**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

Department of the Treasury Internal Revenue Service

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

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A F	or the	2020 calendar year, or tax year beginning and end	ding			
B Ci	heck if oplicable:	C Name of organization		D Employer identific	ation number	
	Address	METROPOLITAN PLANNING COUNCIL		26 22222	10	
	Name change			36-238284		
	Initial return Final		om/suite	E Telephone number 312-922-5616		
	return/ termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$ 8,446,407.			
	Amende		H(a) Is this a group re			
F	_return _Applica _tion				Yes X No	
	pending	140 S. DEARBORN ST, CHICAGO, IL 60603		H(b) Are all subordinates in	oluded? Yes No	
LT	24.040	mpt status: X 501(c)(3)	527		list. See instructions	
.I V	Veheite	E: ► WWW.METROPLANNING.ORG		H(c) Group exemption	n number	
		organization: X Corporation Trust Association Other	L Year	of formation: 1934 N	State of legal domicile: IL	
	rt I	Summary				
	1 E	Briefly describe the organization's mission or most significant activities: FOUNDE	D IN	1934, THE		
Activities & Governance	1	METROPOLITAN PLANNING COUNCIL IS A NONPROFI	IT, N	ONPARTISAN (	GROUP OF	
nar	2	Check this box   if the organization discontinued its operations or disposed	of more	than 25% of its net ass	ets.	
ver				3	55	
ဗိ		Number of independent voting members of the governing body (Part VI, line 1b)		4	54	
S	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)		5	35	
itie	6	Total number of volunteers (estimate if necessary)		6	500	
cţi	7 a -	Total unrelated business revenue from Part VIII, column (C), line 12			0.	
_	b l	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.	
			-	Prior Year	Current Year	
۵	8 (	Contributions and grants (Part VIII, line 1h)		4,697,057.	4,115,402.	
Revenue		Program service revenue (Part VIII, line 2g)		0.	0.	
eve		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		868,223.	964,678.	
ш		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.		
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,565,280.	5,080,080.	
	100000	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.	
		Benefits paid to or for members (Part IX, column (A), line 4)	0. 2,899,222.			
80	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.	
Expenses	16a l	Professional fundraising fees (Part IX, column (A), line 11e)		O.		
xbe	b.	Total fundraising expenses (Part IX, column (D), line 25) 569,502	4 .	1,560,681.	2,150,959.	
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,459,903.	5,400,005.	
	2007	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,105,377.	-319,925.	
		Revenue less expenses. Subtract line 18 from line 12			End of Year	
Net Assets or				ginning of Current Year 17,698,247.	18,428,690.	
Sset	20	Total assets (Part X, line 16)		383,041.	513,588.	
et A	21	Total liabilities (Part X, line 26)	Zavace 2	17,315,206.	17,915,102.	
	22 art II	Net assets or fund balances. Subtract line 21 from line 20		17,515,2000	17/310/1011	
Und		Ities of perjury, I declare that I have examined this return, including accompanying schedules ar	nd stateme	ents, and to the best of my	knowledge and belief, it is	
truo	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which	n preparer	has any knowledge.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
ue	, correc	Musue Sand				
Sig		Signature of officer		Date		
Her		MARYSUE BARRETT, PRESIDENT				
пеі	e	Type or print name and title				
-		Print/Type preparer's name Preparer's signature		Date Check	PTIN	
Paid	i	JESSICA FREIBURG JESSICA FREIBURG		9/27/21 self-employ	P00629387	
	parer	Firm's name SASSETTI LLC		Firm's EIN ▶	36-2239746	
	Only	Firm's address 6611 NORTH AVENUE				
		OAK PARK, IL 60302		Phone no. (7	08) 386-1433	
Ma	y the IF	as discuss this return with the preparer shown above? See instructions			X Yes No	

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)?		272-22-24	
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		[4]	
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
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? If "Yes," complete Schedule C, Part III	5		_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? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			10900
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			cates
	Schedule D, Part III	8		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?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		50002	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		//aanda	
	Part VI	11a	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? If "Yes," complete Schedule D, Part VII	11b		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? If "Yes," complete Schedule D, Part VIII	11c		_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? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	510.000	77	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	<u>X</u>	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	276	77	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			٦,
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		A_
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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? If "Yes," complete Schedule F, Parts I and IV	14b		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? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			- v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	-	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	v	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4-		v
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	-	Α_
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	-	-
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21		X

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Pai	t IV   Checklist of Required Schedules (continued)			
			Yes	No
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? If "Yes," complete Schedule I, Parts I and III	22		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? If "Yes," complete			
	Schedule J	23	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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
Lou	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			1
		25b		х
26	Schedule L, Part I  Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
26	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
07	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
27	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
		27		x
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	BESUE		THE ST
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):		Market E	
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			v
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	PERSON		v
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		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? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			0
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
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? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
55	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt 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			
			Yes	No
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b (	(600000000		
b	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
С		1c	Х	
	(gambling) winnings to prize winners?	andre and a second		-

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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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X					
Sec	tion A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year								
	If there are material differences in voting rights among members of the governing body, or if the governing			Vella .					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.								
b	Enter the number of voting members included on line 1a, above, who are independent								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other								
-	officer, director, trustee, or key employee?	2		X					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
•	of officers, directors, trustees, or key employees to a management company or other person?	3		X					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X					
5	the state of the experimentary and the experimentary approach.								
6	Did the organization have members or stockholders?	6		X					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or								
	more members of the governing body?	7a		X					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or								
-	persons other than the governing body?	7b		X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
а	The governing body?	8a	X	n.					
b	Each committee with authority to act on behalf of the governing body?	8b	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the								
•	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)								
	(MINOCONTAIL EXPLORATION AND AND AND AND AND AND AND AND AND AN		Yes						
10a	Did the organization have local chapters, branches, or affiliates?	10a		X					
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	X						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe								
	in Schedule O how this was done	12c	X						
13	Did the organization have a written whistleblower policy?	13	Х						
14	Did the organization have a written document retention and destruction policy?	14	X						
15	Did the process for determining compensation of the following persons include a review and approval by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			機関					
а	The organization's CEO, Executive Director, or top management official	15a	X						
b	Other officers or key employees of the organization	15b	X						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	0.00							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a								
	taxable entity during the year?	16a		X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
	exempt status with respect to such arrangements?	16b							
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ▶IL								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3	s only)	availa	ıble					
	for public inspection. Indicate how you made these available. Check all that apply								
	Own website Another's website X Upon request Other (explain on Schedule O)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial						
	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								
	AME ESTERLINE - 312-863-6028								
	140 S. DEARBORN ST, SUITE 1400, CHICAGO, IL 60603								
		Г	- 000	(2020)					

# Part VIII 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.

  See instructions for the order in which to list the persons above.

Check this box if neither the organization (A)	(B)	(B) (C)						(D)	(E)	(F)
Name and title	Average	(do		Pos	ition	than c	one	Reportable	Reportable	Estimated
	hours per	box,	unles	ss per	son i	on is both an ector/trustee)		compensation	compensation	amount of
	week	-	Jer an	u a u	recio	livuus	(66)	from	from related	other compensation
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC)	from the
	related	e or c	stee			satec		(W-2/1099-MISC)	(11 27 1000 111100)	organization
	organizations	truste	al tru:		yee	ышре		(		and related
	below	Individual trustee or director	Institutional trustee	ъ	Key employee	est co	Jer			organizations
	line)	Indiv	Insti	Officer	Key	Highest compensated employee	Former			
(1) MARYSUE BARRETT	40.00								-	
PRESIDENT		X		Х				313,900.	0.	20,200
(2) AMBER WEBB	40.00					1000000				14 000
VICE PRESIDENT						Х	_	160,000.	0.	14,808
(3) JOSHUA ELLIS	40.00							4	_	4 240
VICE PRESIDENT			_			Х	_	157,000.	0.	4,340
(4) AUDREY WENNINK	40.00							400 664		10 511
DIR OF TRANSPORTATION	40.00	_		_	_	Х	_	130,664.	0.	18,511
(5) DAN COOPER	40.00	-						110 275		0 054
DIR OF RESEARCH		-	-	_	_	X	_	118,375.	0.	9,054
(6) ELLEN CARNAHAN	2.00								0	0
CHAIR		Х		X	_	⊢	_	0.	0.	0 .
(7) ANN M. DRAKE	2.00								0.	0
VICE CHAIR	0.00	X		Х	_	-	_	0.	0.	U
(8) JAMES P. STIRLING	2.00	٠,,		٦,				0.	0.	0
VICE CHAIR DEVELOPMENT	0.00	X		X	-	-		0.	0.	0,
(9) PAUL C. CARLISLE	2.00	٠,,		٠,,				0.	0.	0
VICE CHAIR DEV./SECRETARY	2 00	X	-	X	-	-	-	0.	0.	0
(10) ROBERT V. FITZSIMMONS II	2.00	x		v				0.	0.	0
VICE CHAIR	2.00	<u> </u>	-	X	_	-	-	0.	0.	
(11) BRUCE W. TAYLOR	2.00	x		x				0.	0.	0
TREASURER	2.00	^	-	Δ		$\vdash$		0.	0.	
(12) TODD BROWN PAST CHAIR	2.00	x		х				0.	0.	0
(13) MATTHEW BREWER	1.00	1	$\vdash$	27					·	
BOARD MEMBER	1.00	x						0.	0.	o
(14) JAMES C. FRANCZEK, JR.	1.00	22				$\vdash$	$\vdash$			
BOARD MEMBER	1.00	X						0.	0.	0
(15) JACQUES GORDON	1.00	- 22								
BOARD MEMBER	1.00	x						0.	0.	0
(16) JUAN G. MORENO	1.00	1	<u> </u>	$\vdash$			1			
BOARD MEMBER	1.00	x						0.	0.	0
(17) J. SCOT PEPPER	1.00					T				
(1.) Of Door Parame	1.00	x	1		1	1	1	0.	0.	0

032007 12-23-20

Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	/do			ition	than c	nne.	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	is both	an	compensation	compensation	amount of
	week	510000	cer an	dad	recto	or/trus	ee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for related	or dir	20			ated		organization	(W-2/1099-MISC)	from the
	organizations	ustee	trust		93	Suadi		(W-2/1099-MISC)		organization and related
	below	ual tr	ional		ploye	t con				organizations
	line)	Individual trustee or director	nstitutional trustee	Officer	key employee	Highest compensated employee	Former			organizatione
(18) MELISSA Y. WASHINGTON	1.00	=	느	0	2	± as	ш			
BOARD MEMBER	1.00	x						0.	0.	0.
(19) PAULA WOLFF	1.00					Т				
BOARD MEMBER		x						0.	0.	0.
(20) JESSICA DROSTE YAGAN	1.00									
BOARD MEMBER		x						0.	0.	0.
(21) RAMIRO J ATRISTAIN-CARRION	1.00					T				
BOARD MEMBER	1.00	x						0.	0.	0.
(22) KYLE BARNETT	1.00			$\vdash$						
BOARD MEMBER	1.00	x						0.	0.	0.
(23) CAROL ROSS BARNEY	1.00									
BOARD MEMBER	1.00	x						0.	0.	0.
(24) CHRISTOPHER B. BURKE	1.00		<b>-</b>	-						
BOARD MEMBER	1.00	x						0.	0.	0.
(25) JOHN H. CATLIN	1.00		$\vdash$							
BOARD MEMBER	1.00	x						0.	0.	0.
(26) PEDRO J. CEVALLOS-CANDAU	1.00		$\vdash$						7.1	-
BOARD MEMBER	1.00	$\mathbf{x}$						0.	0.	0.
positive con and a state of the contract of th								879,939.	0.	66,913.
1b Subtotal								0.	0.	0.
								879,939.	0.	66,913.
d Total (add lines 1b and 1c)							o re			
compensation from the organization	lot illilited to ti	1036	liste	u ai	DOVE	3) WI	010	scored more than proof	ood of roportable	5
compensation from the organization										Yes No
3 Did the organization list any former officer	director trust	00	kev e	amn	love	ല വ	hic	thest compensated emp	lovee on	
										3 X
line 1a? If "Yes," complete Schedule J for a for any individual listed on line 1a, is the s										
										4 X
<ul><li>and related organizations greater than \$15</li><li>Did any person listed on line 1a receive or</li></ul>										
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes." cor										5 X
Section B. Independent Contractors	noiete Scriedui	eJ	OF SI	ICII	Ders	SOIT				
	omneneated in	dene	nde	nt c	ontr	acto	re tl	hat received more than 9	\$100,000 of compensa	ition from
<ol> <li>Complete this table for your five highest countries the organization. Report compensation for</li> </ol>										
(A)	trie calcridar y	oui .	oriun	ig i	vici i	01 111		(B)		(C)
Name and busines	s address							Description of s	services (	Compensation
HARISH I. PATEL, 3963 W.	BELMONT	1 7	VE	NU	E.	_		PROJECT MANA	GEMENT	
UNIT 133, CHICAGO, IL 60	G 0	-			_,			AND RESEARCH	CONTRACTOR OF THE PARTY OF THE	112,460.
ONII 155, CHICAGO, 11 00	010									
				-	-					
							-			
2 Total number of independent contractors	fincluding but n	ot li	mite	d to	tho	se lie	sted	l above) who received m	ore than	
\$100,000 of compensation from the organ		J. 11			., 10	1		. 22319/ 11.1310001104 111		
SEE PART VII, SECTIO	N A CONT	ודי	ΑUI	TT	ON	1 8	HF	EETS		Form <b>990</b> (2020)
	10-01 F100 10-06-0-06-0-	100000		200		47. 555	12.75	THE REPORT OF THE PROPERTY OF		A 2000000 A 54

032008 12-23-20

	OLITAN PLA	NN	IIN	G	CO	UN	CI	L	36-238	2849
Part VII Section A. Officers, Directors	, Trustees, Key En	nplo	yee	s, a	nd F	lighe	est (	Compensated Employ	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average		Position			ì		Reportable	Reportable	Estimated
Namo ana ano	hours	(cl			that		ly)	compensation	compensation	amount of
	per	(0.			T	1-1-	,,,_	from	from related	other
	week					yee		the	organizations	compensation
	(list any	ctor				oldm		organization	(W-2/1099-MISC)	from the
	hours for	ndividual trustee or director				Highest compensated employee		(W-2/1099-MISC)		organization
	related	stee o	uste		1000	ensa				and related
	organizations	al trus	institutional trustee		Key employee	dwoo				organizations
	below	ividua	itutio	Officer	emp	hest	Former			
	line)	Indi	Inst	ij,	Key	Hig	For			
(27) CHRIS CONLEY	1.00									
BOARD MEMBER		X						0.	0.	0.
(28) LESTER CROWN	1.00									
BOARD MEMBER		X						0.	0.	0.
(29) FRANCESCA DEBIASE	1.00									
BOARD MEMBER		х						0.	0.	0.
(30) LINDA GOODMAN	1.00									
BOARD MEMBER		х						0.	0.	0.
(31) HILL HAMMOCK	1.00	<u> </u>								
BOARD MEMBER		x						0.	0.	0.
(32) ANDREW J. HESSELBACH	1.00									
BOARD MEMBER	1.00	х						0.	0.	0.
(33) LAURIE HOLMES	1.00	21	-		+-					
BOARD MEMBER	1.00	x						0.	0.	0.
	1.00			$\vdash$	-	┝	_	0.		•
(34) CHARLES R. KAISER	1.00	x						0.	0.	0.
BOARD MEMBER	1 00	Δ	-	-	-	H		0.	0.	0.
(35) CHRISTOPHER J. KING	1.00	,,							0.	0.
BOARD MEMBER	1 00	X		_	_	-		0.	0.	0.
(36) LARITZA LOPEZ	1.00									
BOARD MEMBER		X		_			_	0.	0.	0.
(37) BERNARD LOYD	1.00									
BOARD MEMBER		X			_			0.	0.	0.
(38) MARY KATHERINE LUDGIN	1.00									_
BOARD MEMBER		X						0.	0.	0.
(39) JAMES E. MANN	1.00							19	2	
BOARD MEMBER		X						0.	0.	0.
(40) LEE M. MITCHELL	1.00									
BOARD MEMBER		X						0.	0.	0.
(41) MATTHEW MOOG	1.00									
BOARD MEMBER		X						0.	0.	0.
(42) DAVID MOOK	1.00									
BOARD MEMBER		x						0.	0.	0.
(43) JUAN G. MORENO	1.00				Т					
BOARD MEMBER		x						0.	0.	0.
(44) JULIAN G. POSADA	1.00	Г		Г	T					
BOARD MEMBER		x						0.	0.	0.
(45) GEORGE A. RANNEY, JR.	1.00	<u> </u>			1	t				
BOARD MEMBER		X		1				0.	0.	0.
(46) MATTHEW R. REILEIN	1.00	1	<del>                                     </del>	<u> </u>	$\dagger$	T	$\vdash$			
BOARD MEMBER	1.00	x						0.	0.	0.
DOULD MEMBER		1					_	0.		J.
Tatalas Dant VIII. Continue A. Fire de									×	
Total to Part VII, Section A, line 1c										

	OLITAN PLA	NN	IIN	G	CO	UN	CI	L	36-238	2849
Part VII Section A. Officers, Directors	, Trustees, Key En	nplo	yee	s, a	nd F	lighe	est (	Compensated Employe	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition	1		Reportable	Reportable	Estimated
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	hours	(cl			that		ly)	compensation	compensation	amount of
	per	Ė				Π		from	from related	other
	week					oyee		the	organizations	compensation
	(list any	rector				emplo		organization	(W-2/1099-MISC)	from the
	hours for	or di	93			sated		(W-2/1099-MISC)		organization and related
	related organizations	ustee	trust		93	ubeus				organizations
	below	lual tr	tiona		nploy	st cor	<u>_</u>			Organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) ROBERT G. REITER, JR.	1.00									1
BOARD MEMBER		х						0.	0.	0.
(48) SHAWN RIEGSECKER	1.00									
BOARD MEMBER		X						0.	0.	0.
(49) ALANA WARD ROBINSON	1.00							9007	11.000	
BOARD MEMBER		X						0.	0.	0.
(50) TYRONNE STOUDEMIRE	1.00								2	9 <u>2</u> 0
BOARD MEMBER		X						0.	0.	0.
(51) MICHAEL A. THOMAS	1.00	100000								
BOARD MEMBER	1	X				_		0.	0.	0.
(52) MARY WHITE VASYS	1.00									,
BOARD MEMBER	1 00	X	Fe :	_				0.	0.	0.
(53) ERICA MARQUEZ AVITIA	1.00	,,							0.	_
BOARD MEMBER	1 00	X		_	-	-	_	0.	0.	0.
(54) CAROLE L. BROWN	1.00	٠,,						0.	0.	0.
BOARD MEMBER	1.00	X			-	-	_	0.	0.	0.
(55) EILEEN CHIN BOARD MEMBER	1.00	x						0.	0.	0.
(56) ZENA DIGGS	1.00	Δ			-			0.	0.	0.
BOARD MEMBER	1.00	x						0.	0.	0.
(57) MARTHA LINSLEY	1.00	22	_		1	$\vdash$	_	0.		
BOARD MEMBER	1.00	X						0.	0.	0.
(58) SAMEER PATEL	1.00									
BOARD MEMBER		x						0.	0.	0.
(59) EMMA L. RODRIGUEZ-AYALA	1.00									
BOARD MEMBER		х						0.	0.	0.
(60) UNMI SONG	1.00									
BOARD MEMBER		X						0.	0.	0.
									X .	
			-	_	-	-				
		ł								
			-	_	-	-	-			
		1								
					т		$\vdash$			
		1								==
Total to Part VII, Section A, line 1c										

Part VIII	Statement of Revenue

		Check if Schedule O contains a response or note to any line	in this Part VIII			
		Check if Schedule O contains a response or note to any line	(A) Total revenue	(B) Related or exempt function revenue	(C)	( <b>D</b> ) Revenue excluded
- S S	1 a	Federated campaigns 1a				
ant	b	Membership dues 1b				
2,6	c	Fundraising events 1c 1,075,009.				
ifts Ir A	d	Related organizations 1d				
nila	e	Government grants (contributions) 1e 133,426.				
ons	f	All other contributions, gifts, grants, and				
her		similar amounts not included above 1f 2,906,967.				
걸	g					
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f	4,115,402.			
		Business Code				
ø.	2 a					
Program Service Revenue	b					
Ser	С					3
m S	o					
Be	е					
Pro	f	All other program service revenue		34		
		Total. Add lines 2a-2f				
	3	Investment income (including dividends, interest, and				7
		other similar amounts)	366,766.			366,766.
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
		(i) Real (ii) Personal				
	6 a	Gross rents 6a				
		Less: rental expenses 6b				
		Rental income or (loss) 6c				
		Net rental income or (loss)			_	_
	7 a	Gross amount from sales of (i) Securities (ii) Other				
		assets other than inventory 7a 3,934,141.				
	b	Less: cost or other basis				
e		and sales expenses 7b 3,336,229.				
Revenue	c	Gain or (loss) 7c 597,912.				
Rev		Net gain or (loss)	597,912.			597,912.
e		Gross income from fundraising events (not				
₹		including \$1,075,009. of				
		contributions reported on line 1c). See				
		Part IV, line 18 8a 30,098.				
	b	Less: direct expenses 8b 30,098.				
	c	Net income or (loss) from fundraising events	0.			
	9 a	Gross income from gaming activities. See				
		Part IV, line 199a				
	b	Less: direct expenses9b				
	С	Net income or (loss) from gaming activities				
	10 a	Gross sales of inventory, less returns				
		and allowances10a				
	b	Less: cost of goods sold10b				
	c	Net income or (loss) from sales of inventory				
"		Business Code				
o a	11 a		12			
ane	b					
Sell	c					
Miscellaneous Revenue	d	All other revenue				
	е	Total. Add lines 11a-11d				
	12	Total revenue. See instructions	5,080,080.	0.	0.	964,678.

# Form 990 (2020) METROPOLITAN PLANNING COUNCIL Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp			nplete column (A).	X
-	Check if Schedule O contains a respons			(C)	
	ot include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B)</b> Program service expenses	Management and general expenses	( <b>D)</b> 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,	206 700	052 200	12 404	20 017
	trustees, and key employees	306,700.	253,389.	13,494.	39,817.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	2 422 442	0 001 166	104 067	204 010
7	Other salaries and wages	2,430,143.	2,001,166.	104,067.	324,910.
8	Pension plan accruals and contributions (include		E 0 843	0 000	0 000
	section 401(k) and 403(b) employer contributions)	63,801.	52,711.	2,807.	8,283. 32,931.
9	Other employee benefits	253,654.	209,563.	11,160.	32,931.
10	Payroll taxes	194,748.	160,897.	8,568.	25,283.
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	39,950.	37,773.	2,177.	
d	Lobbying	36,000.	36,000.		
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	89,329.		89,329.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	1,192,024.	1,150,803.	2,734.	38,487.
12	Advertising and promotion				
13	Office expenses	35,361.	29,350.	1,414.	4,597.
14	Information technology				
15	Royalties				
16	Occupancy	382,872.	317,784.	15,315.	49,773.
17	Travel	17,531.	17,173.	82.	276.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	72,668.	60,312.	2,907.	9,449.
23	Insurance	25,025.	20,767.	1,001.	3,257.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
_	amount, list line 24e expenses on Schedule 0.) PRINTING AND PUBLICATIO	79,324.	71,796.	51.	7,477.
a h	MISCELLANEOUS	52,863.	43,874.	2,115.	6,874.
b	RESEARCH ASSISTANTS	45,373.	37,661.	1,815.	5,897.
c	OTHER DIRECT PROJECT CO	27,363.	18,746.	3,610.	5,007.
d		55,276.	45,881.	2,211.	7,184.
e oe	All other expenses  Total functional expenses. Add lines 1 through 24e	5,400,005.	4,565,646.	264,857.	569,502.
25	Joint costs. Complete this line only if the organization	5,200,005.	2,000,010		
26					
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form <b>990</b> (2020

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X Beginning of year End of year 1 Cash - non-interest-bearing 1 3,071,295. 3,766,598 2 2 Savings and temporary cash investments 773,300. 1,201,358. 3 Pledges and grants receivable, net ..... 3 4 Accounts receivable, net 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 7 Notes and loans receivable, net 8 8 Inventories for sale or use 66,077. 9 73,484. Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 740,013 basis. Complete Part VI of Schedule D \_\_\_\_\_ 10a 469,937. 488,110. 251,903. b Less: accumulated depreciation \_\_\_\_\_\_ 10b 10c 12,194,277. 14,022,501. 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 14 Intangible assets ..... 15 15 Other assets. See Part IV, line 11 17,698,247. 18,428,690. 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 383,041. 17 326,489. Accounts payable and accrued expenses 17 18 18 Grants payable 187,099. 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to any current or former officer, director, 22 Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties ..... 24 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 ..... 383,041. 513,588. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 11,231,787. 11,973,206. 27 27 Net assets without donor restrictions 5,941,896. 6,083,419. 28 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 30 31 Retained earnings, endowment, accumulated income, or other funds 31 17,315,206. 17,915,102. 32 32 Total net assets or fund balances 18,428,690. 17,698,247. 33 Total liabilities and net assets/fund balances .....

Form	990 (2020) METROPOLITAN PLANNING COUNCIL	36-	238284	9 F	age 12	
Pai	t XI Reconciliation of Net Assets				W.	
	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			<u>080.</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2			005.	
3	Revenue less expenses. Subtract line 2 from line 1	3		-319,925.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	17,3			
5	Net unrealized gains (losses) on investments	5	9	19,	821.	
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	17,9	15,	<u> 102.</u>	
Pai	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				X	
				Ye	s No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	a	X	
	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:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		21	x c		
	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:					
	X Separate basis Consolidated basis Both consolidated and separate basis		1099			
С	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?			c X		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audi	it			
	Act and OMB Circular A-133?		3	a	X_	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi		t			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3			
			For	m 99	0 (2020)	

#### SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ. ■ Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047 Open to Public Inspection

Name of the organization

METROPOLITAN PLANNING COUNCIL

**Employer identification number** 

36-2382849 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) Is the organization listed (v) Amount of monetary (vi) Amount of other (iii) Type of organization (i) Name of supported (ii) EIN (described on lines 1-10 support (see instructions) support (see instructions) organization above (see instructions))

# Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

260	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2875682.	3194879.	5762039.	4697057.	4115402.	20645059.
2	Tax revenues levied for the organ-						· · · · · · · · · · · · · · · · · · ·
353	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
J	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2875682.	3194879.	5762039.	4697057.	4115402.	20645059.
	The portion of total contributions	ZOTSCOZ:	31310731				
5							
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the						
	amount shown on line 11,						1860910.
	column (f)						18784149.
	Public support. Subtract line 5 from line 4.						до/очт49.
-	ction B. Total Support				1 11 22 12		(0 T ) ]
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total 20645059.
	Amounts from line 4	2875682.	3194879.	5762039.	4697057.	4115402.	20645059.
8	Gross income from interest,						20
	dividends, payments received on						
	securities loans, rents, royalties,	TOTAL SIV. VO. NORSON	SERVESIVE VENE S				4 = 40 = = 0
	and income from similar sources	269,955.	259,431.	352,316.	314,111.	366,766.	1562579.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on			+			
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						22207638.
12		etc. (see instruction	ons)			12	
	First 5 years. If the Form 990 is for th					01(c)(3)	
	organization, check this box and stor						
Sec	ction C. Computation of Publi	c Support Per	centage			***************************************	***************************************
7	Public support percentage for 2020 (li	and the second s			Abin't rough road that have been been a form (1944), also 600.0.	14	84.58 %
	Public support percentage from 2019					15	80.46 %
	33 1/3% support test - 2020. If the o						
IUa	stop here. The organization qualifies						V
h	33 1/3% support test - 2019. If the c						
L	and stop here. The organization qual						
47-	10% -facts-and-circumstances test				12 16a or 16b a		
17a							
	and if the organization meets the fact						
	meets the facts-and-circumstances te						
b	10% -facts-and-circumstances test						10% Of
	more, and if the organization meets the						
Quint	organization meets the facts-and-circu						<b>_</b>
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 1/a, or 17b			or 990-EZ) 2020

# Schedule A (Form 990 or 990-EZ) 2020 METROPOLITAN PLANNING COUNCIL Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support	JOH, Ploago comp	note i di tini						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e)	2020	(f) Total	
1	Gifts, grants, contributions, and	W							
	membership fees received. (Do not	1							
	include any "unusual grants.")				<u></u>				
2	Gross receipts from admissions,								
	merchandise sold or services per- formed, or facilities furnished in								
	any activity that is related to the								
	organization's tax-exempt purpose								_
3	Gross receipts from activities that								
	are not an unrelated trade or bus-								
	iness under section 513								
4	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
5	The value of services or facilities								
	furnished by a governmental unit to	İ							
	the organization without charge								
6	Total. Add lines 1 through 5								
7 <i>a</i>	Amounts included on lines 1, 2, and								
	3 received from disqualified persons								
b	Amounts included on lines 2 and 3 received								
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the								
	amount on line 13 for the year								_
C	Add lines 7a and 7b								_
	Public support. (Subtract line 7c from line 6.)								-
Sec	ction B. Total Support				T				_
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e)	2020	(f) Total	
	Amounts from line 6								
10a	Gross income from interest,								
	dividends, payments received on securities loans, rents, royalties,								
	and income from similar sources								
b	Unrelated business taxable income								
	(less section 511 taxes) from businesses								
	acquired after June 30, 1975								
c	Add lines 10a and 10b								
11	Net income from unrelated business								
	activities not included in line 10b, whether or not the business is								
	regularly carried on								
12	Other income. Do not include gain								
	or loss from the sale of capital assets (Explain in Part VI.)								
13	Total support. (Add lines 9, 10c, 11, and 12.)								
14	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3)	organizatio	n,	
	check this box and stop here								200
Se	ction C. Computation of Publi	c Support Per	rcentage						
15	Public support percentage for 2020 (li	ine 8, column (f), c	livided by line 13,	column (f))		15			%
	Public support percentage from 2019					16			%
	ction D. Computation of Inves								_
17	Investment income percentage for 20	120 (line 10c, colur	mn (f), divided by li	ine 13, column (f))		17			%
	Investment income percentage from					18	introduction and according	A AND STREET	%
198	33 1/3% support tests - 2020. If the						, and line 17	is not	_
	more than 33 1/3%, check this box ar								
k	33 1/3% support tests - 2019. If the								_
	line 18 is not more than 33 1/3%, che								$\dashv$
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check the	his box and see ins	truction	ıs		

### Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A. D. and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes." *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
		1000
1	ENGLISHED S	20 00000
2		
3a		
3b		
3с		
4a		10"
4b		Service Service
40		
4c		
5a		
5b		
5c		
		T VOISE
6	1 - 4 - E / E	
7		
8		
	1717	
9a		
9b		
9c		
10a		
10b		

Pai	t IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		A CANADA	
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			146.2
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	Will Street	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations			-
	non of Type in Supporting Significations		Yes	No
4	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	
1	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
-			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	- Res Zarges	PERVIS.
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
C	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
740				
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	<i>)</i> -		
a	The organization satisfied the Activities Test. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.			
b	The organization is the parent of each of its supported organizations. Complete line of below.  The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	etruction	101	
2 2	Activities Test. Answer lines 2a and 2b below.	Struction	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			2
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a	715000 000	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Vos " describe in Part VI the role played by the organization in this regard	3b	I	I

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi:	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on N	ov. 20, 1970 ( explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
_3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
_	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a	±1	
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
0097	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	lly integrated	Type III supporting orga	anization (see
	instructions).	30 - T-	1915 IS ST.	\$

Schedule A (Form 990 or 990-EZ) 2020

Par	t v   Type III Non-runctionally integrated 509	(a)(3) Supporting Orga	mzations (continu	ıed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		3	
	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pri	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.	VIIIO GOLGIIO III		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2020	าร	Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.			_	
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e	J			
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:			612	
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
788	Excess from 2019				
	Evene from 2000				

Schedule A (Form 990 or 990-EZ) 2020

#### SCHEDULE C

(Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on 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," on 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," on 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) organizat	ions: Complete Part III.			0
	ne of organization			Empl	oyer identification number
	METROPO:	LITAN PLANNING CO	UNCIL		36-2382849
Pa	art I-A   Complete if the org	anization is exempt under	section 501(c) or	r is a section 527 org	ganization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ation's direct and indirect political ures	campaign activities in	Part IV ▶ \$	
Pa	art I-B   Complete if the org	anization is exempt under	section 501(c)(3)		
	Enter the amount of any excise tax				
2	Enter the amount of any excise tax	incurred by organization managers	under section 4955	▶\$	
	If the organization incurred a section				
	Was a correction made?				
ŀ	of "Yes." describe in Part IV.				
Pa	art I-C Complete if the org	anization is exempt under	section 501(c), e	xcept section 501(c	)(3).
1	Enter the amount directly expended	by the filing organization for section	on 527 exempt functio	n activities > \$	
	Enter the amount of the filing organ				
	exempt function activities			▶\$	
3	Total exempt function expenditures	. Add lines 1 and 2. Enter here and	on Form 1120-POL,		
	line 17b			▶\$	
	Did the filing organization file Form	1120-POL for this year?			Yes No
5	Enter the names, addresses and en	nployer identification number (EIN)	of all section 527 polit	ical organizations to which	the filing organization
	made payments. For each organization	tion listed, enter the amount paid f	rom the filing organiza	tion's funds. Also enter the	amount of political
	contributions received that were pro				e segregated tund or a
	political action committee (PAC). If	additional space is needed, providi	e 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) 2020

LHA

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f Grassroots lobbying expenditures

# 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)).

or each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(	a)	(k	o)
of the lobbying activity.	Yes	No	Amo	ount
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?		X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Х		
c Media advertisements?		X		
d Mailings to members, legislators, or the public?		X		
e Publications, or published or broadcast statements?		X		
f Grants to other organizations for lobbying purposes?		X		
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
i Other activities?	X			5,000
j Total. Add lines 1c through 1i			36	5,000
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
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), se	ction 501(c)(	5), or sec	ction	
501(c)(6).				
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?				
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
<ul> <li>Did the organization make only in-house lobbying expenditures of \$2,000 or less?</li> <li>Did the organization agree to carry over lobbying and political campaign activity expenditures from the organization is exempt under section 501(c)(4), see</li> </ul>	om the prior year ction 501(c)(	2 ? 3 5), or sec	ction	3. is
2 Did the organization make only in house lobbying expenditures of \$2,000 or less?  3 Did the organization agree to carry over lobbying and political campaign activity expenditures from Part III-B Complete if the organization is exempt under section 501(c)(4), se 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answer answered "Yes."	om the prior year ction 501(c)( red "No" OR	2 7 3 5), or sec (b) Part	ction III-A, line	3, is
<ul> <li>Did the organization make only in-house lobbying expenditures of \$2,000 or less?</li> <li>Did the organization agree to carry over lobbying and political campaign activity expenditures from the properties of \$2,000 or less?</li> <li>Did the organization agree to carry over lobbying and political campaign activity expenditures from the properties of \$2,000 or less?</li> <li>Did the organization agree to carry over lobbying and political campaign activity expenditures from the properties of \$2,000 or less?</li> <li>Did the organization agree to carry over lobbying and political campaign activity expenditures from the properties of \$2,000 or less?</li> <li>Did the organization agree to carry over lobbying and political campaign activity expenditures from the properties of \$2,000 or less?</li> <li>Did the organization agree to carry over lobbying and political campaign activity expenditures from the properties of \$2,000 or less?</li> <li>Did the organization agree to carry over lobbying expenditures of \$2,000 or less?</li> <li>Did the organization agree to carry over lobbying and political campaign activity expenditures from \$2,000 or less?</li> <li>Did the organization agree to carry over lobbying and political campaign activity expenditures from \$2,000 or less?</li> <li>Did the organization agree to carry over lobbying and political campaign activity expenditures from \$2,000 or less?</li> <li>Did the organization agree to carry over lobbying and political campaign activity expenditures from \$2,000 or less?</li> <li>Did the organization agree to carry over lobbying and political campaign activity expenditures from \$2,000 or less?</li> <li>Did the organization agree to carry over lobbying and political campaign activity expenditures from \$2,000 or less?</li> <li>Did the organization agree to carry over lobbying and political campaign activity expenditures from \$2,000 or less?</li> <li>Did the organization agree to carry over lobbying and polit</li></ul>	om the prior year ction 501(c)( red "No" OR	2 7 3 5), or sec (b) Part	ction III-A, line	3, is
<ul> <li>Did the organization make only in-house lobbying expenditures of \$2,000 or less?</li> <li>Did the organization agree to carry over lobbying and political campaign activity expenditures from till-B. Complete if the organization is exempt under section 501(c)(4), second to section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answer answered "Yes."</li> <li>Dues, assessments and similar amounts from members</li> <li>Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of part of the organization make only in-house lobbying and political expenditures (do not include amounts of part of the organization make only in-house lobbying and political expenditures (do not include amounts of part of the organization make only in-house from the organization agree to carry over lobbying and political campaign activity expenditures from the organization is exempt under section 501(c)(4), section 162(e) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."</li> </ul>	om the prior year ction 501(c)( red "No" OR	2 7 3 5), or sec (b) Part	etion III-A, line	3, is
<ul> <li>Did the organization make only in-house lobbying expenditures of \$2,000 or less?</li> <li>Did the organization agree to carry over lobbying and political campaign activity expenditures from till-B</li> <li>Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answer answered "Yes."</li> <li>Dues, assessments and similar amounts from members</li> <li>Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of pexpenses for which the section 527(f) tax was paid).</li> </ul>	om the prior year ction 501(c)( red "No" OR	2 7 3 5), or sec (b) Part	ction III-A, line	3, is
<ul> <li>Did the organization make only in-house lobbying expenditures of \$2,000 or less?</li> <li>Did the organization agree to carry over lobbying and political campaign activity expenditures from the political campaign activity expendi</li></ul>	om the prior year ction 501(c)( red "No" OR	2 3 5), or sec (b) Part	ction III-A, line	3, is
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Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from till-B. Complete if the organization is exempt under section 501(c)(4), see 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answer answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of pexpenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Carry	om the prior year ction 501(c)( red "No" OR colitical s e excess and political group list); Part II	2 3 5), or sec (b) Part   2a 2b 2c 3 4 5 4 5	III-A, line	3, is
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Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from till-B. Complete if the organization is exempt under section 501(c)(4), see 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answer answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of pexpenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Carry	om the prior year ction 501(c)( red "No" OR colitical s e excess and political group list); Part II	2 3 5), or sec (b) Part   2a 2b 2c 3 4 5 4 5	III-A, line	3, is

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Employer identification number

36-2382849 METROPOLITAN PLANNING COUNCIL

Pai	Organizations Maintaining Donor Advised		S of Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	6. (a) Donor advised funds	(b) Funds and other accounts
	Total winds at and of year	(a) Donor davisod rando	(b) rando and onto account
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year	witing that the accets hold in donor od	lead funds
5			
_	are the organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or		
Pai		enization answered "Ves" on Form 900	
-			, Faitiv, line 1.
1	Purpose(s) of conservation easements held by the organization		of a historically important land area
	Preservation of land for public use (for example, recreating	22 (A <del>nti-cons</del> ) / Land	of a historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
120	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	ed conservation contribution in the forr	10 M27-10 M2
	day of the tax year.		Held at the End of the Tax Year
a	Total number of conservation easements		
b			
С	Number of conservation easements on a certified historic structure		
d	Number of conservation easements included in (c) acquired af	6 V 50	l l
	listed in the National Register		
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated by the	ne organization during the tax
/21	year ▶		
4	Number of states where property subject to conservation ease		-
5	Does the organization have a written policy regarding the period		
_	violations, and enforcement of the conservation easements it h		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	landling of violations, and enforcing co	nservation easements during the year
-	A	in a studentiane and entersing concen	ration accompants during the year
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing conserv	vacion easements during the year
	Does each conservation easement reported on line 2(d) above	action the requirements of coation 17	O(b)(4)(D)(i)
8			W ASSESSMENT TO SEE THE SECOND
_	and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservation		
9	balance sheet, and include, if applicable, the text of the footnot		E. C.
		ote to the organization's imancial state	Herits triat describes trie
Pai	organization's accounting for conservation easements.  rt III   Organizations Maintaining Collections of A	Art. Historical Treasures, or C	Other Similar Assets.
1 41	Complete if the organization answered "Yes" on Form 9		
	If the organization elected, as permitted under FASB ASC 958		and halance sheet works
la	of art, historical treasures, or other similar assets held for publi		
	service, provide in Part XIII the text of the footnote to its finance		
h			
b	art, historical treasures, or other similar assets held for public e		
		exhibition, education, or research in the	therance of public service,
	provide the following amounts relating to these items:		•
	(i) Revenue included on Form 990, Part VIII, line 1		7.20
	(ii) Assets included in Form 990, Part X  If the organization received or held works of art, historical treas		
2			iai yaili, pioviu <del>c</del>
984	the following amounts required to be reported under FASB AS		•
a			
	Assets included in Form 990, Part X		Schedule D (Form 990) 2020
LHA	For Paperwork Reduction Act Notice, see the Instructions	IOI FUIII 990.	Schedule D (FOITH 990) 2020

032051 12-01-20

Pa	t III Organizations Maintaining C	ollections of Art			er Si		ets /contin	-	age =
	Using the organization's acquisition, accessing							iuea)	
3		on, and other records	s, check any or the i	ollowing that make	signiii	Carit use or	its		
	collection items (check all that apply):	n.o.							
а	Public exhibition	d		nange program					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co			-			art XIII.		
5	During the year, did the organization solicit o							-	
	to be sold to raise funds rather than to be ma						Yes		No
Pai	t IV Escrow and Custodial Arrang	57/	te if the organization	n answered "Yes" o	n Forr	m 990, Part	IV, line 9, or		
	reported an amount on Form 990, Par								
1a	Is the organization an agent, trustee, custodi	an or other intermedi	ary for contributions	or other assets not	inclu	ded			
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII								
	, w.	ii'			Γ		Amoun	t	
С	Beginning balance					1c			
	Additions during the year					1d			
_	Distributions during the year					1e			
f						1f			
	Ending balance  Did the organization include an amount on Fe						Yes		No
							165	=	
Par	If "Yes," explain the arrangement in Part XIII. <b>t V</b> Endowment Funds. Complete i								
ı aı	Endownient i dids. Complete			F2 W N		rhaas	rate / A Face		baal.
100000		(a) Current year	(b) Prior year	(c) Two years back	(d)	Three years ba	0.07	10/2007/10/20	THE SHAPE
1a	Beginning of year balance	3,840,052.	3,184,151.	3,378,385.		2,910,36	2	,875,	393.
b	Contributions				-				
С	Net investment earnings, gains, and losses	682,430.	760,901.	-194,234.		468,06	0.	141,	448.
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs		105,000.			4	1.	106,	567.
f	Administrative expenses								
g	End of year balance	4,522,482.	3,840,052.	3,184,151.		3,378,38	5. 2	,910,	366.
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a)	) held as:					
а	Board designated or quasi-endowment		%	a salah sarah sarah sarah sarah sarah					
b	Permanent endowment	%	-						
	- No. 1981	<u></u> %							
Ŭ	The percentages on lines 2a, 2b, and 2c shot	65							
32	Are there endowment funds not in the posses		tion that are held an	d administered for t	he or	nanization			
Ja	by:	331011 Of the organiza	tion that are note an	a administered for t	no org	gariization		Yes	No
							3a(i)	163	X
	(i) Unrelated organizations								X
100	(ii) Related organizations						Ja(II)		- 22
	If "Yes" on line 3a(ii), are the related organiza						3b		
4	Describe in Part XIII the intended uses of the		vment funds.						
Par	t VI Land, Buildings, and Equipm		American American American						
	Complete if the organization answered	the second secon					and the second s	9 - 20	
	Description of property	(a) Cost or ot		25 850		nulated	(d) Boo	k valu	Э
		basis (investm	ent) basis (	otner) de	eprec	ation			
1a	Land								
b	Buildings								
С	Leasehold improvements			7,151.		5,132.		1,0	
d	Equipment		34	2,862.	185	771.	15'	7,09	91.
е	Other	The second secon							
	. Add lines 1a through 1e. (Column (d) must e		Column (B) line 10	Oc. )	190710100	<b>D</b>	48	8,1	10.

Schedule D (Form 990) 2020

Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B). line 10c.)

	N PLANNING COU	NCIL 36	-2382849 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"		1b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or en	d of voor morket value
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost of en	d-oi-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)		<u> </u>	
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"		1c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			<del></del>
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Promisional and Company Company	F 000 Port IV line 1	1d Cas Form 000 Dort V line 15	
Complete if the organization answered "Yes"	Description	Id. See Form 990, Part X, line 15.	(b) Book value
	Description		(a) Doon raids
(1)			
(2)			
(3)			
<u>(5)</u>			
<u>(6)</u>			
(7) (8)			
(9)			6
Total. (Column (b) must equal Form 990. Part X. col. (B) line	15)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)		and the second s	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .... X

Schedule D (Form 990) 2020

			The same of the sa	Statements	12 CONTRACTOR OF THE	Davis	10.0 H	
MFTROP	$OI_1III_2$	AN P	$T_{i}ANNTNC$	G COUNCI	Ē.			36

Fai	Reconciliation of Nevertue per Addited i mancial statement	its with	levelide per rie	car iii	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	4,359,882.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	7 9			
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	214,382.		
С	Recoveries of prior year grants	2c		05 2	
d	Other (Describe in Part XIII.)	2d	30,098.		
е	Add lines 2a through 2d			2e	244,480.
3	Subtract line 2e from line 1			3	4,115,402.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	v 4	Aven means a miseansper repair		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	89,329.		
b	Other (Describe in Part XIII.)	4b	875,349.		
С	Add lines 4a and 4b			4c	964,678.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	5,080,080.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	nts With	Expenses per R	leturi	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	5,555,156.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	214,382.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	30,098.		
е	Add lines 2a through 2d			2e	244,480.
3	Subtract line 2e from line 1			3	5,310,676.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		91 500 - 200000 19		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	89,329.		
b	ALCO AND	41		550000	
	Other (Describe in Part XIII.)	4b		King Ha	
С	Other (Describe in Part XIII.) Add lines 4a and 4b			4c	89,329. 5,400,005.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

### PART X, LINE 2:

THE COUNCIL IS EXEMPT FROM INCOME TAX UNDER PROVISIONS OF INTERNAL REVENUE CODE SECTION 501(C)(3). U.S. GAAP REQUIRES MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE COUNCIL AND RECOGNIZE A TAX LIABILITY IF THE COUNCIL HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE OR OTHER APPLICABLE TAXING AUTHORITIES. MANAGEMENT HAS ANALYZED THE TAX POSITIONS 2020, TAKEN BY THE COUNCIL AND HAS CONCLUDED THAT AS OF DECEMBER 31, ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

Schedule D (Form 990) 2020

#### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

## **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public

Name of the organization

Go to www.irs.gov/Formeeo for instructions and the latest in

Inspection
Employer identification number

METROPO	LITAN PLANNING COU	NCII	ı		36-2382	849
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not						
required to complete this part.						
<ul> <li>Indicate whether the organization raise a Mail solicitations</li> <li>Internet and email solicitations</li> <li>Phone solicitations</li> <li>In-person solicitations</li> <li>Did the organization have a written on key employees listed in Form 990, Path If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the</li> </ul>	e Solicitat f Solicitat g Special r oral agreement with any individual art VII) or entity in connection with priduals or entities (fundraisers) pursua	ion of ion of fundra (includ	non-go govern ising of ing of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribu	Did aiser ustody trol of utions?	(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
		Yes	No			,
						ū
3 List all states in which the organizatio or licensing.	n is registered or licensed to solicit o			or has been notified	l it is exempt from re	gistration
			-3			

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

Schedule G (Form 990 or 990-EZ) 2020

Pa	rt l		e organization answered	"Yes" on Form 990, Par	t IV, line 18, or reported	more than \$15,000
		of fundraising event contributions and gro				s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events
			ANNUAL		NONE	(add col. (a) through
			LUNCHEON	(event type)	(total number)	col. <b>(c)</b> )
e			(event type)	(event type)	(total number)	
Revenue	7000		1 105 107			1,105,107.
Rev	1	Gross receipts	1,105,107.			1,105,107.
			1,075,009.			1,075,009.
	2	Less: Contributions	1,075,005.			1,073,003
	3	Gross income (line 1 minus line 2)	30,098.			30,098.
-	3	Cross income (line 1 minus line 2)			10.010	
	4	Cash prizes				
		5-5-5-5-5-5-5-5-5-5-5-5-5-5-5-5-5-5-5-				
	5	Noncash prizes				
es						
ens	6	Rent/facility costs				
Direct Expenses						
ect	7	Food and beverages				
Dir						
	8	Entertainment				30,098.
	9	Other direct expenses				30,098.
	10	Direct expense summary. Add lines 4 through				0.
Da	rt I	The state of the s	ne 3, column (a)	990 Part IV line 19 or	reported more than	
1 0		\$15,000 on Form 990-EZ, line 6a.	answered res on rom	330, 1 art 10, mio 13, or	reported more than	
-		ψ10,000 0111 01111 000 122, m.e σα.	135	(b) Pull tabs/instant	(-) Other semina	(d) Total gaming (add
anc			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
æ	1	Gross revenue				
S	2	Cash prizes				
nse						3
Direct Expenses	3	Noncash prizes				
H H						0
Jire	4	Rent/facility costs				
-		OIL III				
	5	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	0	Volunteer labor	I NO	110	1,0	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	0476					
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<b>&gt;</b>	
		ter the state(s) in which the organization condu				
а	ls t	the organization licensed to conduct gaming a	ctivities in each of these s	states?		Yes No
b	If "	No," explain:				
	_					
	<u></u>		woked evenesded and	rminated during the tax	vear?	Yes No
		ere any of the organization's gaming licenses re				165 100
Ľ	111	Yes," explain:				
	-					
_					0-1-1-07	000 000 EZ\ 0000
0320	82 1	1-25-20			Schedule G (Fo	rm 990 or 990-EZ) 2020

Sch	edule G (Form 990 or 990-EZ) 2020 METROPOLITAN PLANNING COUNCIL 3	6-2382849	Page 3
11		Yes	No No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
1.5.700	to administer charitable gaming?	Yes	☐ No
12	Indicate the percentage of gaming activity conducted in:		
	i The organization's facility	13a	%
	An outside facility	0.0000000000000000000000000000000000000	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	[199]	
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 No
k	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amoun	t	
	of gaming revenue retained by the third party > \$		
	If "Yes," enter name and address of the third party:		
3	· · · · · · · · · · · · · · · · · · ·		
	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		
•		Yes	No
	retain the state gaming license? • Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in t		
ŗ		10	
De	organization's own exempt activities during the tax year \( \subseteq \) \$  Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); are	d Dart III. lines Q (	9h 10h
Pa	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	iu Part III, III les 9, 8	<del></del>
			141
-			
S			
11			
	*		
82			
-			-

Schedule G (Form 990 or 990-EZ) METROPO	OLITAN PLAI	NNING COUNCE	IL	36-2382849	Page 4
Schedule G (Form 990 or 990-EZ) METROPO Part IV Supplemental Information (cont	tinued)				
	<del></del>				
					-
			)		

Schedule G (Form 990 or 990-EZ)

### **SCHEDULE J** (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

OMB No. 1545-0047

Inspection Employer identification number

36-2382849

Name of the organization

Department of the Treasury

Internal Revenue Service

METROPOLITAN PLANNING COUNCIL Part I Questions Regarding Compensation

1a Chock the appropriate box(ea) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these Items.    First-class or charter travel				Yes	No
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.    First-class or charter travel	1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
First-class or charter travel					
Tax indemnification and grose-up payments					
Tax indemnification and gross-up payments   Health or social club dues or infliation fees   Discretionary spending account   Personal services (such as maid, chauffeur, chef)		Travel for companions Payments for business use of personal residence			
b if any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain  2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the Items checked on line 1a?  3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director, but explain In Part III.		The state of the s			
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain  2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustess, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?  3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.  3 Compensation committee  Independent compensation consultant  Independent compensation consultant  Independent compensation consultant  Independent compensation or onsultant  Independent compensation or onsultant  Independent compensation or organization:  Receive a severance payment or change-of-control payment?  Participate in or receive payment from an equity-based compensation arrangement?  Participate in or receive payment from an equity-based compensation arrangement?  Participate in or receive payment from an equity-based compensation arrangement?  Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  The organization?  Any related organization?  The organization?  Any related organization?  The organization?  Any related organization?  The organization?  The organization?  Participate in line 6a of 8b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 67 if "Yes," describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide a					
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain  Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?  Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.  X Compensation committee  Independent compensation consultant  X Form 990 of other organizations  During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization:  Receive a severance payment from a supplemental nonqualified retirement plan?  Participate in or receive payment from an equity-based compensation arrangement?  Participate in or receive payment from an equity-based compensation arrangement?  Participate in or receive payment from an equity-based compensation arrangement?  Participate in or receive payment from an equity-based compensation arrangement?  Participate in or receive payment from an equity-based compensation arrangement?  Participate in or receive payment from an equity-based compensation arrangement?  Participate in or receive payment from an equity-based compensation arrangement?  Participate in or receive payment from an equity-based compensation arrangement?  Participate in or receive payment from an equity-based compensation arrangement?  Participate in or receive payment from an equity-based compensation arrangement?  Participate in or receive payment from an equity-based compensation arrangement?  Participate in or receive payment from an equity-based compensation pay or accrue any compensation contingent on the revenues of:  The organization?  Participate in organization?  Part					
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain  Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?  Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.  X Compensation committee  Independent compensation consultant  X Form 990 of other organizations  During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization:  Receive a severance payment from a supplemental nonqualified retirement plan?  Participate in or receive payment from an equity-based compensation arrangement?  Participate in or receive payment from an equity-based compensation arrangement?  Participate in or receive payment from an equity-based compensation arrangement?  Participate in or receive payment from an equity-based compensation arrangement?  Participate in or receive payment from an equity-based compensation arrangement?  Participate in or receive payment from an equity-based compensation arrangement?  Participate in or receive payment from an equity-based compensation arrangement?  Participate in or receive payment from an equity-based compensation arrangement?  Participate in or receive payment from an equity-based compensation arrangement?  Participate in or receive payment from an equity-based compensation arrangement?  Participate in or receive payment from an equity-based compensation arrangement?  Participate in or receive payment from an equity-based compensation pay or accrue any compensation contingent on the revenues of:  The organization?  Participate in organization?  Part	h	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?  3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.  X Compensation committee	~	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?  3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.  3 Compensation committee	2				
Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation or the CEO/Executive Director, but explain in Part III.    Compensation committee			2		
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.  X Compensation committee  Mritten employment contract  Independent compensation consultant  X Compensation survey or study  X Form 990 of other organizations  X Approval by the board or compensation committee  During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization:  Receive a severance payment or change-of-control payment?  Participate in or receive payment from a supplemental nonqualified retirement plan?  Participate in or receive payment from an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  The organization?  Any related organization?  If "Yes" on line 5a or 5b, describe in Part III.  Any related organization?  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  The organization?  Any related organization?  If "Yes" on line 5a or 6b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.  Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.  By Were any amounts reported on Form 990		trustees, and embere, medicing the electronic process, regarding the embers of the emb	GENERAL		NA ST
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.  X Compensation committee  Mritten employment contract  Independent compensation consultant  X Compensation survey or study  X Form 990 of other organizations  X Approval by the board or compensation committee  During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization:  Receive a severance payment or change-of-control payment?  Participate in or receive payment from a supplemental nonqualified retirement plan?  Participate in or receive payment from an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  The organization?  Any related organization?  If "Yes" on line 5a or 5b, describe in Part III.  Any related organization?  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  The organization?  Any related organization?  If "Yes" on line 5a or 6b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.  Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.  By Were any amounts reported on Form 990	3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
establish compensation of the CEO/Executive Director, but explain in Part III.  X Compensation committee  Independent compensation consultant  X Compensation survey or study  X Approval by the board or compensation committee  4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:  Receive a severance payment or change-of-control payment?  Participate in or receive payment from a supplemental nonqualified retirement plan?  Participate in or receive payment from an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  The organization?  Any related organization?  The organization?  Any related organization?  Any related organization?  The organization?  Any related organization?  The organization?  Any related organization?  The organization?  Bay Any related organization?  The organization?  Bay Any related organization?  The organization?  Bay Any related organization Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.  Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.  Bay Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.  Bay Canada and the propagation of the part III.  Bay Canada and the propagation of the part III.  B	•				
Written employment contract   Independent compensation consultant   X   Compensation survey or study   X   Form 990 of other organizations   X   Approval by the board or compensation committee   A   During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:   Receive a severance payment or change-of-control payment?   A   A   X					
Independent compensation consultant  X Compensation survey or study  X Form 990 of other organizations  X Approval by the board or compensation committee  4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:  Receive a severance payment or change-of-control payment?  Participate in or receive payment from a supplemental nonqualified retirement plan?  Participate in or receive payment from a supplemental nonqualified retirement plan?  Participate in or receive payment from a supplemental nonqualified retirement plan?  Participate in or receive payment from a supplemental nonqualified retirement plan?  Participate in or receive payment from a supplemental nonqualified retirement plan?  Participate in or receive payment from a supplemental nonqualified retirement plan?  Participate in or receive payment from a supplemental nonqualified retirement plan?  Participate in or receive payment from a supplemental nonqualified retirement plan?  Participate in or receive payment from a supplemental nonqualified retirement plan?  Participate in or receive payment from a supplemental nonqualified retirement plan?  Participate in or receive payment from a supplemental nonqualified retirement plan?  Participate in or receive payment from a supplemental nonqualified retirement plan?  Participate in or receive payment from a supplemental nonqualified retirement plan?  Participate in or receive payment from a supplemental nonqualified retirement plan?  Participate in or receive payment from a supplemental nonqualified retirement plan?  Participate in or receive payment from a supplemental nonqualified retirement plan?  Participate in or receive payment from a supplemental nonqualified retirement plan?  Participate in or receive payment from a supplemental nonqualified retirement plan?  Participate in or receive payment from a supplemental nonqualified retirement plan?  Participate in or receive payment from a supplemental nonqualifie		AND THE RESIDENCE OF THE PARTY			
During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization:  Receive a severance payment or change-of-control payment?  Participate in or receive payment from a supplemental nonqualified retirement plan?  Participate in or receive payment from an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  The organization?  Any related organization?  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  The organization?  The o					
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:  Receive a severance payment or change-of-control payment?  Participate in or receive payment from a supplemental nonqualified retirement plan?  Participate in or receive payment from an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  The organization?  If "Yes" on line 5a or 5b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  The organization?  If "Yes" on line 6a or 6b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  The organization?  If "Yes" on line 6a or 6b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.  Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.  Requisition 53.4958-6(c)?					
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a Receive a severance payment or change-of-control payment?  b Participate in or receive payment from a supplemental nonqualified retirement plan?  c Participate in or receive payment from an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  a The organization?  If "Yes" on line 5a or 5b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  a The organization?  for persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  a The organization?  for persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  a The organization?  for persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.  8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.  8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.  8 Were any amounts reported on Form 990, Part VII, Paid or accrued pursuant to	4				
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5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  a The organization?  b Any related organization?  if "Yes" on line 5a or 5b, describe in Part III.  6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  a The organization?  b Any related organization?  if "Yes" on line 6a or 6b, describe in Part III.  7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III  8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III  9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each term in Fart III.			
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:  a The organization?  b Any related organization?  if "Yes" on line 5a or 5b, describe in Part III.  6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:  a The organization?  b Any related organization?  if "Yes" on line 6a or 6b, describe in Part III.  7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III  8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III  9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		2 - 1 - 70 1/ VO) 50 1/ VA) - 1 50 1/ VO) - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			
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not described on lines 5 and 6? If "Yes," describe in Part III  Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III  If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in  Regulations section 53.4958-6(c)?					
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9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	8				V
Regulations section 53.4958-6(c)?			8	in a c	Λ
Regulations section 35.4936-0(c)?	9			N. P. William	tal all
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of V	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	able	(E) Total of columns	(F) Compensation
(A) Name and Title	L	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)-(a)(b)	in column (B) reported as deferred on prior Form 990
(1) MARYSUE BARRETT	Ξ	274,000.	39,900.	0	8,119.	12,081.	334,100.	0
PRESIDENT	<b>E</b>	0	0	0.	0	* 0	• 0	0.
(2) AMBER WEBB	Ξ	145,000.	15,000.	0.	2,727.	12,081.	174,808.	.0
VICE PRESIDENT	(ii)	• 0	• 0	0 •	• 0	0 0		0.
(3) JOSHUA ELLIS	Θ	145,000.	12,000.	0.	4,340.	0.	161,340.	0.
VICE PRESIDENT	(II)	0.0	0.	0.	0.	. 0	0.	.0
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#### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

# 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

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

METROPOLITAN PLANNING COUNCIL	36-2382849
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISS	ION:
BUSINESS AND CIVIC LEADERS COMMITTED TO SERVING THE PUBLIC	
THROUGH THE PROMOTION AND IMPLEMENTATION OF SENSIBLE PLANN	
DEVELOPMENT POLICIES NECESSARY FOR A WORLD-CLASS CHICAGO R	
COUNCIL CONDUCTS POLICY ANALYSIS, OUTREACH AND ADVOCACY IN	
WITH PUBLIC OFFICIALS AND COMMUNITY LEADERS TO IMPROVE EQU	
OPPORTUNITY AND QUALITY OF LIFE THROUGHOUT METROPOLITAN CH	
711 0112 0112 12	
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MI	SSION:
CHICAGO REGION. THE COUNCIL CONDUCTS POLICY ANALYSIS, OUT	
ADVOCACY IN PARTNERSHIP WITH PUBLIC OFFICIALS AND COMMUNIT	
IMPROVE EQUITY OF OPPORTUNITY AND QUALITY OF LIFE THROUGHO	
METROPOLITAN CHICAGO.	

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

THE ORGANIZATION'S AUDIT & FINANCE COMMITTEE WORK CLOSELY WITH THE FORM 990 PREPARER IN ANSWERING ALL QUESTIONS ON THE FORM AS WELL AS PROVIDING A DRAFT OF THE ACCURATE FINANCIAL AND OTHER INFORMATION FOR INCLUSION. FORM IS THEN REVIEWED BY THE PRESIDENT AND OPERATIONS MANAGER PRIOR TO ANY CHANGES THEY DETERMINE ARE REQUIRED ARE INCORPORATED FINALIZATION. INTO THE FORM PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

ANNUALLY, MPC ASKS BOARD OF GOVERNORS TO FILL OUT A QUESTIONNAIRE, WHICH IS THE QUESTIONNAIRE IS INTENDED TO DISCERN PUT IN EACH BOARD MEMBER'S FILE.

A) WHETHER COMPENSATION ARRANGEMENTS AND BENEFITS ARE REASONABLE, BASED ON Schedule O (Form 990 or 990-EZ) 2020 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

032211 11-20-20

Schedule O (Form 990 or 990·EZ) 2020	Page 2
Name of the organization  METROPOLITAN PLANNING COUNCIL	Employer identification number 36-2382849
COMPETENT SURVEY INFORMATION AND THE RESULT OF ARM'S LENGT	H BARGAINING; B)
WHETHER PARTNERSHIPS, JOINT VENTURES, AND ARRANGEMENTS WIT	'H MANAGEMENT
ORGANIZATIONS CONFORM TO THE ORGANIZATION'S WRITTEN POLICI	ES, ARE PROPERLY
RECORDED, REFLECT REASONABLE INVESTMENT OR PAYEMENTS FOR G	GOODS AND
SERVICES, FURTHER CHARITABLE PURPOSES AND DO NOT RESULT IN	I INUREMENT,
IMPERMISSIBLE PRIVATE BENEFIT OR IN AN EXCESS BENEFIT TRAN	ISACTION.
FORM 990, PART VI, SECTION B, LINE 15:	
THE BOARD CHAIRMAN, TREASURER, AND VICE CHAIRMAN REVIEW AN	ID APPROVE. THEY
LOOK AT COMPARABLE DATA, AND THE BOARD CHAIR NOTIFIES THE	OPERATIONS
MANAGER OF THE SALARY CHANGES AT THE TIME IT OCCURS.	
FORM 990, PART VI, SECTION C, LINE 19:	
METROPOLITAN PLANNING COUNCIL MAKES THEIR GOVERNING DOCUME	ENTS, CONFLICT OF
INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE	E PUBLIC UPON
REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONSULTANTS AND SUBCONTRACTORS:	
PROGRAM SERVICE EXPENSES	1,150,803.
MANAGEMENT AND GENERAL EXPENSES	2,734.
FUNDRAISING EXPENSES	38,487.
TOTAL EXPENSES	1,192,024.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,192,024.
FORM 990, PART IX, LINE 11G	
AS PER THE AUDITED DOCUMENTS, THE CONSULTING AND SUBCONTRA	ACTORS FEES
WERE SPLIT BETWEEN PROGRAM, MANAGEMENT AND GENERAL, AND FU	
032212 11-20-20 Sch	nedule O (Form 990 or 990-EZ) 2020