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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009Department 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 \$500,000 and total assets less than \$1,250,000 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 2009 calendar year, or tax year beginning 10/01, 2009, and ending 9/30, 2010**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** Tax-exempt status (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 Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ.

► \$ 170,037.

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

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	153,613.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	13,000.
	4	Investment income	4	3,424.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>	6	
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
6b	Less direct expenses other than fundraising expenses	6b		
6c	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		
7b	Less cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ► _____)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	170,037.	
EXPENSES	10	Grants and similar amounts paid (attach schedule) SEE STATEMENT 1	10	88,472.
	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	2,713.
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	15,000.
	16	Other expenses (describe ► _____)	16	
	17	Total expenses. Add lines 10 through 16	17	106,185.
ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	63,852.
	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	170,418.
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 2	20	-32,000.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	202,270.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	170,418.	202,270.
23 Land and buildings		
24 Other assets (describe ► _____)		
25 Total assets	170,418.	202,270.
26 Total liabilities (describe ► _____)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	170,418.	202,270.

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

Form 990-EZ (2009)

TEEA0803L 01/30/10

SCANNED JUL 11 2011

Expenses

(Required for section 501(c)(3) and (4))

301(c)(3) and (4)
organizations and section
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 \$ 88,472.) If this amount includes foreign grants, check here	<input type="checkbox"/>	28 a
29			
	(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	29 a
30			
	(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	30 a
31	Other program services (attach schedule)		
	(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	31 a
32	Total program service expenses (add lines 28a through 31a)	<input type="checkbox"/>	32

ed (See the instrs.)

[illegible]

Part V Other Information (Note the statement requirements in the instrs for Part V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		X
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 why the organization did not report the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.		
b Did the organization file Form 1120-POL for this year?		X
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 outstanding at the end of the period covered by this return?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9 39a N/A		
b Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 39a N/A, section 4912 39b N/A, section 4955 39c N/A		
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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 Schedule L, Part I 40b		
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40c 0.		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40d 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		X
41 List the states with which a copy of this return is filed 41 NONE		

42a The organization's 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)? **42b**

If 'Yes,' enter the name of the foreign country

	Yes	No
42b		X
42c		X

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.? **42c**

If 'Yes,' enter the name of the foreign country

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
N/A

44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ **44**

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
44		X
45		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b 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		

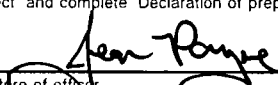
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II**48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E**49a** Did the organization make any transfers to an exempt non-charitable related organization?**b** If 'Yes,' was the related organization a section 527 organization?**50** Complete this table for the organization's 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.'

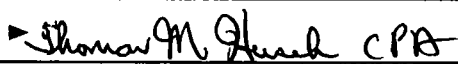
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over \$100,000 ▶**51** Complete this table for the organization's 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

d Total number of other independent contractors each receiving over \$100,000 ▶

Sign Here	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  Date 6/21/11	
	Type or print name and title Jean Payne, Treasurer	

Paid Preparer's Use Only	Preparer's signature 	Date 6/10/11	Check if self employed <input type="checkbox"/>	Preparer's Identifying Number (See instructions) P00040282
	Firm's name (or yours if self employed), address, and ZIP + 4 ILLINOIS AGRICULTURAL AUDITING ASSOCIATION 318 SUSAN DR NORMAL, IL 61761-6206		EIN 36-1252710	Phone no (309) 862-3870

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

☒ Yes ☐ No

BAA

Form 990-EZ (2009)

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

CLASS OF ACTIVITY:	GRANT		
DONEE'S NAME:	SMITH, RICHARD		
DONEE'S ADDRESS:	512 SOUTH VALE STREET BLOOMINGTON, IL 61701		
CASH AMOUNT GIVEN:		\$	913.
CLASS OF ACTIVITY:	GRANT		
DONEE'S NAME:	SWOPE, ELAINE M.		
DONEE'S ADDRESS:	23274 NORTH 1200 EAST ROAD HUDSON, IL 61748		
CASH AMOUNT GIVEN:		\$	960.
CLASS OF ACTIVITY:	GRANT		
DONEE'S NAME:	HINSHAW, JIM		
DONEE'S ADDRESS:	23046 NORTH 1475 EAST ROAD HUDSON, IL 61748		
CASH AMOUNT GIVEN:		\$	960.
CLASS OF ACTIVITY:	GRANT		
DONEE'S NAME:	FISH, MIKE		
DONEE'S ADDRESS:	18310 NORTH 2300 EAST ROAD TOWANDA, IL 61776		
CASH AMOUNT GIVEN:		\$	1,220.
CLASS OF ACTIVITY:	GRANT		
DONEE'S NAME:	ADAMS, WAYNE		
DONEE'S ADDRESS:	1841 KY HIGHWAY 36 EAST CARROLLTON, KY 41008		
CASH AMOUNT GIVEN:		\$	320.
CLASS OF ACTIVITY:	GRANT		
DONEE'S NAME:	FISH, BOB		
DONEE'S ADDRESS:	P.O. BOX 228 TOWANDA, IL 61776		
CASH AMOUNT GIVEN:		\$	900.
CLASS OF ACTIVITY:	GRANT		
DONEE'S NAME:	SCHAFER, WARREN		
DONEE'S ADDRESS:	22868 M/ 2400 EAST ROAD LEXINGTON, IL 61753		
CASH AMOUNT GIVEN:		\$	1,080.
CLASS OF ACTIVITY:	GRANT		
DONEE'S NAME:	KRAFT, MARK		
DONEE'S ADDRESS:	20502 EAST 1800 NORTH ROAD TOWANDA, IL 61776		
CASH AMOUNT GIVEN:		\$	2,931.
CLASS OF ACTIVITY:	GRANT		
DONEE'S NAME:	ONDECK, JIM		
DONEE'S ADDRESS:	25358 NORTH 1475 EAST ROAD HUDSON, IL 61748		
CASH AMOUNT GIVEN:		\$	1,687.

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

CLASS OF ACTIVITY:	GRANT		
DONEE'S NAME:	KILLIAN TRUST		
DONEE'S ADDRESS:	P.O. BOX 1607 BLOOMINGTON, IL 61704		
CASH AMOUNT GIVEN:		\$	2,163.
CLASS OF ACTIVITY:	GRANT		
DONEE'S NAME:	TROYER, DALE		
DONEE'S ADDRESS:	16950 EAST 2100 NORTH ROAD HUDSON, IL 61748		
CASH AMOUNT GIVEN:		\$	208.
CLASS OF ACTIVITY:	GRANT		
DONEE'S NAME:	SCHLOSSER, WILLIAM		
DONEE'S ADDRESS:	36 MAPLE GROVE LANE SPRINGFIELD, IL 62707		
CASH AMOUNT GIVEN:		\$	304.
CLASS OF ACTIVITY:	GRANT		
DONEE'S NAME:	RAYCRAFT, DON		
DONEE'S ADDRESS:	910 SOUTH RAAB ROAD NORMAL, IL 61761		
CASH AMOUNT GIVEN:		\$	331.
CLASS OF ACTIVITY:	GRANT		
DONEE'S NAME:	TROYER, LUKE		
DONEE'S ADDRESS:	17792 EAST 2200 NORTH ROAD HUDSON, IL 61748		
CASH AMOUNT GIVEN:		\$	159.
CLASS OF ACTIVITY:	GRANT		
DONEE'S NAME:	TROYER, LARRY		
DONEE'S ADDRESS:	17671 EAST 2300 NORTH ROAD HUDSON, IL 61748		
CASH AMOUNT GIVEN:		\$	159.
CLASS OF ACTIVITY:	GRANT		
DONEE'S NAME:	TROYER, LES		
DONEE'S ADDRESS:	17792 EAST 2200 NORTH ROAD HUDSON, IL 61748		
CASH AMOUNT GIVEN:		\$	2,440.
CLASS OF ACTIVITY:	GRANT		
DONEE'S NAME:	RICHARD FARMS		
DONEE'S ADDRESS:	BOX 78 LEXINGTON, IL 61753		
CASH AMOUNT GIVEN:		\$	4,750.
CLASS OF ACTIVITY:	GRANT		
DONEE'S NAME:	HUTSON, RICK		
DONEE'S ADDRESS:	20254 NORTH 1900 EAST ROAD TOWANDA, IL 61776		
CASH AMOUNT GIVEN:		\$	1,106.

2009

FEDERAL STATEMENTS
ILLINOIS COUNCIL ON BEST MANAGEMENT
PRACTICES

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37-1377677

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

CLASS OF ACTIVITY:	GRANT	
DONEE'S NAME:	KRAFT FARMS, LLC	
DONEE'S ADDRESS:	426 SOUTH FIFTH STREET SPRINGFIELD, IL 62701	
CASH AMOUNT GIVEN:		\$ 2,882.
CLASS OF ACTIVITY:	GRANT	
DONEE'S NAME:	MYERS, DOROTHY	
DONEE'S ADDRESS:	406 SOUTH CEDAR STREET LEXINGTON, IL 61753	
CASH AMOUNT GIVEN:		\$ 677.
CLASS OF ACTIVITY:	GRANT	
DONEE'S NAME:	HUFF #2, FULLER	
DONEE'S ADDRESS:	223 SOUTH ORR DRIVE NORMAL, IL 61761	
CASH AMOUNT GIVEN:		\$ 662.
CLASS OF ACTIVITY:	GRANT	
DONEE'S NAME:	STOVER SISTERS	
DONEE'S ADDRESS:	20721 NORTH 1975 EAST ROAD TOWANDA, IL 61776	
CASH AMOUNT GIVEN:		\$ 1,820.
CLASS OF ACTIVITY:	GRANT	
DONEE'S NAME:	GRUNLOH, DORIS	
DONEE'S ADDRESS:	20514 NORTH 2150 EAST ROAD TOWANDA, IL 61776	
CASH AMOUNT GIVEN:		\$ 1,024.
CLASS OF ACTIVITY:	GRANT	
DONEE'S NAME:	GRUNLOH, DOUG	
DONEE'S ADDRESS:	20720 NORTH 2425 EAST ROAD TOWANDA, IL 61776	
CASH AMOUNT GIVEN:		\$ 3,030.
CLASS OF ACTIVITY:	GRANT	
DONEE'S NAME:	GRUNLOH, GREG	
DONEE'S ADDRESS:	24275 DAMERON LANE LEXINGTON, IL 61753	
CASH AMOUNT GIVEN:		\$ 3,650.
CLASS OF ACTIVITY:	GRANT	
DONEE'S NAME:	DAMERON, GREG	
DONEE'S ADDRESS:	2360 NORTH 2450 EAST ROAD LEXINGTON, IL 61753	
CASH AMOUNT GIVEN:		\$ 2,480.
CLASS OF ACTIVITY:	GRANT	
DONEE'S NAME:	EMVEE ENTERPRISE	
DONEE'S ADDRESS:	P.O. BOX 205 FLANAGAN, IL 61740	
CASH AMOUNT GIVEN:		\$ 2,880.

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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:	TALLON, LYLE		
DONEE'S ADDRESS:	103 CINDY DRIVE LEXINGTON, IL 61753		
CASH AMOUNT GIVEN:		\$	137.
CLASS OF ACTIVITY:	GRANT		
DONEE'S NAME:	LAYDEN, JOHN		
DONEE'S ADDRESS:	13894 EAST 2200 NORTH ROAD HUDSON, IL 61748		
CASH AMOUNT GIVEN:		\$	7,032.
CLASS OF ACTIVITY:	GRANT		
DONEE'S NAME:	MYERS, INC		
DONEE'S ADDRESS:	P.O. BOX 228 TOWANDA, IL 61776		
CASH AMOUNT GIVEN:		\$	4,624.
CLASS OF ACTIVITY:	GRANT		
DONEE'S NAME:	KLINE, EDWARD		
DONEE'S ADDRESS:	27158 EAST 750 WORTH ROAD LEROY, IL 61752		
CASH AMOUNT GIVEN:		\$	918.
CLASS OF ACTIVITY:	GRANT		
DONEE'S NAME:	SUTTER-REISE, CATHERINE		
DONEE'S ADDRESS:	405 SOUTH PEARL STREET LEROY, IL 61752		
CASH AMOUNT GIVEN:		\$	918.
CLASS OF ACTIVITY:	GRANT		
DONEE'S NAME:	KRAFT, TIM		
DONEE'S ADDRESS:	21148 EAST 1900 NORTH ROAD TOWANDA, IL 61776		
CASH AMOUNT GIVEN:		\$	3,147.
CLASS OF ACTIVITY:	GRANT		
DONEE'S NAME:	TREES FOREVER		
DONEE'S ADDRESS:	770 SEVENTH AVENUE MARION, IA 52302		
CASH AMOUNT GIVEN:		\$	30,000.

STATEMENT 2
FORM 990-EZ, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

CORRECT PRIOR ERROR IN NET ASSETS

TOTAL	\$	-32,000.
	\$	<u>-32,000.</u>

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

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).

Type or print File by the extended due date for filing the 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	For IRS use only
	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-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 11.
- 5 For calendar year _____, or other tax year beginning 10/01, 20 09, and ending 9/30, 20 10.
- 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.

8a 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	8a \$
8b 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	8b \$
8c Balance Due. 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	8c \$

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 Sharon M. Husek Title CRA Date 5/12/11