedule D, Part IV  Did the organization, cirectly or through a related organization, hold assets in donor-restricted endowments or in quasis endowments" "Yes," "complete Schedule D, Part V  If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable  a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  b 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  d 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  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 VIII  d Did the organization report an amount for other ilabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  Did the organization seport an amount for other ilabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  11th X  2a Did the organization obtain separate, independent audited financial statements for the tax year include a footnote that addresses the organization is lability for uncertain tax postnosis under FIN 48 (SAC 740)? If "Yes," complete Schedule D, Part X  11th X  2a Did the organization and the organization organization organization organization organization organization organi	9	· · · · · · · · · · · · · · · · · · ·			
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or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  7 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  8 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  9 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  10 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  12 b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  13 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	_		15		
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column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  8 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  9 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  10 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  12 b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  1 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	<b>-</b>		-10		
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1c and 8a? If "Yes," complete Schedule G, Part II  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  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	8	,			
9 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  0a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  10 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	_		18		х
complete Schedule G, Part III  19 X  19 X  19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  10 If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  11 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	9				
Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  1 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	_		19		х
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1 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		·			
177					
	•		21		Х

Illinois Broadband & Cable Association Part IV | Checklist of Required Schedules (continued)

Yes\_ No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on X Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 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 Х 23 Schedule J 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 Х 24a Schedule K. If "No," go to line 25a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? 24d d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit 25a transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete 25b Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% Х 26 controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled Х 27 entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 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): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 28a "Yes," complete Schedule L, Part IV X 28b b A family member of any individual described in line 28a? If "Yes," complete Schedule L. Part IV c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If X 28c "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 contributions? If "Yes," complete Schedule M X Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 Part V, line 1 Х 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, 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 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 Х and that is treated as a partnership for federal income tax purposes? If "Yes." complete Schedule R. Part VI 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38 Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V Ye<u>s</u> No 13 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0 **b** Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Form 990 (2020)

Page 5

<u> </u>	Statements regarding other mornings and rax compliance (continues)							
		_		Yes	No			
	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	2		7,				
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	┝	2b	Х				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	⊢	_					
	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a 3b					
	of If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O							
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a		4-		Х			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	-	<u>4a</u>		<u> </u>			
	If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	-						
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	F	5a		X			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X			
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c					
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	F	-					
	any contributions that were not tax deductible as charitable contributions?		6a		X			
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
	were not tax deductible?		6ь					
	Organizations that may receive deductible contributions under section 170(c).							
	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	ւა [	7a					
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	- 1	7b					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
	to file Form 8282?	L	7c					
đ	If "Yes," indicate the number of Forms 8282 filed during the year 7d	$\perp$						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	L	7e					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	L	7f					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g					
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C7	'  -	7h					
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	-						
	sponsoring organization have excess business holdings at any time during the year?	⊢	8					
	Sponsoring organizations maintaining donor advised funds.	F	_					
	Did the sponsoring organization make any taxable distributions under section 4966?		9a					
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	-	9b		$\neg$			
	Section 501(c)(7) organizations. Enter:	ĺ						
	Initiation fees and capital contributions included on Part VIII, line 12  Cross receipts, included on Form 999, Part VIII, line 13, for public use of club facilities.		l					
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Section 501(c)(12) organizations. Enter.	$\dashv$	٥					
	Gross income from members or shareholders			- 1	l			
-	Gross income from other sources (Do not net amounts due or paid to other sources against							
	amounts due or received from them)							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	一.	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
	Section 501(c)(29) qualified nonprofit health insurance issuers.							
	Is the organization licensed to issue qualified health plans in more than one state?		13a					
	Note: See the instructions for additional information the organization must report on Schedule O							
b	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							
С	Enter the amount of reserves on hand	$\perp$						
	Did the organization receive any payments for indoor tanning services during the tax year?	Ŀ	14a		<u> </u>			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	Ľ	14b					
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				v			
	excess parachute payment(s) during the year?	$\vdash$	15		<u> </u>			
	If "Yes," see instructions and file Form 4720, Schedule N	-	40					
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	-	16		<del>^</del>			
	If "Yes," complete Form 4720, Schedule O		Form	990	(2020)			
			I OILL		(2040)			

Illinois Broadband & Cable Association 37-0901237 Form 990 (2020) 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 on Schedule O. See instructions.  $\mathbf{x}$ Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 20 1a 1a Enter the number of voting members of the governing body at the end of the tax year 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 on Schedule O. 20 1b b Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Х 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X 7a more members of the governing body? 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 8a The governing body? X 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 Х organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a 10a Did the organization have local chapters, branches, or affiliates? 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 Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X 12c in Schedule O how this was done X 13 Did the organization have a written whistleblower policy? X Did the organization have a written document retention and destruction policy? 14 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 The organization's CEO, Executive Director, or top management official 15a X 15h 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 taxable entity during the year? 16a 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 exempt status with respect to such arrangements? Section C. Disclosure None List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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 Other (explain on Schedule O) X Upon request Another's website Own website Describe on 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. State the name, address, and telephone number of the person who possesses the organization's books and records JOSEPH HANDLEY - 217-855-0382

62708

P.O.

BOX 20098, SPRINGFIELD,

Tllinois	Broadband	£	Cable	Association
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37-0901237 Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

**Employees, and Independent Contractors** 

Form 990 (2020)

Check if Schedule O contains a response or note:	to any	/ line in	this Part VII
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#### 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 See instructions for the order in which to list the persons above

Check this box if neither the organization n	or any related	orga	nıza	tion	con	npen	sate	ed any current officer, d	rector, or trustee			
(A)	(B)	(C)						(D)	(E)	(F)		
Name and title	Average	Position (do not check more than one		Reportable	Reportable	Estimated						
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of					
	week		cer an	dad	recto	r/trus	(66)	from	from related	other		
	(list any	recto						the	organizations	compensation		
	hours for	5	8			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization		
	related organizations	nstee	trust		<u>ရ</u>	ubeu		(44-271099-101130)		and related		
	below	lual tr	trona	١.	ş	st con yee				organizations		
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	<b>Former</b>					
(1) JOSEPH HANDLEY	40.00											
PRESIDENT			L	X				291,000.	0.	51,783.		
(2) AMY ALTON	40.00					Ì	ŀ		_			
EXECUTIVE DIRECTOR			L	X				116,000.	0.	18,611.		
(3) MATTHEW SUMMY	2.00							_		_		
CHAIRMAN		X	lacksquare	Х	L		L	0.	0.	0.		
(4) JAMES SLEDGE	2.00			l			İ			•		
VICE CHAIRMAN & TREASURER		Х	<u> </u>	Х	<u> </u>		_	0.	0.	0.		
(5) LEE ANN HERRERA	2.00			l		'	1		_	0		
SECRETARY		X		Х	<u> </u>	<u> </u>		0.	0.	0.		
(6) TODD CURTIS	2.00	l		l					_	•		
BOARD MEMBER		X	_	X	<u> </u>	<u> </u>		0.	0.	0.		
(7) CHAD WINTERS	2.00	ł							_	•		
DIRECTOR AT LARGE		X	_	X	<u> </u>			0.	0.	0.		
(8) BECKY CIANCI	2.00									•		
BOARD MEMBER		X	_	L		<u> </u>		0.	0.	0.		
(9) DON DEMAY	2.00	١.,						_	,	•		
BOARD MEMBER		X		_				0.	0.	0.		
(10) CASEY FRENCH	2.00	ļ.,							0	0		
BOARD MEMBER		X		<u> </u>	_			0.	0.	0.		
(11) JAMES FRISKE	2.00	Į.,						0.	0.	0.		
BOARD MEMBER	2.00	Х		-		-		0.	0.			
(12) PATRICK HAGGERTY	2.00	x						0.	0.	0.		
BOARD MEMBER (13) JASON LUNDERMAN	2.00	^		$\vdash$	-	_		U •	0.			
	2.00	X						0.	0.	0.		
BOARD MEMBER (14) DEBRA MARTON	2.00	^		-	├—	-	┢	<u> </u>	<u> </u>			
	2.00	x						0.	0.	0.		
BOARD MEMBER (15) PETE NEMETH	2.00	<del>  ^</del>	-	$\vdash$	_							
BOARD MEMBER	2.00	X						0.	0.	0.		
(16) DEBRA PISCOLA	2.00	<del>  ^</del> `	$\vdash$			$\vdash$	-					
BOARD MEMBER	2.00	X					1	0.	0.	0.		
(17) MIKE REYNOLDS	2.00	<del> </del>			<b>-</b>		T					
BOARD MEMBER		x		İ				0.	0.	0.		
	<u> </u>									Form 990 (2020)		

Part VII   Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)				
` (A)	(B)			_ •	C)			(D)	(E)			(F)	
Name and title	Average	l (do	not c		nore	ነ than e	วกค	Reportable	Reportable		Est	tımate	ed
	hours per	box	, unle	ss pe	rson i	s both	n an	compensation	compensation			ount	of
	week	┢──	1	laaa	T	or/trus	100)	from	from related			other	
	(list any hours for	recto						the	organizations (W-2/1099-MISC)			oensa om th	
	related	b io a	te e			sated		organization (W-2/1099-MISC)	(44-27 1099-141130)	'		anızat	
	organizations	ruste	l trus		စ္မ	шреп		(** 2) 1000 (**1000)			_	l relat	
	below	ndividual trustee or director	institutional trustee	<u> </u>	Key employee	St co				,		nızatı	
	line)	를	Instit	Officer	Keye	Highest compensated employee	<b>Former</b>						
(18) DAN STUHR	2.00												
BOARD MEMBER		X		L				0.	C	).			0.
(19) GARY UNDERWOOD	2.00												
BOARD MEMBER		X						0.	C	).			0.
(20) ESTER VILES	2.00								_				
BOARD MEMBER		X	<u> </u>					0.	C	).			0.
(21) RAY NESS	2.00								_				_
BOARD MEMBER	L	X	<u> </u>		_	ļ.,	_	0.		).			0.
(22) KATELYN HOTLE	2.00	ļ											^
DIRECTOR AT LARGE	<b></b>	X	<u> </u>	X	_	<u> </u>	_	0.		).			0.
		┨											
	<u> </u>	├	<del> </del>	<del> </del>	-	$\vdash$	_			+			
		┨											
		╁		-	-	┢	$\vdash$			+			
	<u> </u>	┨								1			
		$\vdash$		├	<del> </del>	$\vdash$	-			+			
		1								-			
1b Subtotal	·			<u>.                                    </u>	<u>.                                    </u>	<u> </u>	<b>—</b>	407,000.	C	).	70	),3	94.
c Total from continuation sheets to Part VI	I. Section A						•	0.		7.			0.
d Total (add lines 1b and 1c)	.,						<b>•</b>	407,000.	C	5.	70	),3	94.
Total number of individuals (including but n	ot limited to th	ose	liste	d at	oove	e) wh	o re	eceived more than \$100,	000 of reportable				
compensation from the organization													2
					,							Yes	No
3 Did the organization list any former officer,	director, trust	ee, ŀ	кеу є	empl	loye	e, or	hıg	hest compensated empl	oyee on	L	$\Box$		
line 1a? If "Yes," complete Schedule J for s	uch individual										3		X
4 For any individual listed on line 1a, is the su		e co	mpe	ensa	ition	and	oth	ner compensation from ti	ne organization	L			
and related organizations greater than \$150	0,000? If "Yes,	" со	mple	ete S	Sche	edule	Jt	for such individual		<u> </u>	4	Х	_
5 Did any person listed on line 1a receive or a	ccrue comper	nsatı	on fi	rom	any	unre	elate	ed organization or individ	lual for services	L	$\dashv$		
rendered to the organization? If "Yes." com	olete Schedul	e <i>J f</i>	or si	ıch ı	oers	on			<u> </u>		5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest co										isation	n fro	m	
the organization Report compensation for	the calendar y	ear e	endir	ng w	ith c	or wr	thin		ear T				
(A) Name and business	address							( <b>B)</b> Description of s	ervices	Сол	C) npen	) Isatioi	n
ALFRED G. RONAN, LTD.	addiess							Bosonption of o	0171000				
328 S. OAK PARK AVE #1, C	ak Dark		TT.	6	กจ	02		Lobbying	}	4	13(	0.0	00.
320 S. OAK PARK AVE #1, C	ak rark	,	<u> </u>		0.5	02	一	LODDY 1119				,,,	<del></del>
							- {						
<del></del>							╡		<del></del>			_	
							-		1				
									-				

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Illinois Broadband & Cable Association 37-0901237 Form 990 (2020) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (D) (C) Revenue excluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 1 a Federated campaigns Contributions, Gifts, Grants and Other Similar Amounts 1a b Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e All other contributions, gifts, grants, and 26,800. similar amounts not included above 1f 1g \$ Q Noncash contributions included in lines 1a-1f 26,800. Total, Add lines 1a-1f **Business Code** 900099 1,359,853.1,359,853. 2 a MEMBERSHIP DUES Program Service f All other program service revenue 359,853. Total, Add lines 2a-2f Investment income (including dividends, interest, and 3 7,419. 7,419. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (II) Personal 6 a Gross rents 6a 6b **b** Less rental expenses c Rental income or (loss) 6c d Net rental income or (loss) (i) Securities (II) Other 7 a Gross amount from sales of assets other than inventory 7a **b** Less cost or other basis Other Revenue 7b and sales expenses c Gain or (loss) 7с d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9a b Less. direct expenses 9b c Net income or (loss) from gaming activities ▶ 10 a Gross sales of inventory, less returns and allowances 10a 10b b Less. cost of goods sold

**Business Code** 

900099

▶

5,853.

5,853.

399,925.1,365,706.

5,853.

0.

c Net income or (loss) from sales of inventory

11 a REIMBURSEMENTS

e Total. Add lines 11a 11d

Total revenue. See instructions

d All other revenue

Pai	t IX Statement of Functional Expense	es							
Secti	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)								
	Check if Schedule O contains a response or note to any line in this 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	( <b>D)</b> Fundraising expenses				
1	Grants and other assistance to domestic organizations				:				
	and domestic governments. See Part IV, line 21	2,000.		ļ					
2	Grants and other assistance to domestic								
	individuals See Part IV, line 22								
3	Grants and other assistance to foreign	İ							
	organizations, foreign governments, and foreign								
	individuals See Part IV, lines 15 and 16				-				
4	Benefits paid to or for members				<u> </u>				
5	Compensation of current officers, directors,	400 301							
	trustees, and key employees	409,391.			<del></del>				
6	Compensation not included above to disqualified								
	persons (as defined under section 4958(f)(1)) and								
_	persons described in section 4958(c)(3)(B)								
7	Other salaries and wages Pension plan accruals and contributions (include				<del></del>				
8	·	44,825.							
9	section 401(k) and 403(b) employer contributions) Other employee benefits	29,575.							
10	Payroll taxes	21,909.							
11	Fees for services (nonemployees)								
''a	Management								
b	Legal	180,000.			<del></del>				
	Accounting	4,740.							
d	· · ·	595,402.							
е	Professional fundraising services. See Part IV, line 17								
f	Investment management fees								
g	Other (If line 11g amount exceeds 10% of line 25,								
	column (A) amount, list line 11g expenses on Sch 0.)	2,572.							
12	Advertising and promotion								
13	Office expenses	11,002.							
14	Information technology								
15	Royalties								
16	Occupancy	0.5.5							
17	Travel	955.			<del> </del>				
18	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials								
19	Conferences, conventions, and meetings				· · · · · · · · · · · · · · · · · · ·				
20	Interest Payments to affiliates								
21	Depreciation, depletion, and amortization	7,467.	<del></del>						
22 23	Insurance	,,10,1							
23 24	Other expenses. Itemize expenses not covered								
24	above (List miscellaneous expenses on line 24e. If								
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)								
а	LEGIS DAYS	17,805.							
	CHAIRMAN'S DINNER	8,000.							
	AUTO	5,937.							
d		5,452.							
е	All other expenses	10,434.							
25	Total functional expenses. Add lines 1 through 24e	1,357,466.							
26	Joint costs. Complete this line only if the organization								
	reported in column (B) joint costs from a combined								
	educational campaign and fundraiging collectation	ľ		1					

ıf following SOP 98-2 (ASC 958-720)

Page **1**1

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 Cash - non-interest-bearing 1,192,461. 1,242,387. 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net Inventories for sale or use 8 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 346,369. basis Complete Part VI of Schedule D 10a 132,646. 221,190. 213,723. 10c b Less accumulated depreciation 10b Investments - publicly traded securities 11 12 Investments - other securities See Part IV, line 11 12 13 13 Investments - program-related See Part IV, line 11 14 Intangible assets 14 15 15 Other assets See Part IV, line 11 413,651 1,456,110. Total assets. Add lines 1 through 15 (must equal line 33) 16 16 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X <70.> <70.> of Schedule D <70.> 26 <70.> Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🗓 Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 1,413,721. 1,456,180. Net assets without donor restrictions 27 27 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 30 31 Retained earnings, endowment, accumulated income, or other funds 31 1,413,721. 1,456,180. 32 32 Total net assets or fund balances 1,456,110. 1,413,651. Total liabilities and net assets/fund balances

Form 990 (2020)

orm	990 (2020) Illinois Broadband & Cable Association	<u> 37-</u>	<u> 0901237</u>	Pag	<sub>le</sub> 12
Ŗaı	tiXII Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,399	,92	<u> 25.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,357		
3	Revenue less expenses Subtract line 2 from line 1	3		, 45	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,413	,72	<u> 11.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,456	,18	<u> 30.</u>
<u>Ŗ</u> ai	TIXII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			- 1	<u> </u>
				Yes	No_
1	Accounting method used to prepare the Form 990 X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule C	).		<b>-</b>	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	j.		
	separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis		-		
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basıs,			
	consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	jle Aud			47
	Act and OMB Circular A-133?		3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ad audı	1 1		
	or guidite, explain why on Schodule O and describe any steps taken to undergo such audits		l 3h l		

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Form **990** (2020)

#### **SCHEDULE C**

(Form 990 or 990-EZ)

### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C

• Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.

Section 527 organizations. Complete Part I-A only

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

•	Section 501(c)(4), (5), or (6) organizat	ions: Complete Part III			
	ne of organization			Emp	oloyer identification number
	Illinoi	s Broadband & Ca	ble Associat	cion	37-0901237
Pa	art I-A   Complete if the org	anization is exempt und	er section 501(c)	or is a section 527 o	ganization.
	· · · · · · · · · · · · · · · · · · ·				
1	Provide a description of the organiz	ation's direct and indirect politic	cal campaign activities i	n Part IV	
	Political campaign activity expendit	•	. 0		\$
	Volunteer hours for political campai				
•	, , , , , , , , , , , , , , , , , , ,	<b>3</b>		_	
Pa	art I-B   Complete if the org	anization is exempt und	er section 501(c)(	3).	
1	Enter the amount of any excise tax	incurred by the organization und	der section 4955		\$
2	Enter the amount of any excise tax	incurred by organization manag	ers under section 4955	<b>&gt;</b>	\$
	If the organization incurred a section				Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part IV.				
Pa	art I-C Complete if the org	anization is exempt und	er section 501(c),	except section 501(	c)(3).
1	Enter the amount directly expended	by the filing organization for se	ction 527 exempt funct	ion activities	\$
2	Enter the amount of the filing organ	ization's funds contributed to ot	her organizations for se	ection 527	
	exempt function activities				\$
3	Total exempt function expenditures	Add lines 1 and 2 Enter here a	and on Form 1120-POL,		
	line 17b				\$
	Did the filing organization file Form				Yes No
5	Enter the names, addresses and en				
	made payments For each organization				
	contributions received that were pro				te segregated fund or a
	political action committee (PAC) If	additional space is needed, prov	1		
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political contributions received and
				filing organization's funds. If none, enter -0-	
					delivered to a separate
					political organization. If none, enter -0
					it florie, efficer -o
				<del></del>	
	<u></u>			<del></del>	
					1

Part II-A   Complete if the organization 501(h)).	Illino anizatio	ois Br nisexer	oadband & C npt under section	able Associa n 501(c)(3) and file	tion 37-0 d Form 5768 (ele	901237 Page 2 ection under
	tion belong	s to an affi	liated group (and list ii	Part IV each affiliated	group member's nam	e, address, EIN,
expenses, and share	e of exces	s lobbying	expenditures)			
B Check 🕨 🔲 if the filing organizat	tion check	ed box A a	nd "limited control" pre	ovisions apply		
		ying Expe eans amou	nditures unts paid or incurred.	)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ence publ	c opinion (	grassroots lobbying)		-	
b Total lobbying expenditures to influ	-					
c Total lobbying expenditures (add lin	_		, , , , ,			
d Other exempt purpose expenditure		,				
e Total exempt purpose expenditures		s 1c and 1c	1)			
f Lobbying nontaxable amount Ente	•			h columns		
If the amount on line 1e, column (a) or			bying nontaxable am			
Not over \$500,000	127.00		the amount on line 1e			
Over \$500,000 but not over \$1,000	.000		00 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,50			00 plus 10% of the exc			
Over \$1,500,000 but not over \$17,0			00 plus 5% of the exce			
Over \$17,000,000	2,5,5,5	\$1,000,				
		<u> </u>				
g Grassroots nontaxable amount (ent	ter 25% of	line 1f)				
h Subtract line 1g from line 1a. If zero				i		
i Subtract line 1f from line 1c. If zero	or less, er	nter -0-				
j If there is an amount other than zer			line 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for this y						Yes No
(Some organizations th	at made a	section 5 the separ	ate instructions for li	have to complete all ones 2a through 2f.)	f the five columns b	elow.
	Lobb	ying Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) :	2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount				ŀ		
(150% of line 2a, column(e))						
c Total lobbying expenditures	_					
1 0						
d Grassroots nontaxable amount						
e Grassroots ceiling amount (150% of line 2d, column (e))						
(150% of line 2d, column (e))	<del></del>		<del> </del>			
f Grassroots lobbying expenditures		<u></u>			<u></u>	

Schedule C (Form 990 or 990-EZ) 2020

37-0901237 Page 3

Schedule C (Form 990 or 990 EZ) 2020 Illinois Broadband & Cable Association 37-09012

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i bi	elow, provide in Part IV a detailed description		a)	(1	D)
of the lobbying activity.	elow, provide in rarety a detailed description	Yes	No	Amo	ount
During the year, did the filing organization	attempt to influence foreign, national, state, or				
local legislation, including any attempt to it	nfluence public opinion on a legislative matter				
or referendum, through the use of					
a Volunteers?					
b Paid staff or management (include comper	nsation in expenses reported on lines 1c through 1i)?			7	
c Media advertisements?				ļ	
d Mailings to members, legislators, or the pu	blic?				
e Publications, or published or broadcast sta	atements?		ļ	<u> </u>	
f Grants to other organizations for lobbying	purposes?		ļ. <u></u>		
g Direct contact with legislators, their staffs,	government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conven-	tions, speeches, lectures, or any similar means?				
i Other activities?				<u> </u>	
j Total Add lines 1c through 1i					<del></del>
2a Did the activities in line 1 cause the organic	zation to be not described in section 501(c)(3)?	-	ļ		
<b>b</b> If "Yes," enter the amount of any tax incur	red under section 4912			<u> </u>	
	red by organization managers under section 4912				<del></del> 1
d If the filing organization incurred a section	4912 tax, did it file Form 4720 for this year?	F04/-V	5\	<u> </u>	
	ion is exempt under section 501(c)(4), secti	on 501(c)(	5), or sec	tion	
501(c)(6).					
	_			Yes	No
1 Were substantially all (90% or more) dues r	•		1	Х	<del></del>
2 Did the organization make only in-house lo			2		X
3 Did the organization agree to carry over lot Part III-B Complete if the organization	obying and political campaign activity expenditures from to ion is exempt under section 501(c)(4), secti	the prior year	? 3	tion	
answered "Yes."	BOTH Part III-A, lines 1 and 2, are answered	I "No" OR	<del>-  </del>	II-A, line	3, is 
1 Dues, assessments and similar amounts fr		··	1		
	d political expenditures (do not include amounts of political expenditures)	licai			
expenses for which the section 527(f) ta	x was paid).		2a		
a Current year			2b		
b Carryover from last year			2c		
c Total	3(e)(1)(A) notices of nondeductible section 162(e) dues		3		
	e 2c exceeds the amount on line 3, what portion of the ex	222			
	the reasonable estimate of nondeductible lobbying and				
expenditure next year?	of the reasonable estimate of hondeductible lobbying and	political	4		
	voenditures (See instructions)		5		
Part IV   Supplemental Information				<u> </u>	
	e 1, Part I-B, line 4, Part I-C, line 5; Part II-A (affiliated grou	n liet\ Part II.	Δ lines 1 a	nd 2 (See	
instructions), and Part II-B, line 1. Also, complete		p 113t), 1 art 11	7., III 100 T a	10 2 (000	
instructions), and Part IPB, line 1 Also, complete	this part for any additional information				
	·				

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name of the organization

Illinois Broadband & Cable Association

**Employer identification number** 37-0901237

Pai	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advised f	funds
	are the organization's property, subject to the organization's e		Yes No
6	Did the organization inform all grantees, donors, and donor ad		d only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose con-	ferring
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990, Part	IV, line 7
1	Purpose(s) of conservation easements held by the organizatio	n (check all that apply)	
	Preservation of land for public use (for example, recreati	ion or education) Preservation of a h	istorically important land area
	Protection of natural habitat	Preservation of a c	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form 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
С	Number of conservation easements on a certified historic stru	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired at	fter 7/25/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated by the org	anization during the tax
	year ▶		
4	Number of states where property subject to conservation ease	· · · · · · · · · · · · · · · · · · ·	
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing conserve	ation easements during the year
	<b></b>		
7	Amount of expenses incurred in monitoring, inspecting, handle	ing of violations, and enforcing conservation	easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)	
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footnote	ote to the organization's financial statements	that describes the
Da	organization's accounting for conservation easements t III   Organizations Maintaining Collections of	Art Historical Transumes or Other	r Similar Assets
Par			Sillilai Assets.
	Complete if the organization answered "Yes" on Form		halana shoot warks
1a	If the organization elected, as permitted under FASB ASC 958		
	of art, historical treasures, or other similar assets held for publications and the Post Mill the Asset of the footback to the		erance or public
	service, provide in Part XIII the text of the footnote to its finance		non about works of
b	If the organization elected, as permitted under FASB ASC 958		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furthera	rice of public service,
	provide the following amounts relating to these items.		▶ ♠
	(i) Revenue included on Form 990, Part VIII, line 1		<b>-</b>
	(ii) Assets included in Form 990, Part X		\$
2	If the organization received or held works of art, historical trea		ın, proviae
	the following amounts required to be reported under FASB AS	SC 958 relating to these items:	<b>~</b> ¢
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		> \$

		Broadban							01237	Page 2
	Organizations Maintaining Co								(continu	ied)
3	Using the organization's acquisition, accession	on, and other record	is, check	any of the f	following that	make si	gnificant i	use of its		
	collection items (check all that apply)		. —		_					
а	Public exhibition				hange progra	am				
b	Scholarly research	•	e	Other						
С	Preservation for future generations							_		
4	Provide a description of the organization's co	· ·		-	•			se in Part	XIII	
5	During the year, did the organization solicit or					er sımılar	assets	_	٦	
i Dos	to be sold to raise funds rather than to be ma								Yes	No_
<u>IRar</u>	reported an amount on Form 990, Par		lete if the	organizatio	n answered '	'Yes" on	Form 990	), Part IV,	line 9, or	
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for d	contributions	s or other ass	sets not i	ncluded		_	
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing t	able						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
	Did the organization include an amount on Fo		•				ity?	L	_ Yes	∐ No
	If "Yes," explain the arrangement in Part XIII									
<u> </u>	Endowment Funds. Complete in	the organization a	nswered	"Yes" on Fo	rm 990, Part				r	
		(a) Current year	(b) F	rior year	(c) Two yea	rs back	(d) Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance		<u> </u>							_
b	Contributions		<u> </u>							
C	Net investment earnings, gains, and losses		ļ							
d	Grants or scholarships		<u> </u>							
е	Other expenditures for facilities					ł				
	and programs		<del> </del>						-	
f	Administrative expenses		<del> </del>						-	
g	End of year balance				l					
2	Provide the estimated percentage of the curre	ent year end baland	e (line 1g	g, column (a)	) held as					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С		%								
	The percentages on lines 2a, 2b, and 2c shou	ıld equal 100%								
3а	Are there endowment funds not in the posses	ssion of the organiz	ation tha	t are held ar	nd administer	ed for th	e organiza	ation	_	
	py.									res No
	(i) Unrelated organizations								3a(i)	<del></del>
	(ii) Related organizations								3a(ii)	
Ь	If "Yes" on line 3a(ii), are the related organization								3b	
4	Describe in Part XIII the intended uses of the		wment f	unds						
<u> Par</u>	tiVI■ Land, Buildings, and Equipm					<b>5</b>				
	Complete if the organization answered							. "1		
	Description of property	(a) Cost or			or other	٠,	ccumulate	ed	(d) Book	value
		basis (invest	ment)	basis	(other)	de	preclation			<del>.</del>
1a	Land				<del></del>		<b>D</b> 1 1	0.5		
b	Buildings			28	5,208.		71,4	85.	213	<u>,723.</u>
С	Leasehold improvements				2 6 4 2		<u> </u>	40-	<del></del>	
d	Equipment				3,640.		53,6		·	0.
	Other,				7,521.		<u>7,5</u>	41.	010	0.
Total	. Add lines 1a through 1e (Column (d) must ed	gual Form 990, Part	X. colun	nn (B), line 1	0c.)				Z I 3	,723.

Schedule D (Form 990) 2020 Illinois Bro	oadband & Cab	le Association	37-0901237 Page 3
Complete if the organization answered "Yes" of			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation. Co	st or end-of-year market value
(1) Financial derivatives			· · · · · · · · · · · · · · · · · · ·
(2) Closely held equity interests			
(3) Other			
(A)			<del></del> -
(B)			
(C)		<del> </del>	
(E)			
(F)	<del></del>		
(G)			
(H)			
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.  Complete if the organization answered "Yes" of the organization and the organization answered "Yes" of the organization answered "Yes" of the organization and the organiz	on Form 990, Part IV, line	11c See Form 990, Part X, line 1	3
(a) Description of investment	(b) Book value		st or end-of-year market value
(1)	•		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" of the organization of the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization and the organiz	on Form 990 Part IV line	11d See Form 990 Part X line 1	5
	Description	114 000 10111 000,1 411 22, 1110 1	(b) Book value
(1)			
(2)			
(3)			<del></del>
	·		
(6)			
(7)			
(8)			
Total. (Column (b) must equal Form 990, Part X. col. (B) line  Part X Other Liabilities.  Complete if the organization answered "Yes" of		11e or 11f See Form 990 Part X	line 25
1. (a) Description of liability	J J.J., , art IV, IIIIG	Sor and soo, rank	(b) Book value
(1) Federal income taxes			<70.>
(2) DIRECT DEPOSIT LIABILITIES (3)			
(4)			
(5)			
(6)		<del></del>	
(7)			
(8)	··· -		
(9)			
Total. (Column (b) must equal Form 990, Part X. col. (B) line	25.)		▶ <70.>
2. Liability for uncertain tax positions in Part XIII, provide		the organization's financial state	ments that reports the
organization's liability for uncertain tax positions under			

	<u>(ule D (Form 990) 2020 Illinois Broadband &amp; Cab</u>		37-0901237	
Par	XI Reconciliation of Revenue per Audited Financial State	ments With Revenue	oer Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a	<del></del>	
1	Total revenue, gains, and other support per audited financial statements		1	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12 <sup>-</sup>	1 1		
а	Net unrealized gains (losses) on investments	2a		
	Donated services and use of facilities	2b		
	Recoveries of prior year grants	2c	<b>─</b> ┤	
	Other (Describe in Part XIII )	2d	<del></del>	
	Add lines 2a through 2d			
	Subtract line 2e from line 1		3	
	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 4. 1		
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	<del></del>	
	Other (Describe in Part XIII )	4b		
	Add lines 4a and 4b		4c	·
	Total revenue Add lines 3 and 4c. <i>(This must equal Form 990, Part I. line 12.)</i> t XII   Reconciliation of Expenses per Audited Financial Stat	ements With Expense		***********
rai			s per metam.	
_	Complete if the organization answered "Yes" on Form 990, Part IV, line	12 <b>a</b>	1	
	Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	Donated services and use of facilities	2a		
	Prior year adjustments	2b		
	Other losses	2c		
	Other (Describe in Part XIII )	2d		
	Add lines 2a through 2d	201	2e	
	Subtract line 2e from line 1		3	
	Amounts included on Form 990, Part IX, line 25, but not on line 1.			
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII )	4b		
	•		<del></del>	
	Add lines 4a and 4b		4c	
	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.	)	4c 5	
5	Add lines 4a and 4b Total expenses Add lines 3 and 4c. <i>(This must equal Form 990, Part I. line 18.</i> t XIII Supplemental Information.		* ***	
5 Par	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.		5	XI,
5 Par	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18, tXIII Supplemental Information.	Part IV, lines 1b and 2b; Part	5	XI,
5 Par	Total expenses Add lines 3 and 4c. (This must equal Form 990. Part I. line 18. t XIII Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b; Part	5	XI,
5 Par	Total expenses Add lines 3 and 4c. (This must equal Form 990. Part I. line 18. t XIII Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b; Part	5	XI,
5 Par	Total expenses Add lines 3 and 4c. (This must equal Form 990. Part I. line 18. t XIII Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b; Part	5	XI,
5 Par	Total expenses Add lines 3 and 4c. (This must equal Form 990. Part I. line 18. t XIII Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b; Part	5	XI,
5 Par	Total expenses Add lines 3 and 4c. (This must equal Form 990. Part I. line 18. t XIII Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b; Part	5	XI,
5 Par	Total expenses Add lines 3 and 4c. (This must equal Form 990. Part I. line 18. t XIII Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b; Part	5	XI,
5 Par	Total expenses Add lines 3 and 4c. (This must equal Form 990. Part I. line 18. t XIII Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b; Part	5	XI,
5 Par	Total expenses Add lines 3 and 4c. (This must equal Form 990. Part I. line 18. t XIII Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b; Part	5	XI,
5 Par	Total expenses Add lines 3 and 4c. (This must equal Form 990. Part I. line 18. t XIII Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b; Part	5	XI,
5 Par	Total expenses Add lines 3 and 4c. (This must equal Form 990. Part I. line 18. t XIII Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b; Part	5	XI,
5 Par	Total expenses Add lines 3 and 4c. (This must equal Form 990. Part I. line 18. t XIII Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b; Part	5	XI,
5 Par	Total expenses Add lines 3 and 4c. (This must equal Form 990. Part I. line 18. t XIII Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b; Part	5	XI,
5 Par	Total expenses Add lines 3 and 4c. (This must equal Form 990. Part I. line 18. t XIII Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b; Part	5	XI,
5 Par	Total expenses Add lines 3 and 4c. (This must equal Form 990. Part I. line 18. t XIII Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b; Part	5	XI,
5 Par	Total expenses Add lines 3 and 4c. (This must equal Form 990. Part I. line 18. t XIII Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b; Part	5	XI,
5 Par	Total expenses Add lines 3 and 4c. (This must equal Form 990. Part I. line 18. t XIII Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b; Part	5	XI,
5 Par	Total expenses Add lines 3 and 4c. (This must equal Form 990. Part I. line 18. t XIII Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b; Part	5	XI,
5 Par	Total expenses Add lines 3 and 4c. (This must equal Form 990. Part I. line 18. t XIII Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b; Part	5	XI,
5 Par	Total expenses Add lines 3 and 4c. (This must equal Form 990. Part I. line 18. t XIII Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b; Part	5	XI,
5 Par	Total expenses Add lines 3 and 4c. (This must equal Form 990. Part I. line 18. t XIII Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b; Part	5	XI,
5 Par	Total expenses Add lines 3 and 4c. (This must equal Form 990. Part I. line 18. t XIII Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b; Part	5	XI,
5 Par	Total expenses Add lines 3 and 4c. (This must equal Form 990. Part I. line 18. t XIII Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b; Part	5	XI,
5 Par	Total expenses Add lines 3 and 4c. (This must equal Form 990. Part I. line 18. t XIII Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b; Part	5	XI,

## SCHEDULE J. (Form 990)

Department of the Treasury

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2020

Open to Public Inspection

Name of the organization

Illinois Broadband & Cable Association

37-0901237

Employer identification number

Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		<u></u>
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		<u></u>
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III			
	X Compensation committee Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		<del>^</del>
	If "Yes" to any of lines 4a⋅c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
_	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
5	contingent on the revenues of			
_	The organization?	5a		
d	Any related organization?	5b		
U	If "Yes" on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
U	contingent on the net earnings of			
2	The organization?	6a		
	Any related organization?	6b		
U	If "Yes" on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
•	not described on lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2020

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(F) Compensation	ın column (B) reported as deferred on prior Form 990	0.	0.																														
(E) Total of columns		342,783.	0																						·								
(D) Nontaxable	benefits	18,883.	0.																														
(C) Retirement and	other deferred compensation	32,900.	0.																														
and/or 1099-MISC compensation	(iii) Other reportable compensation	0	0.																														
W-2 and/or 1099-MI	(ii) Bonus & incentive compensation	25,000.	0.																														
(B) Breakdown of W-2	(i) Base compensation	266,000.	0																														
	(A) Name and Title	ADLEY (0)	(ii)	(0)	(ii)	(1)	(0)	(9)	(11)	(0)	(ii)	0	(ii)	(0)	(ii)	(1)	(ii)	(i)	(ii)	(1)	(ii)	0)	(ii)	(9)	(ii)	(0)	(ii)	(i)	(0)	(0)	(0)	<u> </u>	(ii)
	<b>4</b> )	(1) JOSEPH HANDLEY	PRESIDENT																														

Schedule J (Form 990) 2020 ,

## **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

Attach to Form 990 or 990-EZ.

➤ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Illinois Broadband & Cable Association

Employer identification number 37-0901237

Form 990, Part I, Line 1, Description of Organization Mission:
THE CABLE TELEVISION INDUSTRY.
Form 990, Part VI, Section A, line 6:
THE ORGANIZATION HAS MEMBERS.
Form 990, Part VI, Section B, line 11b:
A COPY OF THE FORM 990 IS PROVIDED TO THE ORGANIZATION'S BOARD OF DIRECTORS
BEFORE IT IS FILED. THE BOARD DOES A REVIEW PRIOR TO SIGNING AND FILING
THE FORM.
Form 990, Part VI, Section B, Line 12c:
BOARD MEMBERS ARE REQUIRED TO DISCLOSE CONFLICTS OF INTERESTS ANNUALLY.
Form 990, Part VI, Section B, Line 15:
THE PROCESS FOR DETERMING COMPENSATION INCLUDES A SURVEY, REVIEW BY A
COMPENSATION COMMITTEE AND APPROVAL BY THE BOARD.
Form 990, Part VI, Section C, Line 18:
A COPY OF THE 990 IS AVAILABLE TO THE PUBLIC UPON REQUEST.
Form 990, Part VI, Section C, Line 19:
GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC
UPON REQUEST.

SCHEDULE R (Form 990) Name of the organization

Parti

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

Open to Public Inspection

Employer identification number 37-0901237

Go to www.irs.gov/Form990 for instructions and the latest information.

2020

OMB No 1545-0047

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Illinois Broadband & Cable Association

Direct controlling entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. End-of-year assets <u>e</u> Total income € Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Part

0) 2020	Form 99	Schedule R (Form 990) 2020				s for Form 990.	' For Paperwork Reduction Act Notice, see the Instructions for Form 990.
•							
×		N/A		527	Illinois	CABLE TELEVISION OPERATION	62708
						EXCHANGE IDEAS REGARDING	36-4191670, P.O. BOX 20098, SPRINGFIELD, IL
							Illinois Broadband & Cable Association PAC -
No	Yes		501(c)(3))				
ty?	entity?	entity	status (if section	section	foreign country)		of related organization
controlled	Toop	Direct controlling	Public chanty	Exempt Code	Legal domicile (state or	Primary activity	Name, address, and EIN
1)	(g)	€	(e)	<del>©</del>	(0)	<b>a</b>	(a)

032161 10-28-20 LHA

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year Illinois Broadband & Cable Association Schedule R (Form 990) 2020

Part III

Page 2

37-0901237

General or Percentage managing ownership partner? 3 Yes Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)  $\equiv$ Disproportionate Yes No allocations? Ξ Share of end-of-year assets 9 Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) <u>e</u> (d) | Direct controlling entity (c)
Legal
domicile
(state or
foreign Primary activity <u>e</u> Name, address, and EIN of related organization <u>a</u>

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year Part IV

(a)	(q)	(၁)	(p)	(e)	Œ	(6)	(H)	3	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp,	Ŗ	Share of end-of-year	Percentage ownership	Section 512(b)(13) controlled entity?	اد 2 (13) 4 مطر
		country)		(ren ii no		dosers		Yes	<b>№</b>
									)
							·		
								_	
	•								
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									, 
•								•	
					-				•
032162 10-28-20						Sche	Schedule R (Form 990) 2020	2 (0 <del>6</del> 6 r	020

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Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

																				~ 1	
3	رم) Percentage	ownership																			Schedule R (Form 990) 2020
5	U. eral or	managing partner?	2																		(Forn
$\vdash$	Ge	<u> </u>	<u> </u>	 	 <u> </u>			 _	├									-	 		le R
9	Code V-UBI	tionate amount in box 20 managing ownership oscientifications? of Schedule K-1	(2001)																		Schedu
3	-jodoi	tionate allocations?	2																		
Ľ	Disp		<u> </u>	 	lacksquare	_			$\vdash$		 									_	
(5)	(9) Share of	end-of-year assets																			
9	Q																i				
[9]	Are all	er 501(c)(3)	Les No																		
Surrem partition mps	Predominant income	excluded from tax under	300000000000000000000000000000000000000																		
Sign for certain linke	Ticile																				
ructions regarding exclus	Primary activity																				
(a) (b) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	(a) Name, address, and EIN	of entity																			

Part VII	Supplemental Information
	Provide additional information for responses to questions on Schedule R. See instructions
<del></del>	Trovide additional information for responses to questions on ocheane H. Gee instructions
<del></del>	