**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) 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.

OMB No. 1545-0047

Department of the Treasury

A For the 2022 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change METROPOLITAN PLANNING COUNCIL Name change 36-2382849 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 140 S DEARBORN ST 1400 312-922-5616 4,620,648. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return CHICAGO, IL 60603 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: DARLENE O. HIGHTOWER Yes X No for subordinates? 140 S. DEARBORN ST, CHICAGO, IL 60603 **H(b)** Are all subordinates included? Yes Tax-exempt status:  $\mathbf{X}$  501(c)(3) 501(c) ( (insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.METROPLANNING.ORG H(c) Group exemption number K Form of organization: X Corporation Other L Year of formation: 1934 M State of legal domicile: IL Association Part I Summary Briefly describe the organization's mission or most significant activities: FOUNDED IN 1934, Governance METROPOLITAN PLANNING COUNCIL IS A NONPROFIT, NONPARTISAN GROUP OF 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 42 3 Number of voting members of the governing body (Part VI, line 1a) 42 Number of independent voting members of the governing body (Part VI, line 1b) 4 Activities & 30 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h Prior Year **Current Year** 5,492,824 2,814,010. Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) 806,407. 405,647. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 11 3,219,657 6,299,231 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 3,142,770. 2,980,187. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 2,290,005. 2,147,763. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 5,432,<u>775</u>. 5,127,950. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 866,456. -1,908,293. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 20,243,080. 17,473,590. Total assets (Part X, line 16) 438,284. 2,800,581. 21 Total liabilities (Part X, line 26) 三年 804,796. 14,673,009 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign DARLENE O. HIGHTOWER, PRESIDENT Here Type or print name and title Date PTIN Preparer's signature Print/Type preparer's name 11/02/23 self-employed P00629387 JESSICA FREIBURG Paid JESSICA FREIBURG SASSETTI LLC Firm's EIN 36-2239746 Preparer Firm's name Firm's address 2107 SWIFT DRIVE, SUITE 210 Use Only Phone no. (708) 386-1433 OAK BROOK, IL 60523 X Yes

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

Page 2

Pai	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	FOUNDED IN 1934, THE METROPOLITAN PLANNING COUNCIL IS A NONPROFIT,	
	NONPARTISAN GROUP OF BUSINESS AND CIVIC LEADERS COMMITTED TO SERVING	
	THE PUBLIC INTEREST THROUGH THE PROMOTION AND IMPLEMENTATION OF	
	SENSIBLE PLANNING AND DEVELOPMENT POLICIES NECESSARY FOR A WORLD-CLASS	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$3 , 898 , 112	
<del>4</del> a	SINCE 1934, MPC HAS SHAPED A MORE EQUITABLE, SUSTAINABLE AND PROSPEROUS	<del></del> ′
	CHICAGOLAND. AN INDEPENDENT, NONPROFIT, NONPARTISAN ORGANIZATION, MPC	
	SERVES COMMUNITIES AND RESIDENTS BY DEVELOPING, PROMOTING AND	
	IMPLEMENTING SOLUTIONS FOR SOUND REGIONAL GROWTH. IN 2020 MPC FOCUSED	
	ITS PROGRAMMATIC WORK ON WATER RESOURCES INCLUDING WATER AFFORDABILITY	
	SAFE DRINKING WATER, AND FLOODING RELIEF; HOUSING AND COMMUNITY	
	DEVELOPMENT LIKE OUR CORRIDOR DEVELOPMENT INITIATIVE AND GOOD	
	NEIGHBORHOODS RESEARCH, AND OUR TRANSIT INITIATIVES SUCH AS UNIVERSAL	
	MOBILITY WHICH INCREASES ACCESS TO TRANSIT, MAKING IT EQUITABLE AND	
	AFFORDABLE.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	)
4c	(Code:) (Expenses \$	
		— <i>'</i>
4.7	Other are aware and item (Describe on Cabadula O.)	
4d	Other program services (Describe on Schedule O.)	
40	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses 3,898,112.	
4e	Total program service expenses 3,898,112.	(2022)
	Form 930 (	(220)

# Form 990 (2022) METROPOLITAN PLANNING COUNCIL 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)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
3		5		x
6	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III			1
6	· · · · · · · · · · · · · · · · · · ·			x
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		<b> </b> ₩
_	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			37
	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?			l
	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			
	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, VII, 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,			
	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		Х
С	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		Х
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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
14a b	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	170		<del></del>
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		X
15	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		1
15		45		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16		4.0		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,			<sub>V</sub>
46	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	_	37	
	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,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

Form	1 990 (2022) METROPOLITAN PLANNING COUNCIL 36-238	<u> 32849</u>	Р	age 4
Pai	rt 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		
С	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		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	. 25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	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		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"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		X
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			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			
	Part V, line 1	. 34		X
35 a	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 on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O  **T V Statements Regarding Other IRS Filings and Tax Compliance	. 38	X	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		ᄓ
	1 1		Yes	No
1a		23		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

232004 12-13-22

Form **990** (2022)

(gambling) winnings to prize winners?

022) METROPOLITAN PLANNING COUNCIL

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

		_		Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,										
	filed for the calendar year ending with or within the year covered by this return	30									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		<b>2</b> b	Х							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		Х						
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b								
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority ov										
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		Х						
b	If "Yes," enter the name of the foreign country										
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FE	BAR).									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	Γ	5b		Х						
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c								
	6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit										
	any contributions that were not tax deductible as charitable contributions?		6a		Х						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts										
	were not tax deductible?		6b								
7	Organizations that may receive deductible contributions under section 170(c).										
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provide	ed to the payor?	7a	Х							
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Х							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required		7c		х						
_	to file Form 8282?										
d	• • • • • • • • • • • • • • • • • • • •		7e		Х						
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?      Did the organization during the year pay premiume directly or indirectly on a personal benefit contract?										
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?										
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 6099 as		7g 7h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	01111 1090-01	<b>,</b>								
Ū	sponsoring organization have excess business holdings at any time during the year?										
9											
а											
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	Γ	9b								
10	Section 501(c)(7) organizations. Enter:										
а	Initiation fees and capital contributions included on Part VIII, line 12										
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities										
11	Section 501(c)(12) organizations. Enter:										
а	Gross income from members or shareholders 11a										
b	Gross income from other sources. (Do not net amounts due or paid to other sources against										
	amounts due or received from them.)										
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	L	12a								
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year										
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-									
а	Is the organization licensed to issue qualified health plans in more than one state?		13a								
_	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.										
b	Enter the amount of reserves the organization is required to maintain by the states in which the										
_	organization is licensed to issue qualified health plans  Seter the amount of recovers on hand										
	Enter the amount of reserves on hand		11-		X						
14a	Did the organization receive any payments for indoor tanning services during the tax year?	·····	14a 14b								
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		ואט								
13	excess parachute payment(s) during the year?		15		х						
	If "Yes," see the instructions and file Form 4720, Schedule N.		.5								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		16		Х						
	If "Yes," complete Form 4720, Schedule O.										
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities										
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17								
	If "Yes," complete Form 6069.										

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.

	to mile da, do, di 100 bilon, decembe tilo directinatariose, processes, di dilanges di contende c. coc metroctione.			
	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			
	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 1b 42			
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		Х
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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
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		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	<u> </u>		
-	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
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			
Ū	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.)			
	(This Section B requests information about policies not required by the internal nevenue code.)		Yes	No
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 filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12.0		
Ū		12c	х	
13	on Schedule O how this was done  Did the organization have a written whistleblower policy?	13	X	
14		14	X	
15	Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent			
13	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_	The organization's CEO, Executive Director, or top management official	15a	х	
	Other officers or key employees of the organization	15b	X	
D	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	130	-2	
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
iva		16a		Х
h	taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	10a		
b	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	100		
17	List the states with which a copy of this Form 990 is required to be filed			
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	Oply	availak	
10	for public inspection. Indicate how you made these available. Check all that apply.	Orny)	avallal	JIC
10	(**************************************	finan	oial	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	man	ıdı	
20	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 GREG GURLEY - 312-863-6028			
	140 S. DEARBORN ST, SUITE 1400, CHICAGO, IL 60603			
	140 D. DEANDONN DI, BUILE 1400, CHICAGO, II 00000		200	

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

(A)  Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from	(E)  Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) DARLENE O. HIGHTOWER PRESIDENT & CEO	40.00			Х				301,132.	0.	39,890.
(2) KENDRA FREEMAN	40.00			^				301,132.	0.	39,090.
VP OF PROGRAMS & STRATEGIC IMPACT	40.00	1			Х			166,315.	0.	21,076.
(3) AUDREY WENNINK	40.00							100,313.	0.	21,070.
DIRECTOR OF TRANSPORTATION	40.00	1				x		134,995.	0.	49,062.
(4) CHRISTINA HARRIS	40.00							131/3331	•	13 / 0 0 2 1
SENIOR DIRECTOR	1000	1				x		122,345.	0.	23,857.
(5) DAN COOPER	40.00									
DIRECTOR OF RESEARCH		1				x		107,733.	0.	26,015.
(6) ANDREW WILLIAMS CLARK	40.00							•		,
DIRECTOR OF EQUITABLE & SUSTAINABLE						Х		119,189.	0.	2,708.
(7) PAUL C. CARLISLE	8.00									
CHAIR		Х		Х				0.	0.	0.
(8) KYLE BARNETT	5.00									
VICE CHAIR-DEVELOPMENT		Х		Х				0.	0.	0.
(9) ELLEN CARNAHAN	5.00									
VICE CHAIR-DEVELOPMENT		Х		Х				0.	0.	0.
(10) RAMIRO J ATRISTAIN-CARRION	8.00									
TREASURER		Х		Х				0.	0.	0.
(11) DAVID WILLIAMS	8.00									
GENERAL COUNSEL		Х						0.	0.	0.
(12) MELISSA Y. WASHINGTON	5.00	]							_	_
IMMEDIATE PAST CHAIR		Х						0.	0.	0.
(13) ERICA MARQUEZ AVITIA	5.00	ļ								
BOARD MEMBER		Х						0.	0.	0.
(14) CAROL ROSS BARNEY	5.00	ļ								
BOARD MEMBER		Х						0.	0.	0.
(15) MEENA BEYERS	5.00	ļ							•	•
BOARD MEMBER	F 00	Х				_		0.	0.	0.
(16) CIERE BOATRIGHT	5.00	٠,,								•
BOARD MEMBER	F 00	Х				-		0.	0.	0.
(17) MATTHEW BREWER	5.00	₩.							0.	^
BOARD MEMBER		X		<u> </u>				0.	0.	0 <b>.</b>

232007 12-13-22 Form **990** (2022)

Form 990 (2022) METROPOLITAN PLANNING COUNCIL 36-2382849										Pa	age 8	
Part VII   Section A. Officers, Directors, Trus	stees, Key Emp	oloy	ees,	and	l Hig	ghes	t Co	ompensated Employee	s (continued)			
(A)	(B)			•	<b>C</b> )			(D)	(E)		(F)	
Name and title	Average hours per week	box	not cl	heck ss pe	osition eck more than one person is both an a director/trustee)			Reportable compensation from	Reportable compensation from related	_	stimate mount o other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	f orç ar	npensa from the ganizati nd relate ganizatio	e ion ed
(18) TODD BROWN	5.00											
BOARD MEMBER		Х						0.	0	•		<u>0.</u>
(19) CHRISTOPHER B. BURKE BOARD MEMBER	5.00	Х						0.	0			0.
(20) EILEEN CHIN	5.00											
BOARD MEMBER		Х						0.	0			0.
(21) LESTER CROWN	5.00											
BOARD MEMBER		Х						0.	0	.		0.
(22) ZENA DIGGS	5.00											
BOARD MEMBER		Х						0.	0			0.
(23) POLLY ELDRINGHOFF	5.00											
BOARD MEMBER		Х						0.	0	•		0.
(24) NEDRA SIMS FEARS	5.00							_	_			
BOARD MEMBER		Х						0.	0	•		0.
(25) MANUEL FLORES	5.00								_			•
BOARD MEMBER	F 00	Х						0.	0	•		0.
(26) ALEJANDRA GARZA	5.00								_			_
BOARD MEMBER		X						0.	0		2 6	0.
1b Subtotal								951,709.	0		2,60	
c Total from continuation sheets to Part V								0.	0		2 (	0.
d Total (add lines 1b and 1c)								951,709.	0	•   T 0	2,60	08.
2 Total number of individuals (including but	not limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable			6
compensation from the organization											Yes	No
2 Did the organization list any former office	director tructo	00 k	·0\/ 0	mnl	01/0	0 Or	hial	hast companyated amp	lovos on		162	140
3 Did the organization list any <b>former</b> officer			•		•		_	•	•	3		х
line 1a? If "Yes," complete Schedule J for 4  For any individual listed on line 1a, is the s										3		
and related organizations greater than \$15										4	х	
5 Did any person listed on line 1a receive or												

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

#### **Section B. Independent Contractors**

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

Name	(A) e and business address	NONE	(B) Description of services	(C) Compensation
2 Total number of independent				

Form 990 METROPOL	ITAN PLA								36-238	
Part VII Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee	s, ar	nd H	lighe	est (	Compensated Employe	es (continued)	
(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average			Posi				Reportable	Reportable	Estimated
	hours	(c	heck	all t	that	арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_				yee		the	organizations	compensation
	(list any	or director				em plc		organization	(W-2/1099-MISC)	from the
	hours for	ordi	99			sated		(W-2/1099-MISC)		organization
	related organizations	ustee.	trust		99	n pen s				and related organizations
	below	dual t	rtiona	L	nploy	stcor	16			Organizations
	line)	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) JANET R. GONZALEZ TUDOR	5.00									
BOARD MEMBER		х						0.	0.	0.
(28) LINDA GOODMAN	5.00									
BOARD MEMBER		Х						0.	0.	0.
(29) LARITZA LOPEZ	5.00									
BOARD MEMBER		Х						0.	0.	0.
(30) BERNARD LOYD	5.00								•	•
BOARD MEMBER		х						0.	0.	0.
(31) MARY LUDGIN	5.00									
BOARD MEMBER		Х						0.	0.	0.
(32) JAMES MANN	5.00								-	-
BOARD MEMBER		Х						0.	0.	0.
(33) DAVID MOOK	5.00									
BOARD MEMBER		Х						0.	0.	0.
(34) DARYL NEWELL	5.00									
BOARD MEMBER		Х						0.	0.	0.
(35) JIM O'LEARY	5.00									
BOARD MEMBER		Х						0.	0.	0.
(36) SAMEER PATEL	5.00									
BOARD MEMBER		Х						0.	0.	0.
(37) FRANK PELLICORI	5.00									
BOARD MEMBER		Х						0.	0.	0.
(38) JULIAN POSADA	8.00								-	-
BOARD MEMBER		Х						0.	0.	0.
(39) ELLE RAMEL	5.00									
BOARD MEMBER		Х						0.	0.	0.
(40) GEORGE A. RANNEY, JR.	5.00									
BOARD MEMBER		Х						0.	0.	0.
(41) MATTHEW R. REILEIN	5.00									
BOARD MEMBER		Х						0.	0.	0.
(42) ROBERT G. REITER, JR.	5.00									
BOARD MEMBER		Х						0.	0.	0.
(43) ALANA WARD ROBINSON	5.00									
BOARD MEMBER		Х						0.	0.	0.
(44) UNMI SONG	5.00									
BOARD MEMBER		Х	L			L_	L	0.	0.	0.
(45) BRUCE TAYLOR	5.00									
BOARD MEMBER		Х					L	0.	0.	0.
(46) MICHAEL THOMAS	5.00									
		Х	ı	1	i l	ı	1	0.	0.	0.

Form 990 METROPOLI	TAN PLA	71/17	ITI	G	CO	NU	CT	Ь	36-238	2849
Form 990 METROPOL I  Part VII Section A. Officers, Directors, Tru	stees, Key En	nplo	yee	s, aı	nd H	lighe	est (	Compensated Employ	ees (continued)	
(A) Name and title	<b>(B)</b> Average hours	(cl	heck	Pos	C) ition that		ly)	<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
47) JESSICA DROSTE YAGAN	5.00									•
OARD MEMBER		X						0.	0.	0

			Check if Schedule O contains a	response o	or note to any lin	e in this Part VIII			
					,	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
SS	1	_	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts				1b					
ij g			Membership dues	1c	616,274.				
fts, Ar			Fundraising events		010,274.				
ig ig			Related organizations	1d	123,262.				
ns, Sim			Government grants (contributions)	1e	123,202.				
utio er (		t	All other contributions, gifts, grants, and	I I	0 074 474				
듗됨			similar amounts not included above	1f	2,074,474.				
ont od (		_	Noncash contributions included in lines 1a-1f	1g  \$		0.011.010			
<u>0 g</u>		h	Total. Add lines 1a-1f			2,814,010.			
					Business Code				
e S	2	а							
e Ķ		b							
S		С							
am		d							
Program Service Revenue		е							
Ā		f	All other program service revenue						
		g	Total. Add lines 2a-2f						
	3		Investment income (including divider						
			· · · · · · · · · · · · · · · · · · ·			323,801.			323,801.
	4		Income from investment of tax-exem			,			
	5		Royalties	-					
	·		(i	) Real	(ii) Personal				
	6	•	Gross rents6a	,	( )				
			I						
			Rental income or (loss) 6c						
			· · · · · · · · · · · · · · · · · · ·	ecurities	(ii) Other				
	′	а	CIT COST CITT COST COST CITT COST CI		(ii) Other				
		_	, <u></u>	330,381.					
		b	Less: cost or other basis	.40 525					
her Revenue				248,535.					
ě.			Sidaii 51 (1555)	81,846.					
å			Net gain or (loss)			81,846.			81,846.
her	8	а	Gross income from fundraising events (r						
ᅙ			including \$ 616,274.	of					
			contributions reported on line 1c). Se	ee					
			Part IV, line 18	8a	152,456.				
		b	Less: direct expenses	8b	152,456.				
		С	Net income or (loss) from fundraising	g event <u>s</u>		0.			
	9	а	Gross income from gaming activities	s. See					
			Part IV, line 19	9a					
		b	Less: direct expenses	9b					
		С	Net income or (loss) from gaming ac	tivities					
			Gross sales of inventory, less returns						
			and allowances	10a					
		b	Less: cost of goods sold						
			Net income or (loss) from sales of inv						
					Business Code				
sno	11	а							
Miscellaneous Revenue	• •	b							
er Ver		C							
Sce			All other revenue						
Ξ									
	10		Total revenue See instructions			3,219,657.	0.	0.	405,647.
	12		<b>Total revenue.</b> See instructions			5,215,057.	٠.	, ,,	=00,0=/.

232009 12-13-22

# Form 990 (2022) METROPOLITAN PLANNING COUNCIL Part IX Statement of Functional Expenses

Secti	ion 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	er organizations must con	anlete column (A)	
00011	Check if Schedule O contains a response				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) 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,				
	trustees, and key employees	276,132.	196,908.	45,706.	33,518.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,149,929.	1,533,102.	355,864.	260,963.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	57,218.	41,110.	9,182.	6,926.
9	Other employee benefits	313,578.	225,299.	50,321.	37,958.
10	Payroll taxes	183,330.	131,718.	29,420.	22,192.
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	53,918.	51,437.	2,481.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	81,024.		81,024.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	1,268,286.	1,155,563.	55,726.	56,997.
12	Advertising and promotion			1 - 1 - 1	
13	Office expenses	180,785.	150,306.	17,174.	13,305.
14	Information technology				
15	Royalties	22111			
16	Occupancy	384,117.	276,564.	61,459.	46,094.
17	Travel	17,778.	17,693.	35.	50.
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	CE 224	45 004	10 100	E 045
22	Depreciation, depletion, and amortization	65,391.	47,081.	10,463.	7,847.
23	Insurance	37,248.	26,819.	5,959.	4,470.
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 O.)				
а	OTHER DIRECT PROJECT CO	23,773.	18,993.	1,784.	2,996.
b	PROFESSIONAL DEVELOPMEN	22,110.	15,919.	3,538.	2,653.
c	EQUIPMENT COSTS	13,333.	9,600.	2,133.	1,600.
d		-	•		•
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	5,127,950.	3,898,112.	732,269.	497,569.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					000

Pai	rt X	Balance Sneet					
		Check if Schedule O contains a response or note	to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			2,758,847.	2	1,142,662 527,561
	3	Pledges and grants receivable, net			1,328,900.	3	527,561
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa					
		controlled entity or family member of any of these	e perso	ons		5	
	6	Loans and other receivables from other disqualifi	ed per	sons (as defined			
		under section 4958(f)(1)), and persons described	in sec	tion 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	2,367,394
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			62,099.	9	82,921
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		747,556.			
	b	Less: accumulated depreciation		385,741.	419,664.	10c	361,815
	11	Investments - publicly traded securities		15,673,570.	11	12,991,237	
	12	Investments - other securities. See Part IV, line 1	1			12	
	13	Investments - program-related. See Part IV, line 1	1			13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equa			20,243,080.	16	17,473,590
	17	Accounts payable and accrued expenses		235,467.		223,128	
	18	Grants payable	222 245	18			
	19	Deferred revenue		202,817.	19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
es	22	Loans and other payables to any current or former					
≅		trustee, key employee, creator or founder, substa					
Liabilities		controlled entity or family member of any of these				22	
_	23	Secured mortgages and notes payable to unrelate				23	0 577 450
	24	Unsecured notes and loans payable to unrelated				24	2,577,453
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24)	. Complete Part X			
		of Schedule D			120 201	25	2 000 501
	26		· · ·		438,284.	26	2,800,581
S		Organizations that follow FASB ASC 958, chec	ck her	e X			
JCe		and complete lines 27, 28, 32, and 33.			10 /15 110		0 222 751
alaı	27				12,415,118. 7,389,678.	27	9,233,751, 5,439,258,
Ö	28	Net assets with donor restrictions			1,303,010.	28	5,439,230
Ĕ		Organizations that do not follow FASB ASC 95	os, cne	eck nere			
P.		and complete lines 29 through 33.					
ţ	29	Capital stock or trust principal, or current funds				29	
SSE	30	Paid-in or capital surplus, or land, building, or eq				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc			10 201 706	31	14 672 000
ž	32	Total net assets or fund balances			19,804,796.	32	14,673,009
	33	Total liabilities and net assets/fund balances			20,243,080.	33	17,473,590

Par	T XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>, 21</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,12 ,90		
3	3 Revenue less expenses. Subtract line 2 from line 1					
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		,80		
5	Net unrealized gains (losses) on investments	5	-3	, 22	3,4	94.
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	14	,67	3,0	09.
Pai	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	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 on Schedule	Ο.				
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					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?			2b	X	
	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					
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?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	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					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
				Form	990	(2022)

232012 12-13-22

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

## **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.

2022

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number 36 – 2382849

				LANNING COUNG				3	6-2382849
Pa	rt I	Reason for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction:	S.	
The	organ	ization is not a private found							
1		A church, convention of ch	urches, or associatio	n of churches described	in <b>sectio</b>	n 170(b)(1	I)(A)(i).		
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)							
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
4		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:						. ,	
5		An organization operated for	or the benefit of a co	lege or university owned	or operat	ed by a go	vernmental ur	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	lly receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from th	e general <sub>l</sub>	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Part	t II.)				
9		An agricultural research org	anization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	inction with a	land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	e or
		university:							
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membershi	p fees, an	d gross receipts from
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	support f	rom gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	after June 30, 1975.
		See section 509(a)(2). (Con	mplete Part III.)						
11	Ш	An organization organized a	and operated exclusi	vely to test for public sat	ety. See	section 50	)9(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to car	ry out the	purposes of one or
		more publicly supported or	ganizations describe	d in <b>section 509(a)(1)</b> o	r section	509(a)(2).	See <b>section 5</b>	09(a)(3). (	Check the box on
		lines 12a through 12d that	describes the type o	f supporting organizatior	and com	plete lines	12e, 12f, and	12g.	
а			· · · · · · · · · · · · · · · · · · ·		•	_			
		the supported organization			majority o	of the direc	tors or trustee	s of the su	upporting
		organization. You must o	-						
b			•				-		-
		control or management o			ame perso	ns that co	ntrol or manag	e the sup	oorted
		organization(s). You mus							1 20
С		☐ Type III functionally inte						y integrate	ed with,
		its supported organization		·					
d								-	* *
		that is not functionally int requirement (see instructi	-	•	-		-	an allenin	veness
е		Check this box if the orga	•	-				I Type III	
·		functionally integrated, or					Type I, Type I	i, Type iii	
f	Ente	er the number of supported of			ig organiz	ation.			
		vide the following information		d organization(s).					
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of	monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)
				,					
_					<u> </u>	<u> </u>			
Tota	al								

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

(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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	5762039.	4697057.	4115402.	5492824.	2814010.	22881332.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	5762039.	4697057.	4115402.	5492824.	2814010.	22881332.
5	The portion of total contributions						
	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,						
	column (f)						1131696.
6	Public support. Subtract line 5 from line 4.						21749636.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	5762039.	4697057.	4115402.	5492824.	2814010.	22881332.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	352,316.	314,111.	366,766.	320,070.	323,801.	1677064.
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						24558396.
	Gross receipts from related activities,	etc. (see instruction	ns)			12	
	First 5 years. If the Form 990 is for the	•	,				
	organization, check this box and stop	-		•			
Sec	ction C. Computation of Publi						
	Public support percentage for 2022 (I			olumn (f))		14	88.56 %
	Public support percentage from 2021					15	89.65 %
	33 1/3% support test - 2022. If the o					ore, check this bo	x and
	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the o						
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	_					
	meets the facts-and-circumstances te			-			
r	10% -facts-and-circumstances test	-	•	• • •	-		
	more, and if the organization meets the	_					. 5,0 0.
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization						g
10	Trivate roundation. If the organization	and not oneon a l	557 OIT III 16 10, 10a	4, 100, 17a, 01 17b	, or look trilo box at		(Form 990) 2022

### 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.)

Sed	ction A. Public Support	siow, picase comp	oicte i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
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 the organization without charge						
6	Total. Add lines 1 through 5						
	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						
8	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(a) 2010	(6) 2019	(6) 2020	(4) 2021	(6) 2022	(i) iotai
	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						
	Net income from unrelated business activities not included on 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 the	J		,	•	( ) ( )	· —
	check this box and stop here						
	ction C. Computation of Publi					<del> </del>	
	Public support percentage for 2022 (li	, ,,,	•	column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves			. 10 1 (0)		14-1	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	% 7 in
198	33 1/3% support tests - 2022. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	<b>top here.</b> The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

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### Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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

- 1 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?
- 6 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on 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 on 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
1		
2		
За		
- Gu		
3b		
36		
20		
3c		
4-		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
8		
0-		
9a		
01-		
9b		
9c		
10a		
10b		

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Par	t IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	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 of			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officer	s,		
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supporte	d		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	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,			
01	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	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			
Soot	the supported organization(s). tion D. All Type III Supporting Organizations	1		
Seci	non D. All Type III Supporting Organizations			
			Yes	No
	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	4		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	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		
	By reason of the relationship described on 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 <b>Part VI</b> the role the organization's	2		
Sect	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ione)		
a	The organization satisfied the Activities Test. Complete line 2 below.	10110).		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (s	ee instruction	16)	
2	Activities Test. Answer lines 2a and 2b below.	ce manachem	Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	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 on 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			
	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		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 232025 12-09-22 Schedule A (Form 990) 2022

3b

	dule A (Form 990) 2022 METROPOLITAN PLANNING CO			36-2382849 Page 6
Par	, , , , , , , , , , , , , , , , , , ,			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust on	n Nov. 20, 1970 ( <i>explain</i>	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must c	omplete	e Sections A through E.	
Secti	on 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		
Secti	on 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		
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		

Schedule A (Form 990) 2022

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

4 5

Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

emergency temporary reduction (see instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

Pai	rt V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations <sub>(continu</sub>	ued)	<u> </u>
Sect	ion D - Distributions				Current Year
_1_	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	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	<b>i</b>	3	
_4	Amounts paid to acquire exempt-use assets			4	
_5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
_6	Other distributions (describe in Part VI). See instructions.			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 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	าร	(iii) Distributable Amount for 2022
_1_	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
_3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i_	Carryover from 2017 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D, line 7:				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in <b>Part VI.</b> See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
_8_	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
<u>e</u>	Excess from 2022				h a dula A (Farma 000) 0000

Schedule A (Form 990) 2022

#### SCHEDULE C (Form 990)

**Political Campaign and Lobbying Activities** For Organizations Exempt From Income Tax Under section 501(c) and section 527 OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

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.		1	
Nan	ne of organization			Em	ployer identification number
_	METROPO	LITAN PLANNING C	OUNCIL		36-2382849
Pa	art I-A Complete if the org	anization is exempt und	ler section 501(c)	or is a section 527 o	rganization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures			
Pa	art I-B Complete if the org	anization is exempt und	ler section 501(c)(	3).	
	Enter the amount of any excise tax			-	\$
2	Enter the amount of any excise tax	incurred by organization manag	ers under section 4955		\$
3	If the organization incurred a sectio	n 4955 tax, did it file Form 4720	for this year?		Yes No
4a	Was a correction made?				Yes No
<u>k</u>	If "Yes," describe in Part IV.			=0.11	1/01
Pa	art I-C Complete if the org	anization is exempt und	ler section 501(c),	except section 501(	c)(3).
	Enter the amount directly expended	, ,	·	***************************************	\$
2	Enter the amount of the filing organ		-		
_	exempt function activities				\$
3	Total exempt function expenditures			•	•
	line 17b				
4 5	Did the filing organization file <b>Form</b> Enter the names, addresses and en				
3	made payments. For each organiza	• •	•		
	contributions received that were pro	·			•
	political action committee (PAC). If	additional space is needed, pro	vide information in Part	IV.	
	<b>(a)</b> Name	<b>(b)</b> Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	contributions received and

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

Schedule C (Form 990) 2022

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Part II-A   Complete if the org			n PLANNING			ection under
section 501(h)).	,	10 0/101	p. aa		a	
A Check if the filing organiza	ation belong	gs to an affi	liated group (and list ir	Part IV each affiliated	group member's nam	ne, address, EIN,
expenses, and sha	re of exces	s lobbying (	expenditures).			
B Check if the filing organiza	ation check	ed box A a	nd "limited control" pro	ovisions apply.		
	its on Lobb ditures" m		nditures ınts paid or incurred.]	)	<b>(a)</b> Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	uence publ	ic opinion (	grassroots lobbying)			
<b>b</b> Total lobbying expenditures to influ	uence a leg	islative boo	dy (direct lobbying)			
c Total lobbying expenditures (add li	ines 1a and	1b)				
<b>d</b> Other exempt purpose expenditure						
e Total exempt purpose expenditure			Λ.			
f Lobbying nontaxable amount. Enter	er the amou	unt from the				
If the amount on line 1e, column (a) o	or (b) is:	The lob	bying nontaxable am	ount is:		
Not over \$500,000		20% of	the amount on line 1e.			
Over \$500,000 but not over \$1,000	0,000	\$100,00	00 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5	500,000	\$175,00	00 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17	,000,000	\$225,00	00 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000		\$1,000,	000.			
g Grassroots nontaxable amount (er	nter 25% of	line 1f)				
h Subtract line 1g from line 1a. If zer	o or less, e	nter -0				
i Subtract line 1f from line 1c. If zero	o or less, er	nter -0				
j If there is an amount other than ze	ro on eithe	r line 1h or	line 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for this	year?					Yes No
			eraging Period Under	• •		
(Some organizations t			01(h) election do not ate instructions for li		f the five columns b	elow.
			nditures During 4-Ye			
Calendar year (or fiscal year beginning in)	(a) 2	2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount						
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))						
c Total lobbying expenditures						
<b>d</b> Grassroots nontaxable amount						
e Grassroots ceiling amount						
(150% of line 2d, column (e))						
f Grassroots lobbying expenditures						

Schedule C (Form 990) 2022

## Schedule C (Form 990) 2022 METROPOLITAN PLANNING COUNCIL 36-23828 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	Yes No Amour			o)
	e lobbying activity.				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:				
а	Volunteers?		<u> </u>		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X X X		
	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?		X		
q	Grants to other organizations for lobbying purposes?  Direct contact with legislators, their staffs, government officials, or a legislative body?		X		
_	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
ï	Other activities?	х		45	5,000.
i	Total. Add lines 1c through 1i				5,000.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х		,
	If "Yes," enter the amount of any tax incurred under section 4912				
	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?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5	5), or sec	tion	
	501(c)(6).				T
				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?				
Dar	Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section			tion	
Fai	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered		•		3 ie
	answered "Yes."	110 011	(b) i di i i	A,c	0, 10
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year				
С	Total				
3	4				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and productible productible lobbying and productible	olitical			
	expenditures next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions		5		
Par					
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-	A, lines 1 a	nd 2 (See	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.				
PAI	RT II-B, LINE 1, LOBBYING ACTIVITIES:				
T 0T	DOUTHO WAS CONDICIONED BY A COVERNMENT AREATRS FIRM HI	מם חשם	, with		
гог	BBYING WAS CONDUCTED BY A GOVERNMENT AFFAIRS FIRM HI	KED BI	Inc		
ORC	SANIZATION FOR TRANSPORTATION, HOUSING, AND NATURAL	RESOUR	CE PO	r.TCV	
OK	MATURAL TON TON INAMEDIONIALION, HOUSING, AND NATURAL	THOUSE	CE FU.	<u> </u>	
IN	CHICAGO.				

Schedule C (Form 990) 2022

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization

METROPOLITAN PLANNING COUNCIL

**Employer identification number** 36-2382849

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Similar Funds	or Accounts	<ul> <li>Complete if th</li> </ul>	е
	organization disenses to our our coo, raintry, mis	(a) Donor advi	sed funds	(b) Funds	and other accou	nts
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					
5	Did the organization inform all donors and donor advisors in w	vriting that the assets I	neld in donor advise	ed funds		
	are the organization's property, subject to the organization's e	exclusive legal control	>		Yes	☐ No
6	Did the organization inform all grantees, donors, and donor ac					
	for charitable purposes and not for the benefit of the donor or					
	impermissible private benefit?				Yes	☐ No
Pai	rt II Conservation Easements. Complete if the org					
1	Purpose(s) of conservation easements held by the organizatio	n (check all that apply	).			
	Preservation of land for public use (for example, recreat	ion or education)	Preservation of	a historically imp	oortant land area	
	Protection of natural habitat		Preservation of	a certified histor	ic structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contr	bution in the form	of a conservation	easement on th	e last
	day of the tax year.			He	ld at the End of th	e Tax Year
а	Total number of conservation easements			2a		
b						
С	Number of conservation easements on a certified historic stru	cture included in (a)		2c		
d	Number of conservation easements included in (c) acquired at	fter July 25,2006, and	not on a			
	historic structure listed in the National Register			2d		
3	Number of conservation easements modified, transferred, rele				ing the tax	
	year					
4	Number of states where property subject to conservation ease	ement is located				
5	Does the organization have a written policy regarding the period	odic monitoring, inspe	ction, handling of			
	violations, and enforcement of the conservation easements it	holds?			Yes	☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations,	and enforcing cons	ervation easeme	nts during the ye	ear
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and	enforcing conservat	ion easements d	uring the year	
8	Does each conservation easement reported on line 2(d) above	, ,	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	and section 170(h)(4)(B)(ii)?				Yes	No
9	In Part XIII, describe how the organization reports conservation	n easements in its rev	enue and expense	statement and		
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization	's financial stateme	ents that describe	es the	
Da	organization's accounting for conservation easements.	Aut Historical To		O::I A		
Pal	organizations Maintaining Collections of		easures, or Ot	ner Similar A	ssets.	
	Complete if the organization answered "Yes" on Form					
1a	If the organization elected, as permitted under FASB ASC 958	'				
	of art, historical treasures, or other similar assets held for publ			· ·	lic	
	service, provide in Part XIII the text of the footnote to its finance					
b	, ,					
	art, historical treasures, or other similar assets held for public	exhibition, education,	or research in furth	erance of public	service,	
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1					
				\$_		
2	If the organization received or held works of art, historical trea			gain, provide		
	the following amounts required to be reported under FASB AS					
	, , , , , , , , , , , , , , , , , , , ,					
	Assets included in Form 990, Part X					
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Sc	hedule D (Form	990) 2022

232051 09-01-22

a COLO a COLO b CC 4 Process 5 Ducto Part IV  1a Is to on b If "  c Be d Add e Distore f En 2a Diot b If "  Part V	sing the organization's acquisition, accessing the organization's acquisition, accessing lection items (check all that apply):  Public exhibition  Scholarly research  Preservation for future generations ovide a description of the organization's couring the year, did the organization solicition be sold to raise funds rather than to be more than the transfer than to be more than the transfer transfer than the transfer transfer than the transfer transfer transfer than the transfer transf	on, and other records  d e collections and explain or receive donations of aintained as part of the gements. Comple or X, line 21. ian or other intermedi	Loan or excl Other how they further the fart, historical treas	hange progra ee organizatio sures, or othe	make sign m n's exemp r similar as	ificant use c t purpose in sets	of its Part XIII	'es	ued)	No
a COLO a COLO b CC 4 Process 5 Ducto Part IV  1a Is to on b If "  c Be d Add e Distore f En 2a Diot b If "  Part V	llection items (check all that apply):  Public exhibition  Scholarly research  Preservation for future generations ovide a description of the organization's curing the year, did the organization solicit of the sold to raise funds rather than to be meaning to be sold to raise funds rather than to be meaning to be sold to raise funds rather than to be meaning to be sold to raise funds rather than to be meaning to be sold to raise funds rather than to be meaning the sold to raise funds rather than to be meaning the sold to raise funds rather than to be meaning the sold to raise funds rather than to be meaning the sold to raise funds rather than to be meaning the sold to raise funds rather than to be meaning the sold to raise funds rather than to be meaning the sold to raise funds rather than to be meaning the sold to raise funds rather than to be meaning the sold to raise funds rather than to be meaning the sold to raise funds rather than to be meaning the sold to raise funds rather than to be meaning the sold to raise funds rather than to be meaning the sold to raise funds rather than to be meaning the sold to raise funds rather than to be meaning the sold to raise funds rather than to be meaning than the sold to raise funds rather than to be meaning the sold to raise funds rather than to be meaning the sold to raise funds rather than to be meaning than the sold to raise funds rather than the sold than the so	d e collections and explain or receive donations of aintained as part of th gements. Comple ort X, line 21. ian or other intermedi	Loan or excl Other how they further the fart, historical trease organization's colete if the organization	hange progra  e organizatio sures, or othe	m n's exemp	t purpose in sets	Part XIII	'es		No
a	Public exhibition  Scholarly research  Preservation for future generations ovide a description of the organization's couring the year, did the organization solicit of the sold to raise funds rather than to be more than to be more than a mount on Form 990, Part the organization an agent, trustee, custod Form 990, Part X?  Yes," explain the arrangement in Part XIII	e collections and explain or receive donations of aintained as part of th gements. Comple ort X, line 21. an or other intermedi	Other I how they further the fart, historical trease organization's colute if the organization	ne organizatio sures, or othe llection?	n's exemp	sets	Y	'es		No
b C C C C C C C C C C C C C C C C C C C	Scholarly research Preservation for future generations ovide a description of the organization's couring the year, did the organization solicit of the sold to raise funds rather than to be more reported an amount on Form 990, Pathe organization an agent, trustee, custod Form 990, Part X?  'Yes," explain the arrangement in Part XIII	e collections and explain or receive donations of aintained as part of th gements. Comple ort X, line 21. an or other intermedi	Other I how they further the fart, historical trease organization's colute if the organization	ne organizatio sures, or othe llection?	n's exemp	sets	Y	'es		No
c C L to to Table 1 to	Preservation for future generations ovide a description of the organization's curing the year, did the organization solicit of be sold to raise funds rather than to be more reported an amount on Form 990, Pathe organization an agent, trustee, custod Form 990, Part X?  "Yes," explain the arrangement in Part XIII	ollections and explain or receive donations of aintained as part of the gements. Completert X, line 21.	how they further the fart, historical treas the organization's colute if the organization	e organizationsures, or othe	similar as	sets	Y	'es		No
4 Pro 5 Du to Part IV  1a Is1 on b If "  c Be d Ad e Dis f En 2a Dic b If "  Part V	ovide a description of the organization's couring the year, did the organization solicit of be sold to raise funds rather than to be more than the arrangement of the truncation of	or receive donations of aintained as part of the gements. Comple rt X, line 21. ian or other intermedi	of art, historical treas ne organization's col ete if the organization	sures, or othe	similar as	sets	Y	'es		No
Part IV  1a Is to on b If "  c Be d Add e Dis f En 2a Did b If "  Part V	ring the year, did the organization solicit of be sold to raise funds rather than to be moved.  Escrow and Custodial Arran reported an amount on Form 990, Pathe organization an agent, trustee, custod Form 990, Part X?  Yes," explain the arrangement in Part XIII	or receive donations of aintained as part of the gements. Comple rt X, line 21. ian or other intermedi	of art, historical treas ne organization's col ete if the organization	sures, or othe	similar as	sets	Y	'es		No
to Part IV  1a Is to on b If "  c Be d Add e Dis f En 2a Did b If "  Part V	be sold to raise funds rather than to be moved.  Escrow and Custodial Arran reported an amount on Form 990, Pathe organization an agent, trustee, custod Form 990, Part X?  Yes," explain the arrangement in Part XIII	aintained as part of the gements. Comple rt X, line 21. ian or other intermedi	ne organization's col	llection?						No
1a Is i on b If "  c Be d Ad e Dis f En 2a Did b If "	reported an amount on Form 990, Pathe organization an agent, trustee, custod Form 990, Part X?  Yes," explain the arrangement in Part XIII	gements. Complert X, line 21.	ete if the organization							INO
1a Is to on b If "  c Be d Ad e Distortion of En 2a Dict b If "	reported an amount on Form 990, Pathe organization an agent, trustee, custod Form 990, Part X?  'Yes," explain the arrangement in Part XIII	rt X, line 21. ian or other intermedi		iii answered	ies oiiic	Jiiii 330, i a	it iv, iii ie	3, 01		
on b If " c Be d Ad e Dis f En 2a Dic b If "	the organization an agent, trustee, custod Form 990, Part X? 'Yes," explain the arrangement in Part XIII	ian or other intermedi	ary for contributions							
on b If " c Be d Ad e Dis f En 2a Dic b If "	Form 990, Part X? 'Yes," explain the arrangement in Part XIII			or other acc	ate not inc	luded				
c Be d Ad e Dis f En 2a Dic b If "	'Yes," explain the arrangement in Part XIII							'es		No
c Be d Ad e Dis f En 2a Dic b If "		and complete the fall					. L. '	63		NO
d Ad e Dis f En 2a Dic b If "	eginning balance	and complete the lon	lowing table.				Δr	nount		
d Ad e Dis f En 2a Dic b If "	girining balance					1c	7.0	Tiodite		
e Dis f En 2a Did b If "	Iditions during the year					1d				
f En  2a Did  b If "  Part V	Iditions during the year					1e				
2a Did b If " Part V	stributions during the year					1f				
b If "	ding balance  d the organization include an amount on F							es	$\Box$	No
Part V	'Yes," explain the arrangement in Part XIII.				-		—	03	H	
	Endowment Funds. Complete	if the organization an	swered "Yes" on Fo	rm 990. Part	V. line 10.					
<b>1a</b> Be		(a) Current year	(b) Prior year	(c) Two year		Three years	back (e	e) Four y	/ears t	oack
	eginning of year balance	4,920,874.	4,522,482.	3,840		3,184,			378,3	
	ontributions	, , ,	, , -	,	<i>'</i>					
	et investment earnings, gains, and losses	-870,187.	535,304.	682	,430.	760,	901.	-1	194,2	234.
	ants or scholarships	, ,	, -		<i>'</i>					
	her expenditures for facilities									
	d programs		136,912.			105,	000.			
	Iministrative expenses									
	d of year balance	4,050,687.	4,920,874.	4,522	482.	3,840,	052.	3 . 1	L84,1	
•	ovide the estimated percentage of the cur	, ,	· · · · · · · · · · · · · · · · · · ·		, -					
	pard designated or quasi-endowment	one your one balance	%	y mora ao.						
	ermanent endowment 49.9400	%								
	rm endowment 50.0600									
	e percentages on lines 2a, 2b, and 2c sho	•								
	e there endowment funds not in the posse	•	tion that are held an	nd administere	ed for the					
	ganization by:							1	/es	No
•	Unrelated organizations						[;	3a(i)		X
	Related organizations							Ba(ii)		X
	'Yes" on line 3a(ii), are the related organiza							3b		
	escribe in Part XIII the intended uses of the									
Part V										
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990,	Part X, lin	e 10.				
	Description of property	(a) Cost or of basis (investm	,	or other (other)	` '	umulated eciation	(d	<b>)</b> Book	value	,
<b>1a</b> la		<del>-   ` ` </del>								
	nd									
	nd uildinas		39	7,151.	1 /	4,252.	1	252	. 89	<u> </u>
<b>d</b> Eq	nd uildings asehold improvements		9.7	,,	Т-2		•			7岁・

Schedule D (Form 990) 2022

361,815.

e Other

d Equipment

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

Concadio D	(1 01111 000) = 0==		
Part VII	Investments	- Other Securities.	

Part VII Investments -				J
			11b. See Form 990, Part X, line 12.	
(a) Description of security or cate		(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(2) Closely held equity interest	S			
(3) Other				
(A)				
(B)				
(C) (D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 99	90. Part X. col. (B) line 12.)			
Part VIII Investments -	Program Related.		•	
Complete if the or	ganization answered "Yes" o	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of	of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 99				
Part IX Other Assets.		on Form 000 Dort IV line	11d Coo Form 000 Port V line 15	
Complete if the or	-	Description	11d. See Form 990, Part X, line 15.	(b) Book value
(4)	(a) i	Description		(b) Dook value
(1) (2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal F	- Form 990, Part X, col. (B) line	15.)		
Part X Other Liabiliti	es.			
		on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) [	Description of liability			(b) Book value
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal F	<u>·orm 990, Part X, col. (B) line</u>	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

Schedule D (Form 990) 2022

Par	t XI	Reconciliation of Revenue per Audited Financial Statemen	ts Wit	h Revenue per Re	turn.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total r	evenue, gains, and other support per audited financial statements			1	103,743.
2	Amour	nts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net un	realized gains (losses) on investments	2a	-3,223,494.		
b	Donate	ed services and use of facilities	2b	36,148.		
С	Recov	eries of prior year grants	2c			
d	Other	(Describe in Part XIII.)	2d	152,456.		
е	Add lir	nes <b>2a</b> through <b>2d</b>			2e	-3,034,890.
3	Subtra	act line 2e from line 1			3	3,138,633.
4	Amour	nts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investr	ment expenses not included on Form 990, Part VIII, line 7b	4a	81,024.		
b	Other	(Describe in Part XIII.)	4b			
С	Add lir	nes <b>4a</b> and <b>4b</b>			4c	81,024.
5	Total r	evenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	3,219,657.
Par	t XII	Reconciliation of Expenses per Audited Financial Statemen	nts Wi	th Expenses per H	etur	n.
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total e	expenses and losses per audited financial statements			1	5,235,530.
2		nts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donate	ed services and use of facilities	2a	36,148.		
b	Prior y	ear adjustments	2b			
С	Other	losses	2c			
d	Other	(Describe in Part XIII.)	2d	152,456.		
е	Add lir	nes <b>2a</b> through <b>2d</b>			2e	188,604.
3	Subtra	act line <b>2e</b> from line <b>1</b>			3	5,046,926.
4		nts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investr	ment expenses not included on Form 990, Part VIII, line 7b		81,024.		
b	Other	(Describe in Part XIII.)	4b			
_		nes <b>4a</b> and <b>4b</b>			4c	81,024.
5	Total e	expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	5,127,950.

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 V, LINE 4:

THE COUNCIL'S ENDOWMENT CONSISTS OF A SINGLE FUND ESTABLISHED TO PROVIDE

INCOME FOR GENERAL OPERATING PURPOSES. THE COUNCIL HAS ADOPTED A FLEXIBLE

SPENDING POLICY WITH REGARD TO ITS ENDOWMENT FUND EARNINGS. THE BOARD WILL

CONSIDER APPROPRIATING ENDOWMENT FUND EARNINGS EACH YEAR AS PART OF THE

BUDGETING PROCESS AND DURING THE YEAR SHOULD THE NEED ARISE FOR THESE

EARNINGS TO BE UTILIZED BY THE COUNCIL.

#### 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

TODALI TIME TO THE COUNCIL THE RECOUNTED IT THE DETERMINE THE

#### SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

#### **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

2022

Open to Public Inspection

Name of the organization **Employer identification number** 36-2382849 METROPOLITAN PLANNING COUNCIL 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. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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Schedule G (Form 990) 2022

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

		of fundraising event contributions and gro				ts greater than \$5,000.
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events
			ANNUAL		NONE	(add col. (a) through
			LUNCHEON	, , , ,		col. (c))
ē			(event type)	(event type)	(total number)	
Revenue	١.		760 720			760 720
Вè	1	Gross receipts	768,730.			768,730.
		Lance Contributions	616,274.			616,274.
	2	Less: Contributions	010,274.			010,274.
	3	Gross income (line 1 minus line 2)	152,456.			152,456.
	٦	(miss miss z)				
	4	Cash prizes				
	5	Noncash prizes				
ses						
)en	6	Rent/facility costs				
Direct Expenses						
rect	7	Food and beverages				
Ö	۱.					
	8	Entertainment Other disease and a second	152,456.			152,456.
	9 10	Other direct expenses				152,456.
	11	•				0.
Pa	rt I	Gaming. Complete if the organization a				
		\$15,000 on Form 990-EZ, line 6a.				
- O			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(a) Birigo	bingo/progressive bingo	(o) other garming	col. (a) through col. (c))
3eve						
<u> </u>	1	Gross revenue				
	_					
ses	2	Cash prizes				
ens	3	Noncash prizes				
Direct Expenses	"	Nondasii piizes				
ect	4	Rent/facility costs				
ä						
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	☐ No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (a)			
9	En	ter the state(s) in which the organization condu	icts gaming activities:			
		the organization licensed to conduct gaming ac				Yes No
		No," explain:				
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or te	rminated during the tax y	ear?	Yes No
b	lf "	Yes," explain:				
	_					
	_					

Schedule G (Form 990) 2022

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Sch	edule G (Form 990) 2022 METROPOLITAN PLANNING COUNCIL 36	-2382	<u> 1849</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	No
12	Indicate the percentage of gaming activity conducted in:	. —	100	
		۔ مدا	1	0/
	ı The organization's facility			<u>%</u>
	An outside facility	. 13b		<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
b	olf "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
	of gaming revenue retained by the third party \$			
c	: If "Yes," enter name and address of the third party:			
	Nama			
	Name			
	Address			
16	Gaming manager information:			
	News			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
	s the organization required under state law to make charitable distributions from the gaming proceeds to			
•			Yes	☐ No
	retain the state gaming license?	$\square$	163	NO
Ľ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
D-	organization's own exempt activities during the tax year \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III, lii	nes 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
			_	

Schedule G	G (Form 990)	METROPOLITAN	PLANNING	COUNCIL	36-2382849	Page 4
Part IV	G (Form 990)  Supplemental Infor	mation (continued)				
		(seriamasa)				
1						
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-						

#### 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.

2022

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

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

METROPOLITAN PLANNING COUNCIL

Employer identification number 36-2382849

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) 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 Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
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	1b		<u> </u>
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?	2		<u> </u>
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 Written employment contract			
	Independent compensation consultant			
	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:			
а	Receive a severance payment or change-of-control payment?	<u>4a</u>		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		<u> </u>
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only coetion 501/a/(2), 501/a/(4), and 501/a/(20) averaginations must complete lines 5.0			
_	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			
5	contingent on the revenues of:			
•		5a		x
a h		5b		X
b	Any related organization?  If "Yes" on line 5a or 5b, describe in Part III.	30		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
U	contingent on the net earnings of:			
a	The organization?	6a		х
		6b		X
	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	7		х
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		х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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Schedule J (Form 990) 2022

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 W	I-2 and/or 1099-MISC compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) DARLENE O. HIGHTOWER	(i)	276,132.	25,000.	0.	19,667.	20,223.	341,022.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) KENDRA FREEMAN	(i)	159,315.	7,000.	0.	11,948.	9,128.	187,391.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) AUDREY WENNINK	(i)	134,995.	0.	0.	27,000.	22,062.	184,057.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
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	(ii)								

Part III   Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

#### SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2022 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

METROPOLITAN PLANNING COUNCIL

Employer identification number 36-2382849

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

BUSINESS AND CIVIC LEADERS COMMITTED TO SERVING THE PUBLIC INTEREST

THROUGH THE PROMOTION AND IMPLEMENTATION OF SENSIBLE PLANNING AND

DEVELOPMENT POLICIES NECESSARY FOR A WORLD-CLASS CHICAGO REGION. THE

COUNCIL CONDUCTS POLICY ANALYSIS, OUTREACH AND ADVOCACY IN PARTNERSHIP

WITH PUBLIC OFFICIALS AND COMMUNITY LEADERS TO IMPROVE EQUITY OF

OPPORTUNITY AND QUALITY OF LIFE THROUGHOUT METROPOLITAN CHICAGO.

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

CHICAGO REGION. THE COUNCIL CONDUCTS POLICY ANALYSIS, OUTREACH AND

ADVOCACY IN PARTNERSHIP WITH PUBLIC OFFICIALS AND COMMUNITY LEADERS TO

IMPROVE EQUITY OF OPPORTUNITY AND QUALITY OF LIFE THROUGHOUT

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

ACCURATE FINANCIAL AND OTHER INFORMATION FOR INCLUSION. A DRAFT OF THE

FORM IS THEN REVIEWED BY THE PRESIDENT AND OPERATIONS MANAGER PRIOR TO

FINALIZATION. ANY CHANGES THEY DETERMINE ARE REQUIRED ARE INCORPORATED

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
PUT IN EACH BOARD MEMBER'S FILE. THE QUESTIONNAIRE IS INTENDED TO DISCERN

A) WHETHER COMPENSATION ARRANGEMENTS AND BENEFITS ARE REASONABLE, BASED ON

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2022

232211 10-28-22

Schedule O (Form 990) 2022 Page **2** 

**Employer identification number** Name of the organization 36-2382849 METROPOLITAN PLANNING COUNCIL COMPETENT SURVEY INFORMATION AND THE RESULT OF ARM'S LENGTH BARGAINING; B) WHETHER PARTNERSHIPS, JOINT VENTURES, AND ARRANGEMENTS WITH MANAGEMENT ORGANIZATIONS CONFORM TO THE ORGANIZATION'S WRITTEN POLICIES, ARE PROPERLY RECORDED, REFLECT REASONABLE INVESTMENT OR PAYEMENTS FOR GOODS AND SERVICES, FURTHER CHARITABLE PURPOSES AND DO NOT RESULT IN INUREMENT, IMPERMISSIBLE PRIVATE BENEFIT OR IN AN EXCESS BENEFIT TRANSACTION. FORM 990, PART VI, SECTION B, LINE 15: THE BOARD CHAIRMAN, TREASURER, AND VICE CHAIRMAN REVIEW AND 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 DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. FORM 990, PART IX, LINE 11G, OTHER FEES: CONSULTANTS AND SUBCONTRACTORS: PROGRAM SERVICE EXPENSES 1,155,563. MANAGEMENT AND GENERAL EXPENSES 55,726. FUNDRAISING EXPENSES 56,997. TOTAL EXPENSES 1,268,286. TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 1,268,286. FORM 990, PART IX, LINE 11G AS PER THE AUDITED DOCUMENTS, THE CONSULTING AND SUBCONTRACTORS FEES WERE SPLIT BETWEEN PROGRAM, MANAGEMENT AND GENERAL, AND FUNDRAISING Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	Page 2
Name of the organization  METROPOLITAN PLANNING COUNCIL	Employer identification number 36-2382849
EXPENSES. THESE FEES INCLUDE CONTRACTOR, AUDITORS, AND IT	CONSULTANTS
FROM THE PAST YEAR. THE PERCENTAGES WERE CALCULATED AS FO	DLLOWED,
RESPECTIVELY: 77.42%, 19.32%, AND 3.26%.	
FORM 990, PART XII, LINE 2C	
THERE WAS NO CHANGE IN THE AUDIT OVERSIGHT PROCESS FROM TH	IE PRIOR YEAR.