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## Short Form

## Return of Organization Exempt From Income Tax

OMB No. 1545 1150

2008

Department of the Treasury  
Internal Revenue Service

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

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

Open to Public  
Inspection

<b>A For the 2008 calendar year, or tax year beginning</b> 10/01 <b>, 2008, and ending</b> 9/30 <b>, 2009</b>					
<b>B Check if applicable</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Address change</li> <li><input type="checkbox"/> Name change</li> <li><input type="checkbox"/> Initial return</li> <li><input type="checkbox"/> Termination</li> <li><input type="checkbox"/> Amended return</li> <li><input type="checkbox"/> Application pending</li> </ul>		<b>C</b> <b>ILLINOIS COUNCIL ON BEST MANAGEMENT PRACTICES</b> <b>P.O. BOX 1326, 1201 E BELL ST.</b> <b>BLOOMINGTON, IL 61702-1326</b>		<b>D Employer identification number</b> <b>37-1377677</b> <b>E Telephone number</b> <b>309-827-2774</b> <b>F Group Exemption Number</b>	
<b>• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).</b>				<b>G Accounting method.</b> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ►	
<b>I Website:</b> ► <u>N/A</u>				<b>H Check</b> ► <input checked="" type="checkbox"/> <b>if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).</b>	
<b>J Organization type (check only one)</b> — <input checked="" type="checkbox"/> 501(c) (5) (insert no.) 4947(a)(1) or 527					
<b>K Check</b> ► <input type="checkbox"/> <b>if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return</b>					
<b>L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ</b>				► \$ <b>120,381.</b>	
<b>Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (See the instructions for Part I.)					
REVENUE	1 Contributions, gifts, grants, and similar amounts received	1	75,231.		
	2 Program service revenue including government fees and contracts	2			
	3 Membership dues and assessments	3	44,000.		
	4 Investment income	4	1,150.		
	5a Gross amount from sale of assets other than inventory	5a			
	b Less cost or other basis and sales expenses	5b			
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)	5c			
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here	6			
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a			
b Less, direct expenses other than fundraising expenses	6b				
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c				
7a Gross sales of inventory, less returns and allowances	7a				
b Less cost of goods sold	7b				
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c				
8 Other revenue (describe ► _____)	8				
9 <b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	120,381.			
EXPENSES	10 Grants and similar amounts paid (attach schedule)	10	92,234.		
	11 Benefits paid to or for members	11			
	12 Salaries, other compensation, and employee benefits	12			
	13 Professional fees and other payments to independent contractors	13			
	14 Occupancy, rent, utilities, and maintenance	14			
	15 Printing, publications, postage, and shipping	15	14.		
	16 Other expenses (describe ► <u>SEE STATEMENT 2</u> )	16	9,785.		
	17 <b>Total expenses</b> (add lines 10 through 16)	17	102,033.		
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	18,348.		
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	152,070.			
20 Other changes in net assets or fund balances (attach explanation)	20				
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	170,418.			
<b>Part II Balance Sheets.</b> If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.					
(See the instructions for Part II.)				<b>(A) Beginning of year</b> <b>(B) End of year</b>	
22 Cash, savings, and investments	152,070.	22	170,418.		
23 Land and buildings		23			
24 Other assets (describe ► _____)		24			
25 <b>Total assets</b>	152,070.	25	170,418.		
26 <b>Total liabilities</b> (describe ► _____)		26	0.		
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	152,070.	27	170,418.		

**Part III Statement of Program Service Accomplishments (See the instructions.)**

What is the organization's primary exempt purpose? **SEE STATEMENT 3**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

## Expenses

(Required for 501(c)(3)  
and (4) organizations and  
4947(a)(1) trusts, optional  
for others.)

**28 IDENTIFY AND/OR DEVELOP EFFECTIVE ENVIRONMENTALLY SOUND AND ECONOMICAL BEST MANAGEMENT PRACTICES (BMPS) FOR PRODUCTIVE AGRICULTURE.**

(Grants \$ 92,234.) If this amount includes foreign grants, check here

1

28a

23

**31 Other program services (attach schedule)**

3

32 Total program service expenses (add lines 28a through 31a)

31a  
89

**Part IV. List of Officers, Directors, Trustees, and Key Employees.** (List each one even if not compensated. See the instrs.)

**Part V Other Information (Note the statement requirement in General Instruction V.)**

33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity 33  Yes  No

34 Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes 34  Yes  No

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T 35a  Yes  No

a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements? 35b  Yes  No

b If 'Yes,' has it filed a tax return on **Form 990-T** for this year? 36  Yes  No

36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N 36  Yes  No

37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a  Yes  No 0.

b Did the organization file **Form 1120-POL** for this year? 37b  Yes  No

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? 38a  Yes  No

b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b  Yes  No N/A

39 501(c)(7) organizations Enter

a Initiation fees and capital contributions included on line 9 39a  Yes  No N/A

b Gross receipts, included on line 9, for public use of club facilities 39b  Yes  No N/A

40a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► N/A, section 4912 ► N/A, section 4955 ► N/A 40a  Yes  No

b 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I 40b  Yes  No

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40c  Yes  No 0.

d Enter amount of tax on line 40c reimbursed by the organization 40d  Yes  No 0.

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T 40e  Yes  No X

41 List the states with which a copy of this return is filed ► NONE

42a The books are in care of ► JEAN PAYNE Telephone no ► 309-827-2774  
 Located at ► P.O. BOX 1326 BLOOMINGTON IL ZIP + 4 ► 61702-1326

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country: ► 42b  Yes  No

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.  
 c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: ► 42c  Yes  No X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** – Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 ►  N/A  No N/A

44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 44  Yes  No X

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 45  Yes  No X

**Part VI** **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

46 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

	Yes	No
46		
47		
48		
49a		
49b		

47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II

48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If 'Yes,' was the related organization(s) a section 527 organization?

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
-----				
-----				
-----				
-----				
-----				
-----				
Total number of other employees paid over \$100,000 ►				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
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Total number of other independent contractors receiving over \$100,000 ►		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

► *Jean M Payne* | *3/12/10*  
Signature of officer Date

► *Jean M Payne, Treasurer*  
Type or print name and title

Paid Preparer's Use Only	Preparer's signature ► <i>Shuman M Glusker CPA</i>	Date <i>8/10/09</i>	Check if self employed ► <input type="checkbox"/>	Preparer's Identifying Number (See instructions) <i>P00040282</i>
	Firm's name (or yours if self employed), address, and ZIP + 4 ► <i>ILLINOIS AGRICULTURAL AUDITING ASSOCIATION</i>		EIN	► <i>36-1252710</i>
	► <i>318 SUSAN DR</i>		Phone no	► <i>(309) 862-3870</i>
	<i>NORMAL, IL 61761-6206</i>			

May the IRS discuss this return with the preparer shown above? See instructions

►  Yes  No

BAA

Form 990-EZ (2008)

2008

FEDERAL STATEMENTS  
ILLINOIS COUNCIL ON BEST MANAGEMENT  
PRACTICES

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37-1377677

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03.16PM

STATEMENT 1  
FORM 990-EZ, PART I, LINE 10  
GRANTS AND SIMILAR AMOUNTS PAID

CLASS OF ACTIVITY:	GRANT	
DONEE'S NAME:	MARY ARNOLD TRUST	
DONEE'S ADDRESS:	231 2ND STREET	
	DUNLAP, IL 61725	
CASH AMOUNT GIVEN:		\$ 1,656.
CLASS OF ACTIVITY:	GRANT	
DONEE'S NAME:	BARNARD, BOB	
DONEE'S ADDRESS:	22389 N 1950 EAST RD	
	TOWANDA, IL 61776	
CASH AMOUNT GIVEN:		\$ 1,512.
CLASS OF ACTIVITY:	GRANT	
DONEE'S NAME:	BDS ACRES	
DONEE'S ADDRESS:	21711 N 1975 E RD	
	TOWANDA, IL 61776	
CASH AMOUNT GIVEN:		\$ 4,640.
CLASS OF ACTIVITY:	GRANT	
DONEE'S NAME:	COPE, JOHN	
DONEE'S ADDRESS:	16595 E 2350 NORTH RD.	
	HUDSON, IL 61748	
CASH AMOUNT GIVEN:		\$ 1,248.
CLASS OF ACTIVITY:	GRANT	
DONEE'S NAME:	CRUMP, RANDY	
DONEE'S ADDRESS:	18846 E 2200 NORTH RD.	
	TOWANDA, IL 61776	
CASH AMOUNT GIVEN:		\$ 660.
CLASS OF ACTIVITY:	GRANT	
DONEE'S NAME:	GILDERSLEEVE FERTILIZER	
DONEE'S ADDRESS:	PO BOX 499	
	HUDSON, IL 61748	
CASH AMOUNT GIVEN:		\$ 8,784.
CLASS OF ACTIVITY:	GRANT	
DONEE'S NAME:	GOODE, RICHARD	
DONEE'S ADDRESS:	23516 N 1475 EAST RD.	
	HUDSON, IL 61748	
CASH AMOUNT GIVEN:		\$ 3,132.
CLASS OF ACTIVITY:	GRANT	
DONEE'S NAME:	HARMS, JERRY	
DONEE'S ADDRESS:	1311 CAROL DRIVE	
	ROANOKE, IL 61561	
CASH AMOUNT GIVEN:		\$ 1,208.
CLASS OF ACTIVITY:	GRANT	
DONEE'S NAME:	HINSHAW, DALE	
DONEE'S ADDRESS:	RR 2, BOX 14	
	HUDSON, IL 61748	
CASH AMOUNT GIVEN:		\$ 1,488.

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**ILLINOIS COUNCIL ON BEST MANAGEMENT**  
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**STATEMENT 1 (CONTINUED)**  
**FORM 990-EZ, PART I, LINE 10**  
**GRANTS AND SIMILAR AMOUNTS PAID**

CLASS OF ACTIVITY:	GRANT		
DONEE'S NAME:	KINSELLA, DAVE		
DONEE'S ADDRESS:	15879 N 2300 EAST RD		
	MERNA, IL 61758		
CASH AMOUNT GIVEN:		\$	3,944.
CLASS OF ACTIVITY:	GRANT		
DONEE'S NAME:	O'NEIL, MIKE		
DONEE'S ADDRESS:	505 SALT CREEK ROAD		
	LEROY, IL 61752		
CASH AMOUNT GIVEN:		\$	1,440.
CLASS OF ACTIVITY:	GRANT		
DONEE'S NAME:	SMITH, LAURA		
DONEE'S ADDRESS:	1422 CHADWICK		
	NORMAL, IL 61761		
CASH AMOUNT GIVEN:		\$	913.
CLASS OF ACTIVITY:	GRANT		
DONEE'S NAME:	STEPHENS, BRUCE		
DONEE'S ADDRESS:	22555 N 1700 E RD		
	HUDSON, IL 61748		
CASH AMOUNT GIVEN:		\$	4,584.
CLASS OF ACTIVITY:	GRANT		
DONEE'S NAME:	STEWART, LARRY		
DONEE'S ADDRESS:	19558 EAST 2525 NORTH ROAD		
	LEXINGTON, IL 61753		
CASH AMOUNT GIVEN:		\$	9,084.
CLASS OF ACTIVITY:	GRANT		
DONEE'S NAME:	VAUGHN, DOROTHY		
DONEE'S ADDRESS:	101 S JEFFERSON		
	ELLSWORTH, IL 61737		
CASH AMOUNT GIVEN:		\$	1,752.
CLASS OF ACTIVITY:	GRANT		
DONEE'S NAME:	VAUGHN, RANDY		
DONEE'S ADDRESS:	27329 1400 NORTH		
	ELLSWORTH, IL 61737		
CASH AMOUNT GIVEN:		\$	1,236.
CLASS OF ACTIVITY:	GRANT		
DONEE'S NAME:	WEBER, TOM		
DONEE'S ADDRESS:	3918 FORT JESSE RD		
	NORMAL, IL 61776		
CASH AMOUNT GIVEN:		\$	996.
CLASS OF ACTIVITY:	GRANT		
DONEE'S NAME:	WHITWOOD, JIM		
DONEE'S ADDRESS:	1900 E 2200 NORTH ROAD		
	TOWANDA, IL 61776		
CASH AMOUNT GIVEN:		\$	6,480.

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STATEMENT 1 (CONTINUED)  
FORM 990-EZ, PART I, LINE 10  
GRANTS AND SIMILAR AMOUNTS PAID

CLASS OF ACTIVITY:	GRANT	
DONEE'S NAME:	ZIEBARTH, ARIN	
DONEE'S ADDRESS:	907 E ZIEBARTH NORMAL, IL 61761	
CASH AMOUNT GIVEN:		\$ 6,296.
CLASS OF ACTIVITY:	GRANT	
DONEE'S NAME:	MATHEWS, JEFF	
DONEE'S ADDRESS:	20498 EAST 100 NORTH LEROY, IL 61752	
CASH AMOUNT GIVEN:		\$ 936.
CLASS OF ACTIVITY:	GRANT	
DONEE'S NAME:	STOOPS, TERRY	
DONEE'S ADDRESS:	28689 E. 1500 NORTH ELLSWORTH, IL 61737	
CASH AMOUNT GIVEN:		\$ 1,278.
CLASS OF ACTIVITY:	GRANT	
DONEE'S NAME:	STOOPS, TIM	
DONEE'S ADDRESS:	26282 E. 1700 NORTH COOKSVILLE, IL 61730	
CASH AMOUNT GIVEN:		\$ 438.
CLASS OF ACTIVITY:	GRANT	
DONEE'S NAME:	STOOPS, WAYNE	
DONEE'S ADDRESS:	RR 1 BOX 51 COOKSVILLE, IL 61730	
CASH AMOUNT GIVEN:		\$ 953.
CLASS OF ACTIVITY:	GRANT	
DONEE'S NAME:	STOOPS, ALF	
DONEE'S ADDRESS:	404 NORTH CHESTNUT LEROY, IL 61752	
CASH AMOUNT GIVEN:		\$ 953.
CLASS OF ACTIVITY:	GRANT	
DONEE'S NAME:	WYANT, ZEB	
DONEE'S ADDRESS:	16709 N. 2950 E. COOKSVILLE, IL 61730	
CASH AMOUNT GIVEN:		\$ 819.
CLASS OF ACTIVITY:	GRANT	
DONEE'S NAME:	SCHAFFER, ROBERT	
DONEE'S ADDRESS:	468 EAST 4TH ST. EL PASO, IL 61738	
CASH AMOUNT GIVEN:		\$ 804.
CLASS OF ACTIVITY:	GRANT	
DONEE'S NAME:	UNIVERSITY OF ILLINOIS	
DONEE'S ADDRESS:	1301 WEST GREGORY DRIVE URBANA, IL 61801	
CASH AMOUNT GIVEN:		\$ 25,000.

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**STATEMENT 2**  
**FORM 990-EZ, PART I, LINE 16**  
**OTHER EXPENSES**

LAKE BLOOMINGTON - SCF	\$	9,704.
MISCELLANEOUS		81.
	<b>TOTAL \$</b>	<b><u>9,785.</u></b>

**STATEMENT 3**  
**FORM 990-EZ, PART III**  
**ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

TO ASSIST AND ENCOURAGE ADOPTION OF BEST MANAGEMENT PRACTICES TO PROTECT AND  
IMPROVE WATER QUALITY IN ILLINOIS.

Application for Extension of Time To File an  
Exempt Organization Return

COPY

OMB No 1545 1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box.
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

► *Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.***Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only ► *All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns*

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization <b>ILLINOIS COUNCIL ON BEST MANAGEMENT PRACTICES</b>	Employer identification number <b>37-1377677</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite number. If a P O box, see instructions <b>P.O. BOX 1326, 1201 E BELL ST.</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>BLOOMINGTON, IL 61702-1326</b>	

Check type of return to be filed (file a separate application for each return).

<input type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input checked="" type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- The books are in the care of ► JEAN PAYNE

Telephone No ► 309-827-2774 FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)       . If this is for the whole group, check this box ► . If it is for part of the group, check this box ►  and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 5/15, 20 10, to file the exempt organization return for the organization named above. The extension is for the organization's return for

- calendar year 20 or
- tax year beginning 10/01, 20 08, and ending 9/30, 20 09.

2 If this tax year is for less than 12 months, check reason.  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a \$ <u>0.</u>
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b \$ <u>0.</u>
c <b>Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	3c \$ <u>0.</u>

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 4-2009)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

<b>Type or print</b>  File by the extended due date for filing the return. See instructions	Name of Exempt Organization  <b>ILLINOIS COUNCIL ON BEST MANAGEMENT PRACTICES</b>	Employer identification number  <b>37-1377677</b>
	Number, street, and room or suite number. If a P O box, see instructions  <b>P.O. BOX 1326, 1201 E BELL ST.</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions  <b>BLOOMINGTON, IL 61702-1326</b>	

**Check type of return to be filed** (File a separate application for each return).

<input type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input checked="" type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in care of ► **JEAN PAYNE** -----
- Telephone No. ► **309-827-2774** ----- FAX No. ►
- If the organization does not have an office or place of business in the United States, check this box  ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box ►  If it is for part of the group, check this box ►  and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until 8/15 , 20 10.
- 5 For calendar year \_\_\_\_\_, or other tax year beginning 10/01 , 20 08 , and ending 9/30 , 20 09 .
- 6 If this tax year is for less than 12 months, check reason.  Initial return  Final return  Change in accounting period
- 7 State in detail why you need the extension THE TAXPAYER REQUESTS MORE TIME TO FILE A COMPLETE AND ACCURATE RETURN.

<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	<b>8a</b> \$
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	<b>8b</b> \$
<b>c Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instrs	<b>8c</b> \$

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ►

Title ►

Date ►

**BAA**

FIFZ0502L 03/11/09

Form 8868 (Rev 4-2009)