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Form **990-EZ****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****A For the 2008 calendar year, or tax year beginning** 10/01, **2008, and ending** 9/30, **2009****B** Check if applicable:

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

**C**

ILLINOIS COUNCIL ON BEST MANAGEMENT PRACTICES

P.O. BOX 1326, 1201 E BELL ST.

BLOOMINGTON, IL 61702-1326

**D** Employer identification number

37-1377677

**E** Telephone number

309-827-2774

**F** Group Exemption Number

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

**G** Accounting method. ☐ Cash ☒ Accrual  
Other (specify) ▶**I** Website: ▶ N/A**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**J** Organization type (check only one) — ☒ 501(c) ( 5 ) (insert no) ☐ 4947(a)(1) or ☐ 527**K** Check ☐ 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.**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

▶ \$ 120,381.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	75,231.
<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	
<b>3</b> Membership dues and assessments	<b>3</b>	44,000.
<b>4</b> Investment income	<b>4</b>	1,150.
<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	
<b>b</b> Less cost or other basis and sales expenses	<b>5b</b>	
<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)	<b>5c</b>	
<b>6</b> Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1)	<b>6a</b>	
<b>b</b> Less direct expenses other than fundraising expenses	<b>6b</b>	
<b>c</b> Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	<b>6c</b>	
<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>	
<b>b</b> Less cost of goods sold	<b>7b</b>	
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>	
<b>8</b> Other revenue (describe ▶ _____)	<b>8</b>	
<b>9</b> <b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	<b>9</b>	120,381.
<b>10</b> Grants and similar amounts paid (attach schedule)	<b>10</b>	92,234.
<b>11</b> Benefits paid to or for members	<b>11</b>	
<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	
<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	
<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>	
<b>15</b> Printing, publications, postage, and shipping	<b>15</b>	14.
<b>16</b> Other expenses (describe ▶ SEE STATEMENT 2)	<b>16</b>	9,785.
<b>17</b> <b>Total expenses</b> (add lines 10 through 16)	<b>17</b>	102,033.
<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	18,348.
<b>19</b> 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)	<b>19</b>	152,070.
<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>	
<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	170,418.

**Part II Balance Sheets.** 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.)

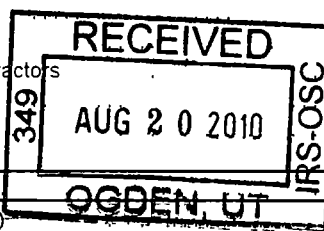
	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments	152,070.	170,418.
<b>23</b> Land and buildings		
<b>24</b> Other assets (describe ▶ _____)		
<b>25</b> <b>Total assets</b>	152,070.	170,418.
<b>26</b> <b>Total liabilities</b> (describe ▶ _____)	0.	0.
<b>27</b> <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	152,070.	170,418.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Form 990-EZ (2008)

TEEA0803L 09/18/08

SCANNED SEP 16 2010



20

## 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.

**28a**

29

29 a

30

30 a

31 Other program services (attach schedule)

31 a

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

32

**(a) Name and address**

(b)	Title and average hours per week devoted to position

(c) Compensation (If not paid, enter -0-.)

(d) Contributions to employee benefit plans and deferred compensation

(e) Expense account and other allowances

JIM REED  
PO BOX 1623  
BLOOMINGTON, IL 61702

PRESIDENT  
0

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0.

0.

NANCY ERICKSON  
1701 N TOWANDA AVENUE  
BLOOMINGTON, IL 61701

SECRETARY  
0

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0

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JEAN PAYNE  
PO BOX 1326  
BLOOMINGTON, IL 61702

TREASURER  
0

0.

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JEFF PARKER  
1605 COMMERCE PARKWAY  
BLOOMINGTON, IL 61704

VICE PRESIDENT	0
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0

0

0

JODIE TATE  
PO BOX 8199  
SPRINGFIELD, IL 62791

COORDINATOR  
0

0

0

0

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

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
<b>34</b> 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		X
<b>35</b> 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		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
<b>b</b> If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?		
<b>36</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N		X
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0.
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?	37b	X
<b>38a</b> 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	X
<b>b</b> If 'Yes,' complete Schedule L, Part II and enter the total amount involved	38b	N/A
<b>39</b> 501(c)(7) organizations Enter		
<b>a</b> Initiation fees and capital contributions included on line 9	39a	N/A
<b>b</b> Gross receipts, included on line 9, for public use of club facilities	39b	N/A
<b>40a</b> 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ <u>N/A</u> , section 4912 ▶ <u>N/A</u> , section 4955 ▶ <u>N/A</u>		
<b>b</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	
<b>c</b> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
<b>d</b> Enter amount of tax on line 40c reimbursed by the organization		0.
<b>e</b> 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	X
<b>41</b> List the states with which a copy of this return is filed ▶ <u>NONE</u>		

**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

	Yes	No
<b>b</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	X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.		
<b>c</b> 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	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 ▶ ☐ N/A

	Yes	No
<b>44</b> Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44	X
<b>45</b> 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	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.

	Yes	No
<b>46</b> 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	<b>46</b>	
<b>47</b> Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	<b>47</b>	
<b>48</b> Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	<b>48</b>	
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?	<b>49a</b>	
<b>b</b> If 'Yes,' was the related organization(s) a section 527 organization?	<b>49b</b>	

**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
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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 ▶		

<b>Sign Here</b>	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.			
	Signature of officer: <u>Jean M Payne</u> Date: <u>3/12/10</u>		Type or print name and title: <u>Jean M Payne, Treasurer</u>	
<b>Paid Preparer's Use Only</b>	Preparer's signature: <u>Shuman M. Ghosh CPA</u>	Date: <u>3/10/10</u>	Check if self employed: <input type="checkbox"/>	Preparer's Identifying Number (See instructions): <u>P00040282</u>
	Firm's name (or yours if self employed): <u>ILLINOIS AGRICULTURAL AUDITING ASSOCIATION</u>		EIN: <u>36-1252710</u>	
	Firm's address, address, and ZIP + 4: <u>318 SUSAN DR</u> <u>NORMAL, IL 61761-6206</u>		Phone no: <u>(309) 862-3870</u>	

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

☒ Yes ☐ No

BAA

Form 990-EZ (2008)

2008

## FEDERAL STATEMENTS

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CLIENT 14364

ILLINOIS COUNCIL ON BEST MANAGEMENT  
PRACTICES

37-1377677

8/11/10

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  
PRACTICES

37-1377677

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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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## FEDERAL STATEMENTS

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ILLINOIS COUNCIL ON BEST MANAGEMENT  
PRACTICES

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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:	SCHAFER, 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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FEDERAL STATEMENTS

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ILLINOIS COUNCIL ON BEST MANAGEMENT  
PRACTICES

37-1377677

8/11/10

03.16PM

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

LAKE BLOOMINGTON - SCF  
MISCELLANEOUS

	\$	9,704.
		81.
TOTAL	\$	<u>9,785.</u>

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**

OMB No 1545-1709

**COPY**Department of the Treasury  
Internal Revenue Service► **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*.

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

**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

<b>3a</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>3a</b>	\$	0.
<b>b</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	<b>3b</b>	\$	0.
<b>c 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	<b>3c</b>	\$	0.

**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).

<b>Part II</b>	<b>Additional (Not Automatic) 3-Month Extension of Time.</b> Only file the original (no copies needed).		
<b>Type or print</b>  <small>File by the extended due date for filing the return See instructions</small>	<b>Name of Exempt Organization</b>		<b>Employer identification number</b>
	ILLINOIS COUNCIL ON BEST MANAGEMENT PRACTICES		37-1377677
	<b>Number, street, and room or suite number</b> If a P O box, see instructions		For IRS use only
	P.O. BOX 1326, 1201 E BELL ST.		
	<b>City, town or post office, state, and ZIP code</b> For a foreign address, see instructions		
	BLOOMINGTON, IL 61702-1326		

**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

- I request an additional 3-month extension of time until 8/15, 20 10.
- For calendar year , or other tax year beginning 10/01, 20 08, and ending 9/30, 20 09.
- If this tax year is for less than 12 months, check reason. ☐ Initial return ☐ Final return ☐ Change in accounting period
- 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 <span style="border-bottom: 1px solid black;"></span>	Title <span style="border-bottom: 1px solid black;"></span>	Date <span style="border-bottom: 1px solid black;"></span>
-----------------------------------------------------------------	-------------------------------------------------------------	------------------------------------------------------------