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CLIENT'S COPY

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

April 30, 2015

Prepared for	Metro West Council of Government 5 East Downer Place No. E AURORA, IL 60505
Prepared by	SIKICH LLP 1415 W. DIEHL RD. SUITE 400 NAPERVILLE, IL 60563-2349
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2014, or fiscal year beginning MAY 1, 2014, and ending APR 30, 2015

2014

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**

▶ **Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.**

Name of exempt organization

Employer identification number

METRO WEST COUNCIL OF GOVERNMENT

20-3237063

Name and title of officer

**BILL MCGRATH
TREASURER**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>228,709.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2014 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize SIKICH LLP to enter my PIN 12345
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

36653723456

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2014 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ 01/31/16

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

Form **990**

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

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning MAY 1, 2014 and ending APR 30, 2015

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization METRO WEST COUNCIL OF GOVERNMENT Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 5 EAST DOWNER PLACE E City or town, state or province, country, and ZIP or foreign postal code AURORA, IL 60505 F Name and address of principal officer: MARY RANDLE SAME AS C ABOVE	D Employer identification number 20-3237063 E Telephone number 630-859-1331 G Gross receipts \$ 241,668. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (6) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.METROWESTCOG.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 2004		M State of legal domicile: IL

Part I Summary

1	Briefly describe the organization's mission or most significant activities: THE PURPOSE OF THE COUNCIL IS TO: PROMOTE INTERGOVERNMENTAL COOPERATION AND COMMUNICATION BETWEEN		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	54
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	54
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	4
6	Total number of volunteers (estimate if necessary)	6	35
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	10,000.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	9,000.
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	0.	0.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	206,969.	208,266.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,110.	1,085.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	31,365.	19,358.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	239,444.	228,709.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	151,727.	142,810.
16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.	0.	0.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	73,115.	101,025.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	224,842.	243,835.
19	Revenue less expenses. Subtract line 18 from line 12	14,602.	-15,126.
20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)	243,976.	224,330.
22	Net assets or fund balances. Subtract line 21 from line 20	0.	1,000.
22		243,976.	223,330.

Part II Signature Block

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	Signature of officer BILL MCGRATH, TREASURER Type or print name and title	Date _____			
Paid Preparer Use Only	Print/Type preparer's name ANDREW T. TWARDOWSKI, CPA	Preparer's signature ANDREW T. TWARDOWSKI	Date 01/31/16	Check if self-employed <input type="checkbox"/>	PTIN P00377357
	Firm's name ▶ SIKICH LLP	Firm's EIN ▶ 36-3168081			
	Firm's address ▶ 1415 W. DIEHL RD. SUITE 400 NAPERVILLE, IL 60563-2349		Phone no. 630-566-8400		

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: THE PURPOSE OF THE COUNCIL IS TO: PROMOTE INTERGOVERNMENTAL COOPERATION AND COMMUNICATION BETWEEN THE MEMBER MUNICIPALITIES; TO ARTICULATE POSITIONS, AND WHEN APPROPRIATE, IMPLEMENT SOLUTIONS TO REGIONAL, COUNTYWIDE AND STATE PROBLEMS; TO PROVIDE RESEARCH AND

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ including grants of \$) (Revenue \$) METRO WEST COUNCIL OF GOVERNMENT ENCOURAGES INTERGOVERNMENTAL COOPERATION AND COMMUNICATION BY HOLDING MONTHLY NETWORKING MEETINGS FOR MAYORS AND MANAGERS FROM MUNICIPALITIES WITHIN KANE, KENDALL AND DEKALB COUNTIES IN ILLINOIS. THE ORGANIZATION HOSTS TASK FORCES TO DEAL WITH ISSUES THAT AFFECT MUNICIPALITIES. IT SERVES AS A LIAISON BETWEEN MUNICIPALITIES AND COUNTY GOVERNMENTS AND THE STATE OF ILLINOIS. THE ORGANIZATION RESEARCHES ISSUES AND LEGISLATION THAT AFFECT MUNICIPALITIES AND SHARES THAT INFORMATION WITH MEMBERS. IT HOSTS EVENTS SUCH AS THE LEGISLATIVE BREAKFAST, LEGISLATIVE DRIVEDOWN AND STATE OF THE COUNTIES ADDRESS. METRO WEST ENCOURAGES EXCELLENCE IN GOVERNMENT BY PROVIDING EDUCATION AND RESOURCES FOR ELECTED OFFICIALS. IT ENCOURAGES ECONOMIC DEVELOPMENT IN THE THREE-COUNTY AREA BY

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>		X
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i>		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	X	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>		X
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		
Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Input box for Schedule O

Main table with columns for question ID, question text, and Yes/No checkboxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with columns for question number, description, and Yes/No responses. Includes questions 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, and 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with columns for question number, description, and Yes/No responses. Includes questions 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, and 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: MARY RANDLE - 630-859-1331 5 EAST DOWNER PLACE, SUITE E, AURORA, IL 60505

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAVID KAPTAIN PRESIDENT	15.00	X		X				0.	0.	0.
(2) MATTHEW BROLLLEY VICE-PRESIDENT	5.00	X		X				0.	0.	0.
(3) BILL MCGRATH TREASURER	5.00	X		X				0.	0.	0.
(4) RAY KELLER SECRETARY	4.00	X		X				0.	0.	0.
(5) DAVID ANDERSON AT LARGE	2.00	X						0.	0.	0.
(6) STEPHAN PICKETT AT LARGE	2.00	X						0.	0.	0.
(7) TOM WEISNER AT LARGE	5.00	X						0.	0.	0.
(8) ANNE MARIE GAURA DEKALB CO. REP.	2.00	X						0.	0.	0.
(9) BART OLSON KENDALL CO. REP.	2.00	X						0.	0.	0.
(10) KATHLEEN CURTIS KANE CO. REP.	2.00	X						0.	0.	0.
(11) JOHN SCHMITT PRESIDENT, VILLAGE OF ALGONQUIN	11.00	X						0.	0.	0.
(12) TIM SCHLONEGER MANAGER, VILLAGE OF ALGONQUIN	1.00	X						0.	0.	0.
(13) CARIE ANNE ERGO CHIEF MGMT OFFICER - AURORA	1.00	X						0.	0.	0.
(14) JEFF SCHIELKE MAYOR, CITY OF BATAVIA	1.00	X						0.	0.	0.
(15) RICK ZIRK PRESIDENT, VILLAGE OF GILBERTS	1.00	X						0.	0.	0.
(16) JEFF MAGNUSSEN PRESIDENT, VILLAGE OF HAMPSHIRE	1.00	X						0.	0.	0.
(17) JAMES RODERICK PRESIDENT, VILLAGE OF HINCKLEY	1.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JUNE MCCORD MAYOR, VILLAGE OF PLATTVILLE	1.00	X						0.	0.	0.
(19) RAY ROGINA MAYOR, CITY OF ST CHARLES	1.00	X						0.	0.	0.
(20) MARK KOENEN ADMINISTRATOR, CITY OF ST CHARLES	1.00	X						0.	0.	0.
(21) DEAN HUMMELL PRESIDENT, VILLAGE OF BIG ROCK	1.00	X						0.	0.	0.
(22) BOB WALSH PRESIDENT, VILLAGE OF BURLINGTON	1.00	X						0.	0.	0.
(23) PATSY SMITH PRESIDENT, VILLAGE OF CAMPTON HILLS	1.00	X						0.	0.	0.
(24) JENNIFER JOHNSEN ADMINISTRATOR, VILLAGE OF CAMPTON HI	1.00	X						0.	0.	0.
(25) RUSS STOKES MAYOR, TOWN OF CORTLAND	1.00	X						0.	0.	0.
(26) JOHN REY MAYOR, CITY OF DEKALB	1.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								99,185.	0.	8,923.
d Total (add lines 1b and 1c)								99,185.	0.	8,923.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) LAEL MILLER PRESIDENT, VILLAGE OF EAST DUNDEE	1.00	X						0.	0.	0.
(28) ROBERT SKURLA ADMINISTRATOR, VILLAGE OF EAST DUNDEE	1.00	X						0.	0.	0.
(29) PAT HILL PRESIDENT, VILLAGE OF KANEVILLE	1.00	X						0.	0.	0.
(30) JESSE HEFFERNAN PRESIDENT, VILLAGE OF LILY LAKE	1.00	X						0.	0.	0.
(31) JACKIE KOWALSKI PRESIDENT, VILLAGE OF MILLBROOK	1.00	X						0.	0.	0.
(32) PATRICK BRENNAN PRESIDENT, VILLAGE OF MINOOKA	1.00	X						0.	0.	0.
(33) DAN DUFFY ADMINISTRATOR, VILLAGE OF MINOOKA	1.00	X						0.	0.	0.
(34) JEFF ZOEPHEL ADMINISTRATOR, VILLAGE OF MONTGOMERY	1.00	X						0.	0.	0.
(35) STEVE WARD PRESIDENT, VILLAGE OF SOUTH ELGIN	1.00	X						0.	0.	0.
(36) STEVE SUPER ADMINISTRATOR, VILLAGE OF SOUTH ELGI	1.00	X						0.	0.	0.
(37) SEAN MICHELS PRESIDENT, VILLAGE OF SUGAR GROVE	1.00	X						0.	0.	0.
(38) BRENT EICHELBERGER ADMINISTRATOR, VILLAGE OF SUGAR GROV	1.00	X						0.	0.	0.
(39) JAMIE LEBLANC PRESIDENT, VILLAGE OF VIRGIL	1.00	X						0.	0.	0.
(40) EILEEN PHIPPS PRESIDENT, VILLAGE OF WAYNE	1.00	X						0.	0.	0.
(41) CHRISTOPHER NELSON PRESIDENT, VILLAGE OF WEST DUNDEE	1.00	X						0.	0.	0.
(42) JOSEPH CAVALLARO ADMINISTRATOR, VILLAGE OF WEST DUNDEE	1.00	X						0.	0.	0.
(43) GARY GOLINSKI PRESIDENT, MAYOR, UNITED CITY OF YOR	1.00	X						0.	0.	0.
(44) ERIN WILLRETT ADMINISTRATOR, VILLAGE OF ELBURN	1.00	X						0.	0.	0.
(45) SEAN STEGALL MANAGER, CITY OF ELGIN	1.00	X						0.	0.	0.
(46) KEVIN BURNS MAYOR, CITY OF GENEVA	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) MARY MCKITTRICK ADMINISTRATOR, CITY OF GENEVA	1.00	X					0.	0.	0.	
(48) JAMES DAVIS PRESIDENT, VILLAGE OF NEWARK	1.00	X					0.	0.	0.	
(49) BOB NORDEGREN ADMINISTRATOR, VILLAGE OF NEWARK	1.00	X					0.	0.	0.	
(50) DALE BERMAN PRESIDENT, VILLAGE OF NORTH AURORA	1.00	X					0.	0.	0.	
(51) STEVE BOSCO ADMINISTRATOR, VILLAGE OF NORTH AURO	1.00	X					0.	0.	0.	
(52) BRIAN LECLERQ PRESIDENT, VILLAGE OF OSWEGO	1.00	X					0.	0.	0.	
(53) STEVE JONES ADMINISTRATOR, VILLAGE OF OSWEGO	1.00	X					0.	0.	0.	
(54) GREG MARSTON PRESIDENT, VILLAGE OF PINGREE GROVE	1.00	X					0.	0.	0.	
(55) MARY RANDLE EXECUTIVE DIRECTOR	40.00			X			99,185.	0.	8,923.	
Total to Part VII, Section A, line 1c							99,185.	8,923.	8,923.	

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f						
Program Service Revenue	2 a MEMBERSHIP DUES	Business Code 900099	179,161.	179,161.			
	b MEETINGS	900099	8,225.	8,225.			
	c LEGISLATIVE DRIVEDOWN	900099	6,025.	6,025.			
	d LEGISLATIVE BREAKFAST	900099	4,075.	4,075.			
	e LEGISLATIVE BARBEQUE	900099	3,880.	3,880.			
	f All other program service revenue	900099	6,900.	6,900.			
	g Total. Add lines 2a-2f		208,266.				
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,085.			1,085.
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6 a Gross rents		(i) Real					
		(ii) Personal					
		b Less: rental expenses					
		c Rental income or (loss)					
d Net rental income or (loss)							
7 a Gross amount from sales of assets other than inventory		(i) Securities					
		(ii) Other					
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
d Net gain or (loss)							
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		a	21,818.				
		b Less: direct expenses	b	12,959.			
	c Net income or (loss) from fundraising events		8,859.			8,859.	
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a BUSINESS PARTNERS INCO		900099	10,000.		10,000.		
	b MISCELLANEOUS	900099	499.			499.	
	c						
	d All other revenue						
e Total. Add lines 11a-11d			10,499.				
12 Total revenue. See instructions.			228,709.	208,266.	10,000.	10,443.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	104,678.			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	28,071.			
10 Payroll taxes	10,061.			
11 Fees for services (non-employees):				
a Management				
b Legal	2,500.			
c Accounting	3,425.			
d Lobbying	21,605.			
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	23,860.			
12 Advertising and promotion	441.			
13 Office expenses	4,061.			
14 Information technology	814.			
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	15,430.			
20 Interest	97.			
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	1,009.			
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a TAXES	6,024.			
b DUES & SUBSCRIPTIONS	6,525.			
c BUSINESS PARTNERS RECOG	4,906.			
d COMMUNICATION	4,529.			
e All other expenses	5,799.			
25 Total functional expenses. Add lines 1 through 24e	243,835.			
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	7,809.	1	5,994.
	2 Savings and temporary cash investments	236,167.	2	218,336.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b		10c
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)		243,976.	16	224,330.
Liabilities	17 Accounts payable and accrued expenses		17	1,000.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25		0.	26
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	243,976.	27	223,330.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	243,976.	33	223,330.	
34 Total liabilities and net assets/fund balances	243,976.	34	224,330.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	228,709.
2	Total expenses (must equal Part IX, column (A), line 25)	2	243,835.
3	Revenue less expenses. Subtract line 2 from line 1	3	-15,126.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	243,976.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-5,520.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	223,330.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____	3b	

Form 990 (2014)

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

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

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

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

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

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

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization METRO WEST COUNCIL OF GOVERNMENT	Employer identification number 20-3237063
---	---

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2014

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Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No												

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2014

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

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	X	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		X
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?		X

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

METRO WEST COUNCIL OF GOVERNMENT

Employer identification number

20-3237063

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
a Mail solicitations
b Internet and email solicitations
c Phone solicitations
d In-person solicitations
e Solicitation of non-government grants
f Solicitation of government grants
g Special fundraising events
2 a Did the organization have a written or oral agreement with any individual...
b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 main columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GOLF OUTING (event type)	(event type)	NONE (total number)	
Revenue	1 Gross receipts	21,818.			21,818.
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	21,818.			21,818.
Direct Expenses	4 Cash prizes	485.			485.
	5 Noncash prizes	2,487.			2,487.
	6 Rent/facility costs	5,040.			5,040.
	7 Food and beverages	4,587.			4,587.
	8 Entertainment				
	9 Other direct expenses	360.			360.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				12,959.
11 Net income summary. Subtract line 10 from line 3, column (d)				8,859.	

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
a Is the organization licensed to conduct gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	_____ %
b An outside facility	13b	_____ %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Part IV Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization

METRO WEST COUNCIL OF GOVERNMENT

Employer identification number

20-3237063

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE MEMBER MUNICIPALITIES; TO ARTICULATE POSITIONS, AND WHEN
APPROPRIATE, IMPLEMENT SOLUTIONS TO REGIONAL, COUNTYWIDE AND STATE
PROBLEMS; TO PROVIDE RESEARCH AND TECHNICAL ASSISTANCE IN THE
DEVELOPMENT OF SOLUTIONS TO LOCAL PROBLEMS PRESENTED BY MEMBER
MUNICIPALITIES; TO PROVIDE TRAINING AND EDUCATION PROGRAMS DESIGNED TO
FOSTER LEADERSHIP DEVELOPMENT AND AN UNDERSTANDING OF MUNICIPAL ISSUES;
TO COORDINATE GROWTH AND TRANSPORTATION ISSUES AFFECTING THE REGION; TO
UPHOLD AND ADVOCATE PRINCIPLES OF EFFECTIVE LOCAL GOVERNMENT; AND TO
PERFORM ANY AND ALL SUCH OTHER ACTS AS ARE NECESSARY OR DESIREABLE TO
CARRY OUT THESE OBJECTIVES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TECHNICAL ASSISTANCE IN THE DEVELOPMENT OF SOLUTIONS TO LOCAL PROBLEMS
PRESENTED BY MEMBER MUNICIPALITIES; TO PROVIDE TRAINING AND EDUCATION
PROGRAMS DESIGNED TO FOSTER LEADERSHIP DEVELOPMENT AND AN UNDERSTANDING
OF MUNICIPAL ISSUES; TO COORDINATE GROWTH AND TRANSPORTATION ISSUES
AFFECTING THE REGION; TO UPHOLD AND ADVOCATE PRINCIPLES OF EFFECTIVE
LOCAL GOVERNMENT; AND TO PERFORM ANY AND ALL SUCH OTHER ACTS AS ARE
NECESSARY OR DESIREABLE TO CARRY OUT THESE OBJECTIVES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

ADDRESSING REGIONAL ISSUES SUCH AS TRANSPORTATION, WATER SUPPLY AND
POPULATION GROWTH.

FORM 990, PART VI, SECTION A, LINE 6:

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

Schedule O (Form 990 or 990-EZ) (2014)

432211
08-27-14

Name of the organization METRO WEST COUNCIL OF GOVERNMENT	Employer identification number 20-3237063
--	--

ALL MUNICIPALITIES WITHIN KANE, KENDALL AND DEKALB COUNTIES ARE ELIGIBLE TO BECOME MEMBERS OF METRO WEST. EACH MEMBER IS REPRESENTED ON THE BOARD BY ITS MAYOR OR PRESIDENT AND ITS ADMINISTRATOR OR MANAGER IF THEY HAVE ONE. THE MUNICIPALITIES PAY ANNUAL MEMBERSHIP DUES TO BECOME MEMBERS OF METRO WEST COUNCIL OF GOVERNMENT.

FORM 990, PART VI, SECTION A, LINE 7A:

THE EXECUTIVE COMMITTEE HAS AUTHORITY TO ACT ON BEHALF OF THE FULL BOARD IF A SITUATION ARISES IN BETWEEN MEETINGS WHICH MUST BE DEALT WITH BEFORE THE NEXT MEETING. THE BOARD VOTES ON AND ELECTS THE EXECUTIVE COMMITTEE. THE BOARD CONSISTS OF THE MAYOR/PRESIDENT AND MANAGER/ADMINISTRATOR OF EACH MEMBER MUNICIPALITY.

FORM 990, PART VI, SECTION A, LINE 7B:

THE BOARD CONSISTS OF THE MAYOR/PRESIDENT AND MANAGER/ADMINISTRATOR OF EACH MEMBER MUNICIPALITY. DECISIONS ARE TYPICALLY VOTED ON DURING BOARD MEETINGS. THE EXECUTIVE COMMITTEE HAS AUTHORITY TO ACT ON BEHALF OF THE FULL BOARD IF A SITUATION ARISES IN BETWEEN MEETINGS WHICH MUST BE DEALT WITH BEFORE THE NEXT MEETING.

FORM 990, PART VI, SECTION B, LINE 11:

THE 990 IS REVIEWED BY THE FINANCE COMMITTEE AND BOARD OF DIRECTORS PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 15:

THE ORGANIZATION OBTAINS A DOCUMENTED COMPARISON OF SALARIES AND BENEFITS OF EXECUTIVE DIRECTORS OF COUNCILS OF GOVERNMENT IN OUR REGION. RAISES MUST BE APPROVED BY BOARD OF DIRECTORS.

Name of the organization METRO WEST COUNCIL OF GOVERNMENT	Employer identification number 20-3237063
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FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

Form **990-W**

**Estimated Tax on Unrelated Business Taxable
Income for Tax-Exempt Organizations**

OMB No. 1545-0976

(Worksheet)
Department of the Treasury
Internal Revenue Service

(and on Investment Income for Private Foundations) **FORM 990-T**
(Keep for your records. Do not send to the Internal Revenue Service.)

2015

1	Unrelated business taxable income expected in the tax year	1	
2	Tax on the amount on line 1. See instructions for tax computation	2	
3	Alternative minimum tax (see instructions)	3	
4	Total. Add lines 2 and 3	4	
5	Estimated tax credits (see instructions)	5	
6	Subtract line 5 from line 4	6	
7	Other taxes (see instructions)	7	
8	Total. Add lines 6 and 7	8	
9	Credit for federal tax paid on fuels (see instructions)	9	
10a	Subtract line 9 from line 8. Note. If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see instructions	10a	
b	Enter the tax shown on the 2014 return (see instructions). Caution. If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c	10b	1,350.
c	2015 Estimated Tax. Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c	10c	1,360.

		(a)	(b)	(c)	(d)
11	Installment due dates (see instructions)	11		01/15/16	04/18/16
12	Required installments. Enter 25% of line 10c in columns (a) through (d) unless the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization" (see instructions)	12		1,020.	340.
13	2014 Overpayment (see instructions)	13			
14	Payment due (Subtract line 13 from line 12)	14			

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2015)

ESTIMATED TAX	1,360.
OVERPAYMENT APPLIED	2,236.
AMOUNT DUE	0.

TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING

April 30, 2015

Prepared for	Metro West Council of Government 5 East Downer Place No. E AURORA, IL 60505
Prepared by	SIKICH LLP 1415 W. DIEHL RD. SUITE 400 NAPERVILLE, IL 60563-2349
Amount due or refund	Overpayment of \$2,236. The entire overpayment has been applied to the estimated tax payments.
Make check payable to	No amount is due.
Mail tax return and check (if applicable) to	Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027
Return must be mailed on or before	March 15, 2016
Special Instructions	The return should be signed and dated.

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

For calendar year 2014 or other tax year beginning MAY 1, 2014, and ending APR 30, 2015

2014

Department of the Treasury
Internal Revenue Service

▶ Information about Form 990-T and its instructions is available at www.irs.gov/form990t.
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

<p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(6) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)</p>	<p>Print or Type</p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) METRO WEST COUNCIL OF GOVERNMENT</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 5 EAST DOWNER PLACE, NO. E</p> <p>City or town, state or province, country, and ZIP or foreign postal code AURORA, IL 60505</p>	<p>D Employer identification number (Employees' trust, see instructions.) 20-3237063</p> <p>E Unrelated business activity codes (See instructions.) 900099</p>
--	------------------------------	--	--

C Book value of all assets at end of year **224,330.**

F Group exemption number (See instructions.)

G Check organization type: 501(c) corporation 501(c) trust 401(a) trust Other trust

H Describe the organization's primary unrelated business activity. ▶ **SEE STATEMENT 1**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ **MARY RANDLE** Telephone number ▶ **630-859-1331**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales <u>10,000.</u>			
b Less returns and allowances			
c Balance ▶	1c 10,000.		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit. Subtract line 2 from line 1c	3 10,000.		10,000.
4a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from partnerships and S corporations (attach statement)	5		
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See instructions; attach schedule)	12		
13 Total. Combine lines 3 through 12	13 10,000.		10,000.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
(Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule)	18	
19 Taxes and licenses	19	
20 Charitable contributions (See instructions for limitation rules)	20	
21 Depreciation (attach Form 4562)	21	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	22b
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	
28 Other deductions (attach schedule)	28	
29 Total deductions. Add lines 14 through 28	29	0.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	10,000.
31 Net operating loss deduction (limited to the amount on line 30)	31	
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	10,000.
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33	1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	9,000.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:		
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):		
(1) \$ _____ (2) \$ _____ (3) \$ _____		
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____		
(2) Additional 3% tax (not more than \$100,000) \$ _____		
c Income tax on the amount on line 34	35c	1,350.
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:		
<input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	36	
37 Proxy tax. See instructions	37	
38 Alternative minimum tax	38	
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies	39	1,350.

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	40a	
b Other credits (see instructions)	40b	
c General business credit. Attach Form 3800	40c	
d Credit for prior year minimum tax (attach Form 8801 or 8827)	40d	
e Total credits. Add lines 40a through 40d	40e	
41 Subtract line 40e from line 39	41	1,350.
42 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	42	
43 Total tax. Add lines 41 and 42	43	1,350.
44a Payments: A 2013 overpayment credited to 2014	44a	
b 2014 estimated tax payments	44b	2,400.
c Tax deposited with Form 8868	44c	1,200.
d Foreign organizations: Tax paid or withheld at source (see instructions)	44d	
e Backup withholding (see instructions)	44e	
f Credit for small employer health insurance premiums (Attach Form 8941)	44f	
g Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total	44g	
45 Total payments. Add lines 44a through 44g	45	3,600.
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	46	14.
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed	47	
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	48	2,236.
49 Enter the amount of line 48 you want: Credited to 2015 estimated tax 2,236. Refunded	49	0.

Part V Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2014 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here	Yes	No
		X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.	Yes	No
		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$		

Schedule A - Cost of Goods Sold. Enter method of inventory valuation **N/A**

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3 Cost of labor	3		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a Additional section 263A costs (att. schedule)	4a				
b Other costs (attach schedule)	4b				
5 Total. Add lines 1 through 4b	5				

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date	TREASURER	Title	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Print/Type preparer's name ANDREW T. TWARDOWSKI, CPA	Preparer's signature ANDREW T. TWARDOWSKI, CPA	Date 01/31/16	Check <input type="checkbox"/> if self-employed	
Paid Preparer Use Only	Firm's name SIKICH LLP	Firm's EIN 36-3168081			
	Firm's address 1415 W. DIEHL RD. SUITE 400 NAPERVILLE, IL 60563-2349	Phone no. 630-566-8400			

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)(see instructions)

1. Description of property

2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) 0.		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A). 0.	Enter here and on page 1, Part I, line 7, column (B). 0.
Total dividends-received deductions included in column 8			0.	0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
Totals			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). 0.	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). 0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization

(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals		0.		0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals		0.	0.			0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))		0.	0.			0.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I		0.	0.			0.
Totals, Part II (lines 1-5)		0.	0.			0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

FORM 990-T	DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY	STATEMENT	1
------------	---	-----------	---

COLLECTION OF FEES FROM NONMEMBERS THROUGH BUSINESS PARTNERS PROGRAM

TO FORM 990-T, PAGE 1

Name **METRO WEST COUNCIL OF GOVERNMENT** Employer identification number **20-3237063**

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38 on the estimated tax penalty line of the corporation's income tax return, but do not attach Form 2220.

Part I Required Annual Payment			
1	Total tax (see instructions)	1	1,350.
2a	Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a	
2b	Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b	
2c	Credit for federal tax paid on fuels (see instructions)	2c	
2d	Total. Add lines 2a through 2c	2d	
3	Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty	3	1,350.
4	Enter the tax shown on the corporation's 2013 income tax return (see instructions). Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5	4	2,400.
5	Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3	5	1,350.

Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty (see instructions).

6	<input type="checkbox"/> The corporation is using the adjusted seasonal installment method.
7	<input type="checkbox"/> The corporation is using the annualized income installment method.
8	<input type="checkbox"/> The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment

	(a)	(b)	(c)	(d)	
9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9	08/15/14	10/15/14	01/15/15	04/15/15
10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% of line 5 above in each column.	10	338.	337.	338.	337.
11 Estimated tax paid or credited for each period (see instructions). For column (a) only, enter the amount from line 11 on line 15	11				2,400.
<i>Complete lines 12 through 18 of one column before going to the next column.</i>					
12 Enter amount, if any, from line 18 of the preceding column	12				
13 Add lines 11 and 12	13				2,400.
14 Add amounts on lines 16 and 17 of the preceding column	14		338.	675.	1,013.
15 Subtract line 14 from line 13. If zero or less, enter -0-	15	0.	0.	0.	1,387.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		338.	675.	
17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17	338.	337.	338.	
18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	18				

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.
LHA For Paperwork Reduction Act Notice, see separate instructions. Form 2220 (2014)

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 3rd month after the close of the tax year, whichever is earlier (see instructions). (Form 990-PF and Form 990-T filers: Use 5th month instead of 3rd month.)	19			
20 Number of days from due date of installment on line 9 to the date shown on line 19	20			
21 Number of days on line 20 after 4/15/2014 and before 7/1/2014	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 3\%}{365}$	22 \$	\$	\$	\$
23 Number of days on line 20 after 06/30/2014 and before 10/1/2014	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 3\%}{365}$	24 \$	\$	\$	\$
25 Number of days on line 20 after 9/30/2014 and before 1/1/2015	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 3\%}{365}$	26 \$	\$	\$	\$
27 Number of days on line 20 after 12/31/2014 and before 4/1/2015	27	SEE ATTACHED WORKSHEET		
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 3\%}{365}$	28 \$	\$	\$	\$
29 Number of days on line 20 after 3/31/2015 and before 7/1/2015	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$	30 \$	\$	\$	\$
31 Number of days on line 20 after 6/30/2015 and before 10/01/2015	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$	32 \$	\$	\$	\$
33 Number of days on line 20 after 9/30/2015 and before 1/1/2016	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$	34 \$	\$	\$	\$
35 Number of days on line 20 after 12/31/2015 and before 2/16/2016	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{366}$	36 \$	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37 \$	\$	\$	\$
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120; line 33; or the comparable line for other income tax returns	38			\$ 14.

* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

FORM 990-T
UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

Name(s) METRO WEST COUNCIL OF GOVERNMENT					Identifying Number 20-3237063
--	--	--	--	--	---

(A) *Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty
		-0-			
08/15/14	338.	338.	61	.000082192	2.
10/15/14	337.	675.	92	.000082192	5.
01/15/15	338.	1,013.	90	.000082192	7.
04/15/15	337.	1,350.			
04/15/15	-2,400.	-1,050.			

Penalty Due (Sum of Column F).	14.
--------------------------------	-----

* Date of estimated tax payment, withholding credit date or installment due date.

• 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).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. METRO WEST COUNCIL OF GOVERNMENT	Employer identification number (EIN) or 20-3237063
	Number, street, and room or suite no. If a P.O. box, see instructions. 5 EAST DOWNER PLACE, NO. E	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. AURORA, IL 60505	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

MARY RANDLE

• The books are in the care of **5 EAST DOWNER PLACE, SUITE E - AURORA, IL 60505**
 Telephone No. **630-859-1331** 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 **MARCH 15, 2016**.

5 For calendar year , or other tax year beginning **MAY 1, 2014**, and ending **APR 30, 2015**.

6 If the tax year entered in line 5 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
REQUEST FOR ADDITIONAL TIME IN ORDER TO PREPARE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Forms 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	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

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 **CPA** Date

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

- 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.

Electronic filing (e-file) - You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

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.

Enter filer's identifying number

Type or print	Name of exempt organization or other filer, see instructions. METRO WEST COUNCIL OF GOVERNMENT	Employer identification number (EIN) or 20-3237063
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 5 EAST DOWNER PLACE, NO. E	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. AURORA, IL 60505	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

MARY RANDLE

- The books are in the care of ▶ **5 EAST DOWNER PLACE, SUITE E - AURORA, IL 60505**
Telephone No. ▶ **630-859-1331** 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.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **MARCH 15, 2016**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **MAY 1, 2014**, and ending **APR 30, 2015**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	1,200.
b If this application is for Forms 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.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	1,200.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Illinois Department of Revenue

IL-505-B Automatic Extension Payment

449981
01-14-15

Illinois Department of Revenue

IL-505-B (R-12/14) ID: 2BX Automatic Extension Payment for 2014

Official use only

STOP If no payment is due or you make your payment electronically, do not file this form.
FEIN 20-3237063 000 3

Tax year ending 04 15
Month Year
\$ 760.00

Amount of payment (Whole dollars only)

Make your check or money order payable to "Illinois Department of Revenue" and return the voucher and payment to

**ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19045
SPRINGFIELD IL 62794-9045**

METRO WEST COUNCIL OF GOVERNMENT
5 EAST DOWNER PLACE, NO. E
AURORA IL 60505

Preparer's phone number 630-566-8400

IL-1120-ES

2015

Step 1: Complete the estimated tax worksheet.

Complete this worksheet to compute your 2015 estimated tax. Keep this record for your files.

- 1 Enter the amount of Illinois net income expected in 2015. 1 9,000.
- 2 Multiply Line 1 by 7.75% (.0775) and enter the result. 2 698.
- 3 Enter the amount of Compassionate Use of Medical Cannabis Pilot Program Act surcharge expected in 2015. See the Form IL-1120, Step 8, Line 52 instructions for more information. 3 _____
- 4 Add Lines 2 and 3 and enter the result. 4 698.
- 5 Enter the amount of Illinois tax credits expected in 2015. 5 _____
- 6 Enter the amount of pass-through withholding payments expected to be made on your behalf in 2015 on any Schedule K-1-P or Schedule K-1-T you receive. 6 _____
- 7 Add Lines 5 and 6 and enter the result. 7 _____
- 8 Subtract Line 7 from Line 4 and enter the result. This is the amount of unpaid estimated tax for 2015. If \$400 or less, **stop**. You do not have to make estimated tax payments. If more than \$400, continue to Line 9. 8 698.
- 9 Divide Line 8 by 4. This is the amount of each of your estimated tax payments. 9 175.

Note If your income changes during the year, complete the amended worksheet in the instructions.

Note If you made the election to credit a prior year overpayment to 2015 and

- the election was made **on or before** the extended due date of that prior year return, use the credit to reduce the first estimated tax payment and any subsequent tax payments until the entire credit is used.
 - Note** If all or a portion of the credit results from payments made after the due date of your first estimated tax installment of that prior year return, that portion of your credit is considered to be paid on the date you made the payment. If that payment date is on or before an estimated payment due date, you may use that portion of the credit to reduce that estimated tax payment and any subsequent tax payments until the entire credit is used.
- the election was made **after** the extended due date of that prior year return, the credit will be treated as paid on the date you submitted the election. If that payment date is on or before an estimated payment due date, you may use the credit to reduce that estimated tax payment and any subsequent tax payments until the entire credit is used.

OVERPAYMENT APPLIED 1,477.

Step 2: Complete the estimated tax voucher. (Fiscal year filers see "When are estimated payments due?")

- 1 Enter your federal employer identification number (FEIN) and tax year ending.
- 2 Enter your name and address.
- 3 Enter the amount you are paying from Step 1, Line 9, or Step 4, Line 13 or Line 15, if you amended your original estimated tax.
- 4 • Detach the voucher and enclose a check or money order for the amount you are paying.
 - Write your FEIN, tax year, and "IL-1120-ES" on your payment.
 - Mail your completed voucher and payment to the address shown on the voucher.
 - Complete Step 3 below for your records.

Step 3: Record your estimated tax payments.

Voucher amount	Voucher date	Check or money order number
Total		

ESTIMATE INSTALLMENT DUE DATES:

08/17/15
 10/15/15
 01/15/16
 04/18/16

IL-1120-ES

2015

Step 4: Complete the amended worksheet if a change occurs in your original estimated tax.

- 1 Enter the amount of Illinois net income expected in 2015. 1 _____
- 2 Multiply Line 1 by 7.75% (.0775) and enter the result. 2 _____
- 3 Enter the amount of Compassionate Use of Medical Cannabis Pilot Program Act surcharge expected in 2015. See the Form IL-1120, Step 8, Line 52 instructions for more information. 3 _____
- 4 Add Lines 2 and 3 and enter the result. 4 _____
- 5 Enter the amount of Illinois tax credits expected in 2015. 5 _____
- 6 Enter the amount of pass-through withholding payments expected to be made on your behalf in 2015 on any Schedule K-1-P or Schedule K-1-T you receive. 6 _____
- 7 Add Lines 5 and 6 and enter the result. 7 _____
- 8 Subtract Line 7 from Line 4 and enter the result. This is the amount of unpaid estimated tax for 2015. If \$400 or less, **stop**. You do not have to make estimated tax payments. If more than \$400, continue to Line 9. 8 _____
- 9 Divide Line 8 by 4. 9 _____
- 10 Enter the amount of estimated tax payments made with 2015 Forms IL-1120-ES, including any prior year overpayments applied to tax year 2015. 10 _____
- 11 Multiply Line 9 by the number of previously due estimated payments. 11 _____
- 12 Subtract Line 10 from Line 11 and enter the result. This amount may be negative. 12 _____
- 13 Add Lines 9 and 12 and enter the result. If positive, this is the amount due on your next payment due date. If zero or negative, the amount due on your next payment due date is zero. If Line 13 is negative, continue to Line 14. Otherwise, stop here. 13 _____
- 14 If Line 13 is negative, enter that amount as a positive number. 14 _____
- 15 Subtract Line 14 from Line 9 and enter the result. This is the amount due on the following due date. 15 _____

449421
01-23-15

Illinois Department of Revenue

IL-1120-ES (R-12/14)

**Estimated Income and Replacement
Tax Payment for Corporations**

Official use only

ID: 2BX

Mail to Illinois Department of Revenue,
P.O. Box 19045, Springfield, IL 62794-9045

FEIN: 20-3237063 000 3

Estimated tax payment due dates

- 15th day of the 4th month
- 15th day of the 6th month
- 15th day of the 9th month
- 15th day of the 12th month

Tax year ending 4 16
Month Year

METRO WEST COUNCIL OF GOVERNMENT
5 EAST DOWNER PLACE, NO. E
AURORA, IL 60505

Preparer's phone number 630-566-8400

\$

WRITE YOUR FEIN ON YOUR CHECK

Print your payment amount on this line.

Return this voucher with check or money order
payable to "Illinois Department of Revenue."

112060416 8 203237063 000 3

449421
01-23-15

Illinois Department of Revenue

IL-1120-ES (R-12/14)

**Estimated Income and Replacement
Tax Payment for Corporations**

Official use only

ID: 2BX

Mail to Illinois Department of Revenue,
P.O. Box 19045, Springfield, IL 62794-9045

FEIN: 20-3237063 000 3

Estimated tax payment due dates

- 15th day of the 4th month
- 15th day of the 6th month
- 15th day of the 9th month
- 15th day of the 12th month

Tax year ending 4 16
Month Year

METRO WEST COUNCIL OF GOVERNMENT
5 EAST DOWNER PLACE, NO. E
AURORA, IL 60505

Preparer's phone number 630-566-8400

\$

WRITE YOUR FEIN ON YOUR CHECK

Print your payment amount on this line.

Return this voucher with check or money order
payable to "Illinois Department of Revenue."

112060416 & 203237063 000 3

449421
01-23-15

Illinois Department of Revenue

IL-1120-ES (R-12/14)

**Estimated Income and Replacement
Tax Payment for Corporations**

Official use only

ID: 2BX

Mail to Illinois Department of Revenue,
P.O. Box 19045, Springfield, IL 62794-9045

FEIN: 20-3237063 000 3

Estimated tax payment due dates

- 15th day of the 4th month
- 15th day of the 6th month
- 15th day of the 9th month
- 15th day of the 12th month

Tax year ending 4 16
Month Year

METRO WEST COUNCIL OF GOVERNMENT
5 EAST DOWNER PLACE, NO. E
AURORA, IL 60505

Preparer's phone number 630-566-8400

\$

WRITE YOUR FEIN ON YOUR CHECK

Print your payment amount on this line.

Return this voucher with check or money order
payable to "Illinois Department of Revenue."

112060416 8 203237063 000 3

449421
01-23-15

Illinois Department of Revenue

IL-1120-ES (R-12/14)

**Estimated Income and Replacement
Tax Payment for Corporations**

Official use only

ID: 2BX

Mail to Illinois Department of Revenue,
P.O. Box 19045, Springfield, IL 62794-9045

FEIN: 20-3237063 000 3

Estimated tax payment due dates

- 15th day of the 4th month
- 15th day of the 6th month
- 15th day of the 9th month
- 15th day of the 12th month

Tax year ending 4 16
Month Year

METRO WEST COUNCIL OF GOVERNMENT
5 EAST DOWNER PLACE, NO. E
AURORA, IL 60505

Preparer's phone number 630-566-8400

\$

WRITE YOUR FEIN ON YOUR CHECK

Print your payment amount on this line.

Return this voucher with check or money order
payable to "Illinois Department of Revenue."

112060416 & 203237063 000 3

TAX RETURN FILING INSTRUCTIONS

ILLINOIS FORM IL-990-T

FOR THE YEAR ENDING

April 30, 2015

Prepared for	Metro West Council of Government 5 East Downer Place No. E AURORA, IL 60505
Prepared by	SIKICH LLP 1415 W. DIEHL RD. SUITE 400 NAPERVILLE, IL 60563-2349
Amount due or refund	No payment required
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Illinois Department of Revenue P.O. Box 19009 Springfield, IL 62794-9009
Return must be mailed on or before	April 18, 2016
Special Instructions	The return should be signed and dated by an authorized individual.

2014 Form IL-990-T

Exempt Organization Income and Replacement Tax Return

Due on or before the 15th day of the 5th month (4th month for employee trusts) following the close of the tax year.

If this return is not for calendar year 2014, enter your fiscal tax year here. Tax year beginning <u> MAY 1 </u> , 20 <u> 14 </u> , ending <u> APR 30 </u> 20 <u> 15 </u> <small>month day year month day year</small> For tax years ending on or after December 31, 2014. For prior years, use the form for that year.	Enter the amount you are paying. \$ _____
--	--

Step 1: Identify your exempt organization

A Enter your complete legal business name.
 If you have a name change, check this box.

Name: METRO WEST COUNCIL OF GOVERNMENT

B Enter your mailing address.
 If you have an address change or this is a first return, check this box.

C/O: _____

Mailing address: 5 EAST DOWNER PLACE, NO. E

City: AURORA State: IL ZIP: 60505

C Check the applicable box if one of the following applies.
 First return Final return (If final, enter the date. / /)

D Enter your federal employer identification no. (FEIN).
20-3237063

E Check if you are taxed as a corporation.

F Check if you are taxed as a trust.

G Provide the nature of your unrelated trade or business. SEE STATEMENT 1

H Check this box if you attached Illinois Schedule 1299-D, Income Tax Credits.

I Enter your North American Industry Classification System (NAICS) Code, if applicable. See instructions.
900099

Step 2: Figure your base income or loss

1 Unrelated business taxable income or loss from U.S. Form 990-T, Line 34. Attach a copy of Page 1 of your U.S. Form 990-T.	1	9,000 .00
2 Illinois income and replacement tax and surcharge deducted in arriving at Line 1.	2	.00
3 Base income or loss. Add Lines 1 and 2.	3	9,000 .00

STOP	A If the amount on Line 3 is derived inside Illinois only or if you are an Illinois resident trust, check this box and enter the amount from Step 2, Line 3 on Step 4, Line 12. You may not complete Step 3. (You must leave Step 3, Lines 4 through 11 blank.) <input checked="" type="checkbox"/>
	B If any portion of the amount on Line 3 is derived outside Illinois, check this box and complete all lines of Step 3. See instructions. <input type="checkbox"/>

Step 3: Figure your income allocable to Illinois (Complete only if you checked the box on Line B, above.)

4 Trust, estate, or non-unitary partnership business income or loss included in Line 3.	4	.00
5 Business income or loss. Subtract Line 4 from Line 3.	5	.00
6 Total sales everywhere. This amount cannot be negative.	6	_____
7 Total sales inside Illinois. This amount cannot be negative.	7	_____
8 Apportionment factor. Divide Line 7 by Line 6 (carry to six decimal places).	8	_____
9 Business income or loss apportionable to Illinois. Multiply Line 5 by Line 8.	9	.00
10 Trust, estate, or non-unitary partnership business income or loss apportionable to Illinois.	10	.00
11 Base income or loss allocable to Illinois. Add Lines 9 and 10.	11	.00

Step 4: Figure your net replacement tax

12 Net income or loss from Line 3 or Line 11.	12	9,000 .00
13 Replacement tax. Corporations multiply Line 12 by 2.5% (.025); Trusts multiply by 1.5% (.015).	13	225 .00
14 Recapture of investment credits. Attach Schedule 4255.	14	.00
15 Replacement tax before investment credits. Add Lines 13 and 14.	15	225 .00
16 Investment credits. Attach Form IL-477.	16	.00
17 Net replacement tax. Subtract Line 16 from Line 15. If the amount is negative, enter "0."	17	225 .00

Attach your payment and Form IL-990-T-V here.

Step 5: Figure your net income tax (see instructions)

18	Net income or loss from Line 12.	18	<u>9,000</u> .00
19	Income Tax. Fiscal filers - See instructions. Corporations: multiply Line 18 by 7% (.07). Trusts: multiply Line 18 by 5% (.05).	19	<u>578</u> .00
20	Recapture of investment credits. Attach Schedule 4255.	20	<u> </u> .00
21	Income tax before credits. Add Lines 19 and 20.	21	<u>578</u> .00
22	Income tax credits. Attach Schedule 1299-D.	22	<u> </u> .00
23	Net income tax. Subtract Line 22 from Line 21. If the amount is negative, enter "0."	23	<u>578</u> .00

Step 6: Figure your refund or balance due

24	Net replacement tax from Line 17.	24	<u>225</u> .00
25	Net income tax from Line 23.	25	<u>578</u> .00
26	Compassionate Use of Medical Cannabis Pilot Program Act surcharge. See instructions.	26	<u> </u> .00
27	Total net income and replacement taxes and surcharge. Add Lines 24, 25, and 26.	27	<u>803</u> .00
28	Payments		
	a Credit from prior year overpayments.	28a	<u> </u> .00
	b Total estimated payments.	28b	<u>1,520</u> .00
	c Form IL-505-B (extension) payment.	28c	<u>760</u> .00
	d Pass-through withholding payments. Attach Schedule(s) K-1-P or K-1-T.	28d	<u> </u> .00
	e Gambling withholding. Attach Form(s) W-2G.	28e	<u> </u> .00
29	Total payments. Add Lines 28a through 28e.	29	<u>2,280</u> .00
30	Overpayment. If Line 29 is greater than Line 27, subtract Line 27 from Line 29.	30	<u>1,477</u> .00
31	Amount to be credited to a subsequent period. See instructions.	31	<u>1,477</u> .00
32	Refund. Subtract Line 31 from Line 30. This is the amount to be refunded.	32	<u> </u> .00

33 **Complete to direct deposit your refund**

Routing Number _____	<input type="checkbox"/> Checking or	<input type="checkbox"/> Savings
Account Number _____		

34	Tax Due. If Line 27 is greater than Line 29, subtract Line 29 from Line 27. This is the amount you owe.	34	<u> </u> .00
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► If you owe tax on Line 34, complete a payment voucher, Form IL-990-T-V, make your check payable to "Illinois Department of Revenue" and attach them to the first page of this form. ◀

Special Note → Enter the amount of your payment on the top of Page 1 in the space provided.

Step 7: Sign here

Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

Signature of authorized officer	Date	TREASURER	Phone
	01/31/16	P00377357	
Signature of preparer	Date	Preparer's Social Security number or firm's FEIN	
SIKICH LLP		NAPERVILLE, IL 60563-2349	630-566-8400
Preparer's firm name (or yours, if self-employed)		Address	Phone

Check this box if the Department may discuss this return with the preparer shown in this step.

► If a payment is **not** enclosed, mail this return to: **Illinois Department of Revenue, P.O. Box 19009, Springfield, IL 62794-9009**

► If a payment is enclosed, mail this return to: **Illinois Department of Revenue, P.O. Box 19053, Springfield, IL 62794-9053**

498022 01-16-15

FORM IL-990-T	NATURE OF TRADE OR BUSINESS	STATEMENT	1
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COLLECTION OF FEES FROM NONMEMBERS THROUGH BUSINESS PARTNERS PROGRAM

TO FORM IL-990-T, PAGE 1

IL-990-T	BLENDED OR APPORTIONED INCOME TAX RATE	STATEMENT	2
1	NUMBER OF DAYS IN TAX YEAR BEFORE 01/01/2015 / TOTAL NUMBER OF DAYS IN THE TAX YEAR CORPORATIONS * 7.0% (.07) (ROUND TO SIX DECIMAL PLACES) TRUSTS * 5.0% (.05) (ROUND TO SIX DECIMAL PLACES)=		.046986
2	NUMBER OF DAYS IN TAX YEAR AFTER 12/31/2014 / TOTAL NUMBER OF DAYS IN THE TAX YEAR CORPORATIONS * 5.25% (.0525) (ROUND TO SIX DECIMAL PLACES) TRUSTS * 3.75% (.0375) (ROUND TO SIX DECIMAL PLACES)=		.017260
3	ADD LINES 1 AND 2. THIS IS YOUR BLENDED INCOME TAX RATE.		.064246