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Short Form

OMB No 1545 1150

Return of Organization Exempt From Income Tax

2009

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

► 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.)

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	
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)	5c	
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/>	6a	
a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6b	
b	Less direct expenses other than fundraising expenses	6c	
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	7a	
7a	Gross sales of inventory, less returns and allowances	7b	
b	Less cost of goods sold	7c	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8	
8	Other revenue (describe ► _____)	9	170,037.
9	Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		
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 OGDEN, UT		17 106,185.
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	170,418.	22 202,270.
23		23
24		24
25	170,418.	25 202,270.
26	0.	26 0.
27	170,418.	27 202,270.

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

Form 990-EZ (2009)

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

Expenses

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

What is the organization's primary exempt purpose?

What is the organization's primary exempt purpose? _____

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 _____

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

28a

29

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

29 a

30

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

30 a

31 Other program services (attach schedule)

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

31 a

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

32

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 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	33	X
34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34	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?		
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	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0.	37a	0.
b Did the organization file Form 1120-POL for this year?		
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?		
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 ► N/A , section 4912 ► N/A , section 4955 ► 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		
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 ► 0.		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ► 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		
41 List the states with which a copy of this return is filed ► 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)? 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		
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	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	43	N/A
44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44	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	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	Jean Payne	
	Type or print name and title	Jean Payne, Treasurer	
Paid Preparer's Use Only	Preparer's signature	Date	Preparer's Identifying Number (See instructions)
	ILLINOIS AGRICULTURAL AUDITING ASSOCIATION	6/10/11	P00040282
	Firm's name (or yours if self employed), address, and ZIP + 4	EIN	36-1252710
	318 SUSAN DR NORMAL, IL 61761-6206	Phone no	(309) 862-3870

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

BAA

► Yes No

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:	SCHAFFER, 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.

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:	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.

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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:	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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FEDERAL STATEMENTS
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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>

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).

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

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.

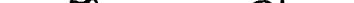
- The books are in care of ► JEAN PAYNE Telephone No ► 309-827-2774 FAX No. ► _____
- If the organization does not have an office or place of business in the United States, check this box ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this 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 the organizations in the group.

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 \$
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	8b \$
c 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:  Title: 

Title ► CIA

Date ► 7/12/11

BAA

FIFZ0502L 03/11/09

Form 8868 (Rev 4-2009)