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Form **990** 

Department of the Treasury Internal Revenue Service

# **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 By law, the IRS generally cannot redact the information on the form

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2013

Open to Public Inspection

A F	or the	2013 c	alendar year, or tax year beginning	09-01-2013 , 2013, and ending 08	-31-2014					
B Ch	eck if a	applicable	C Name of organization METROPOLITAN MAYORS CAUCUS			D Employe	er ident	ification number		
┌ Ad	dress c	hange				36-446	9510			
Г Na	ıme cha	ange	Doing Business As							
┌ In	tıal retu	um	Number and street (or P.O. box if m	ail is not delivered to street address) Room/	suite	E Telephon	o numbo	<u> </u>		
Гте	rmınate	ed	233 S WACKER DRIVE NO 800	,		·				
┌ An	nended	return	City or town, state or province, coun	try, and ZIP or foreign postal code		(312)2	01-45	05		
Г <sub>Ар</sub>	plicatio	n pendin	CHICAGO, IL 60606			<b>G</b> Gross red	eints \$ 4	I 634 176		
	•	·	<b>F</b> Name and address of prin	cipal officer	H(2) T		•			
			DAVID E BENNETT	·		s this a group r subordinates?	eturnio	r FYes <b>F</b> No		
			233 S WACKER DRIVE NO 8 CHICAGO,IL 60606	300				F. F.		
					1	Are all subordın ncluded?	ates	Γ Y es Γ N o		
I Ta	ax-exer	mpt statu	s 501(c)(3) 501(c)(6) 4(	insert no )			ılıst (s	see instructions)		
	/ ebsit	<b>e:►</b> W	WW MAYORSCAUCUS ORG		- III	Group exemption	n numl	ner 🌬		
					1 (-)					
			n Corporation Trust Association	Other ►	<b>L</b> Year	of formation 200	1   <b>M</b> S	tate of legal domicile IL		
Pa	rt I		nmary							
			describe the organization's missio	n or most significant activities ALITIES ON REGIONAL ISSUES						
e e		<u> </u>	TING CHICAGO AREA FIGNICIT	METTES ON REGIONALISSUES						
≧										
Ĕ										
<u>₹</u>	2	Check	this box 🔭 if the organization dis	scontinued its operations or disposed	d of more th	ıan 25% of ıts r	et ass	ets		
Activities & Governance	_	NI la		and had a (Deat MT Land 10)		1	- I	2.2		
න් ග	1			ng body (Part VI, line 1a)		F	3 4	22		
₽			· -	of the governing body (Part VI, line 1	-	<b>-</b>		22		
툿				calendar year 2013 (Part V, line 2a)		H H	5	5		
ĕ	1			ecessary)			6	0		
	1			art VIII, column (C), line 12		· · ·	7a	0		
	D	Net un	related business taxable income in	om Form 990-T, line 34	<del></del>	· · · ·	7b	0		
		C 1		41-2		Prior Year		Current Year		
<u>a</u>	8		ributions and grants (Part VIII, lir		. —	2,924,3		4,376,144		
Revenue	9	_		ne 2g)		1.74	0	189,401		
Ž	10			(A), lines 3, 4, and 7d)	. —	1,76	_	2,210		
	11		r revenue (Part VIII, column (A),		ıno ——	17,17	/ 9	16,001		
	12			8 through 11 (must equal Part VIII, column (A), line		2,943,2	57	4,583,756		
	13			IX, column (A), lines 1-3)		1,989,30	01	3,191,868		
	14	Bene	fits paid to or for members (Part I	X, column (A), line 4)		. 0				
46	15			e benefits (Part IX, column (A), lines	5	2024		120.166		
Expenses		5-1	,			392,1:		429,166		
<u>₹</u>	16a			column (A), line 11e)	•		0	0		
五	_b		fundraising expenses (Part IX, column (D)							
	17			ines 11a-11d, 11f-24e)		546,30	_	986,468		
	18			st equal Part IX, column (A), line 25)		2,927,7	_	4,607,502		
_ 07	19	Keve	mue less expenses Subtract line :	18 from line 12		15,5: nning of Current	_	-23,746		
Not Assets or Fund Balances					Begii	Year	`	End of Year		
See L	20	Tota	l assets (Part X, line 16)			836,82	22	1,079,800		
	21	Tota	l liabilities (Part X, line 26)			247,97	78	514,702		
žĒ	22	Net	assets or fund balances Subtract	line 21 from line 20		588,84	14	565,098		
Pa	rt II	Sig	nature Block							
my k	nowle	dge an		mined this return, including accompa plete Declaration of preparer (other						
		IB	***			2015-06-15				
Sig		<b>F</b> Sig	nature of officer			Date				
Her	e		VID BENNETT EXECUTIVE DIRECTOR							
		Ту	pe or print name and title							
_			Print/Type preparer's name JOHN C DELAND	Preparer's signature	Date	I CHECK I II I	PTIN P001758	40		
Pai			Firm's name ► BKD LLP	1	<u> </u>	Firm's EIN F 44-				
	pare			75.500						
	On	Alva .	Firm's address 1901 S MEYERS RD SUI	.IE 500		Phone no (630)	282-950	U		

OAKBROOK TERRACE, IL 601815209

May the IRS discuss this return with the preparer shown above? (see instructions)

✓ Yes ☐ No

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

	,			
Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) 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		
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		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part		1	
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V	•	Yes	. l No
а	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   9		163	140
	Enter the number of Forms W-2G included in line 1a Enter-0- if not applicable  1b 0	4		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
_	gaming (gambling) winnings to prize winners?	1c		
а	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	4		
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule $O$	3b		
1	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	We a the communication and market has a much higher deep on all the transport and the communication of the communi	-		NI.
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N o
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
,	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
•	organization solicit any contributions that were not tax deductible as charitable contributions?			IN
)	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		
l	If "Yes," indicate the number of Forms 8282 filed during the year	_		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business heldings at any time during the year?			
	business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club  10b			
	facilities	1		
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders	_		
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state?			
•	Note. See the instructions for additional information the organization must report on Schedule O	13a		
)	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			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		N
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

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

Check if Schedule O contains a	esponse or note to ar	v line in this Part VI .							

Se	ection A. Governing Body and Management			
			Yes	No
<b>1</b> a	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 in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	-110
7-	Did the organization have members of stockholders, or other persons who had the power to elect or appoint one or	-	162	
	more members of the governing body?	7a	Yes	
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
Ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	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	Yes	
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
_	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c	.,	
13	Did the organization have a written whistleblower policy?	13	Yes	<u> </u>
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website. Another's website. Upon request. Other (explain in Schedule O)			

- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►DAVID E BENNETT 233 S WACKER SUITE 800 CHICAGO,IL 60606 (312) 201-4505

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

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

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

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

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

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

(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot	not box h ar or/tr	offic ustee	ess er e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	<b>(F)</b> Estimated amount of other compensation
	for related organizations below dotted line)	Individual trustée or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations
(1) THOMAS WEISNER	2 00	х		х				0	0	0
CHAIRMAN										
(2) RAHM EMANUEL VICE CHAIRMAN	2 00	x		х				0	0	0
(3) CLAUDIA CHAVEZ	2 00									
TREASURER		×		Х				0	0	0
(4) DANIEL J MCLAUGHLIN	2 00									
SECRETARY		X		Х				0	0	0
(5) GAYLE A SMOLINSKI	2 00	x						0	0	0
DIRECTOR								Ŭ	9	
(6) JAMES BARKEMEYER	2 00	×						0	0	0
DIRECTOR (7) ERIN SMITH	2 00									
	2 00	x						0	0	0
DIRECTOR (8) JEFFERY D SCHIELKE	2 00									
DIRECTOR		X						0	0	0
(9) WILLIAM D MCLEOD	2 00									
DIRECTOR		Х						0	0	0
(10) PAUL S BRAUN	2 00									
DIRECTOR		x						0	0	0
(11) GERALD R BENNETT	2 00	<u> </u>				-				
		×						0	0	0
DIRECTOR (12) JEFFREY T SHERWIN	2 00					-				
	200	x						0	0	0
DIRECTOR (13) JIM HOLLAND	2 00									
		х						0	0	0
DIRECTOR (14) PAUL LEE	2 00	-								
		×						0	0	0
ALTERNATE DIRECTOR (15) DEBORAH M BULLWINKEL	2 00									
		×						0	0	0
ALTERNATE DIRECTOR (16) JOSEPH MANCINO	2 00					-	$\vdash$			
		х						0	0	0
ALTERNATE DIRECTOR (17) RICHARD E MACK	2 00									
(11) MICHARD F LINCK	200	×		l	1			0	0	0
ALTERNATE DIRECTOR		I ^							١	0

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

	(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot	not box thar	chec (, unle n offic rustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations		(F Estim amount o compen from	ated of other sation the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)		organiz	lated
(18)	SANDRA E FRUM	2 00	х						0		0		
	RNATE DIRECTOR		<u> </u>								1		
` '	KAREN Y DARCH	2 00	x						0		0		(
	JOHN A OSTENBURG	2 00									+		
` '		2 00	х						0		0		(
	RNATE DIRECTOR JOSEPH T TAMBURINO	2 00				$\vdash$					+		
` ,	RNATE DIRECTOR		Х						0		0		(
	TERESA KERNC	2 00									+		
ALTE	RNATE DIRECTOR		X						0		이		(
	DAVID E BENNETT UTIVE DIRECTOR	40 00					х		139,138		0		9,80
EXEC	OTIVE DIRECTOR										+		
					<u> </u>						+		
											$\perp$		
											$\top$		
											+		
		-			<u> </u>						+		
											$\perp$		
1b	Sub-Total		<del>'</del>			1	<u> </u>	<u> </u>					
c	Total from continuation sheets to Par	t VII, Section A					<b>▶</b> ⊨						
d	Total (add lines 1b and 1c)								139,138	0			9,800
2	Total number of individuals (including \$100,000 of reportable compensation				ed a	bove	e) who	rec	eived more than				
												Yes	No
3	Did the organization list any <b>former</b> of	icer, director or	truste	e, ke	y en	nplo	yee,o	r hic	jhest compensate	d employee			
	on line 1a? If "Yes," complete Schedule										3		Νo
4	For any individual listed on line 1a, is to organization and related organizations									om the			
	ındıvıdual				٠	٠	•	•			4		Νo
5	Did any person listed on line 1a receiv services rendered to the organization?										5		Νo
	ection B. Independent Contract									+100000			
1	Complete this table for your five highe compensation from the organization R											ax year	
	Name and	(A)							Doggrupty	(B)		(C)	
	Name and	business address							Description	on of services	+	Compen	รสเเปก
											$\downarrow$		
											+		
2	Total number of independent contractor	s (ıncludına but	not lım	ited t	to th	iose	listed	d ab	ove) who received	more than			

\$100,000 of compensation from the organization  $\blacktriangleright 0$ 

Part V	/	Statement of Revenue	nce or note to any lim	ne in thic Dart VIII			_
		Check if Schedule O contains a respon		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
တည	1a	Federated campaigns 1a					
s, Grants Amounts	ь	Membership dues 1b					
نَ قُ	c	Fundraising events 1c					
Giffs, nilar An	d	Related organizations <b>1d</b>	-				
ું હું	e	Government grants (contributions) <b>1e</b>					
Contributions, Giffs and Other Similar							
er ei	f	All other contributions, gifts, grants, and similar amounts not included above	408,415				
tributic Other	g	Noncash contributions included in lines 1a-1f \$			İ		
Cont	h	Total. Add lines 1a-1f		4,376,144			
O B	<u> </u>	Total Add Into 1d 17 1 1 1 1	· · · •	, ,			
E e	2a	MEMBERSHIP DUES	Business Code	100 401	100 401		
wer	b za	MEMBERSHIP DOES	561000	189,401	189,401		
<u>7</u> 2≝	c						
Š	d						+
38	e						
臣	f	All other program service revenue					
Program Serwce Revenue	-						
	g	Total. Add lines 2a-2f		189,401			
	3	Investment income (including dividen and other similar amounts)		2,210			2,210
	4	Income from investment of tax-exempt bond	proceeds 🕨				
	5	Royalties	•				
		(i) Real	(II) Personal				
	6a	Gross rents Less rental					
	"	expenses					
	C	Rental income or (loss)					
	d	Net rental income or (loss)	· · · · · · · · · · · · · · · · · · ·				
	7a	Gross amount from sales of	(II) Other				
	ь	assets other than inventory Less cost or other basis and					
		sales expenses					
	C	Gain or (loss)					
e e	d 8a	Net gain or (loss)					
Other Revenue		\$ of contributions reported on line 1c) See Part IV, line 18					
π π		a	61,707				
the	ь	Less direct expenses <b>b</b>	50,420				
Ò	С	Net income or (loss) from fundraising	events 🛌	11,287			11,287
	9a	Gross income from gaming activities See Part IV, line 19 a					
	I	Less direct expenses <b>b</b> Net income or (loss) from gaming acti	vities				
		Gross sales of inventory, less returns and allowances .					
	 	a Loss cost of goods cold					
	I	Less cost of goods sold <b>b</b> Net income or (loss) from sales of inv	L entory ►				
		Miscellaneous Revenue	Business Code				
	11a	MISCELLANEOUS	561000	4,714	4,714		
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		4,714			
	12	Total revenue. See Instructions .			104		
	1		·	4,583,756	194,115		13,497

	,	
Part IX	Statement of Functional Expenses	
Section 50	1(c)(3) and $501(c)(4)$ organizations must complete all columns	All other organizations must complete column (A)

	Check if Schedule O contains a response or note to any line in this	Part IX		<u></u>	<u> </u>
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	<b>(D)</b> Fundraising
/ D, O		Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	3,191,868			
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	139,138			
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	179,507			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	17,431			
9	Other employee benefits	69,176			
10	Payroll taxes	23,914			
11	Fees for services (non-employees)				
а	Management	685,047			
b	Legal	14,355			
c	Accounting	39,300			
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				_
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	13,835			
12	Advertising and promotion	· ·			
13	Office expenses	13,983			
14	Information technology	<u> </u>			
15	Royalties				
16	Occupancy	24,111			
17	Travel	2.,,111			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	11,542			
20	Interest	, 12			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	890			
23	Insurance	3,050			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	HOUSING INITIATIVES	97,603			
b	CLIMATE CHANGE POLICY	62,852			
c	POLICY INITIATIVES	11,576			
d	SERVICE CONSOLIDATION S	3,788			
e	All other expenses	4,536			
25	Total functional expenses. Add lines 1 through 24e	4,607,502			•
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

1   Cash-non-interest-bearing   Segming of year   Segming of ye	Par	t X	Balance Sheet Check if Schedule O contains a response or note to any line in this Part X			_
1			eneck if Senedale 6 contains a response of note to any line in this Fare X			(B)
2 Savings and temporary cash investments 2 2 300,450 3 Pledges and grants receivable, net 300,450 4 Accounts receivable, net 300,450 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and place to complete Part II of Schedule L 5 5 5 6 6 6 7 7 8 7 8 8 100,000,000,000,000,000,000,000,000,000						End of year
3   Piedges and grants receivable, net   202,754   3   309,856     4   Accounts receivable, net   207,744   367,546     5   Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L   5     6   Loans and other receivables from other disqualified persons (as defined under section 4958(7(11)), persons described in section 4958(7(3)(1)), and contributing employers and sponsoring organizations of sections of 30 ((9) voluntary employees beneficiary organizations (see instructions) Complete Part II of Schedule L   6     7   Notes and loans receivable, net   7   7   7   7   7   7   7   7   7		1	Cash-non-interest-bearing	600,952	1	403,844
4		2	Savings and temporary cash investments		2	
Society   Soc		3	Pledges and grants receivable, net	202,754	3	306,456
September   Schedule   Schedul		4	Accounts receivable, net	26,741	4	367,546
1		5	employees, and highest compensated employees Complete Part II of		1	
8   Inventores for sale or use   8   9   9774	<u>32</u>	6	4958(f)(1)), persons described in section $4958(c)(3)(B)$ , and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary			
8   Inventores for sale or use   8   9   9774	<u>@</u>					
8   Inventores for sale or use   8   9   9774	30	7			7	
10a	_	8	Inventories for sale or use		8	
Part VI of Schedule D   100   10.245   100   1.780		9	Prepaid expenses and deferred charges	6,375	9	174
11   Investments—publicly traded securities   11   12   12   13   14   17   13   17   14   13   17   14   15   17   15   16   17   18   17   18   18   18   18   18		10a				
12   Investments—other securities See Part IV, line 11   13   14   14   15   15   14   15   15   15		Ь	Less accumulated depreciation <b>10b</b> 8,465	0	10c	1,780
13		11	Investments—publicly traded securities		11	
14		12	Investments—other securities See Part IV, line 11		12	
15		13	Investments—program-related See Part IV, line 11		13	
16		14	Intangible assets		14	
17    Accounts payable and accrued expenses   204,035   17    263,050     18    Grants payable   18    18      19    Deferred revenue   43,943   19    251,652     20    Tax-exempt bond liabilities   20    20      21    Escrow or custodial account liability Complete Part IV of Schedule D   21      22    Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L   22      23    Secured mortgages and notes payable to unrelated third parties   24      25    Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D   25      26    Total liabilities. Add lines 17 through 25   247,978   26    514,702     27    Unrestricted net assets   197,550   27    247,302     28    Temporarily restricted net assets   391,294   28    317,796     29    Permanently restricted net assets   29      Organizations that do not follow SFAS 117 (ASC 958), check here		15	Other assets See Part IV, line 11		15	
18   Grants payable   18   18   19   Deferred revenue   18   19   Deferred revenue   18   19   Deferred revenue   19   19   251,652   20   17   20   20   20   20   20   20   20   2		16	Total assets. Add lines 1 through 15 (must equal line 34)	836,822	16	1,079,800
19 Deferred revenue		17	Accounts payable and accrued expenses	204,035	17	263,050
20 Tax-exempt bond liabilities		18	Grants payable		18	
21 Escrow or custodial account liability Complete Part IV of Schedule D		19	Deferred revenue	43,943	19	251,652
22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		20	Tax-exempt bond liabilities		20	
Unsecured notes and loans payable to unrelated third parties	S.	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	_
Unsecured notes and loans payable to unrelated third parties	ilitie	22				
Unsecured notes and loans payable to unrelated third parties	æ		persons Complete Part II of Schedule L		22	
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		23	Secured mortgages and notes payable to unrelated third parties		23	_
and other liabilities not included on lines 17-24). Complete Part X of Schedule D		24	Unsecured notes and loans payable to unrelated third parties		24	_
26 Total liabilities. Add lines 17 through 25		25	and other liabilities not included on lines 17-24) Complete Part X of Schedule			
Organizations that follow SFAS 117 (ASC 958), check here in and complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets				2.47.070		
lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets		26		247,978	26	514,702
30 Capital stock or trust principal, or current funds	ى d)		- · · · · · · · · · · · · · · · · · · ·			
30 Capital stock or trust principal, or current funds	ĕ	27	- 1	197 550	27	247 302
30 Capital stock or trust principal, or current funds	<u>ಣ</u>			·		
30 Capital stock or trust principal, or current funds	<u> </u>			951,251		
30 Capital stock or trust principal, or current funds	Ĭ	29	,		25	
30 Capital stock or trust principal, or current funds	Ξ.		- · · · · · · · · · · · · · · · · · · ·			
31 Paid-in or capital surplus, or land, building or equipment fund		30			30	
33 Total net assets or fund balances	Ą.					
33 Total net assets or fund balances	45.					
Z   34 Total liabilities and net assets/fund balances				588,844	33	565,098
	Ż			836.822	34	1.079.800

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		4.5	583,756
2	Total expenses (must equal Part IX, column (A), line 25)	2			507,502
3	Revenue less expenses Subtract line 2 from line 1	3			-23,746
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			588,844
5	Net unrealized gains (losses) on investments	5			700,044
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 in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			565,098
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	▼ Separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of th	e <b>2c</b>	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain i Schedule O	n			
3 <b>a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	е	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		3b	Yes	

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### DLN: 93493180015055

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

**Supplemental Financial Statements** 

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

Open to Public Inspection

	me of the organization		Employer identification number
ME	TROPOLITAN MAYORS CAUCUS		36-4469510
Pa	organizations Maintaining Donor Advorganization answered "Yes" to Form 990	, Part IV, line 6.	unds or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
L	Total number at end of year		
2	Aggregate contributions to (during year)		
	Aggregate grants from (during year)		
	Aggregate value at end of year		
,	Did the organization inform all donors and donor advisor funds are the organization's property, subject to the or		or advised <b>Yes No</b>
5	Did the organization inform all grantees, donors, and doused only for charitable purposes and not for the beneficonferring impermissible private benefit?		
a	rt III Conservation Easements. Complete if	the organization answered "Yes" to	o Form 990, Part IV, line 7.
	Purpose(s) of conservation easements held by the org Preservation of land for public use (e g , recreation Protection of natural habitat Preservation of open space	or education) Preservation of an Preservation of a c	certified historic structure
	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conservation contribution in t	he form of a conservation
			Held at the End of the Year
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
3	Number of conservation easements on a certified histo	oric structure included in (a)	2c
t	Number of conservation easements included in (c) acq historic structure listed in the National Register	uired after 8/17/06, and not on a	2d
	Number of conservation easements modified, transferr	ed, released, extinguished, or terminate	d by the organization during
	the tax year 🗠		
	Number of states where property subject to conservati	ion easement is located ►	
	Does the organization have a written policy regarding tenforcement of the conservation easements it holds?	the periodic monitoring, inspection, hand	dling of violations, and
	Staff and volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation easen	nents during the year
	Amount of expenses incurred in monitoring, inspecting	, and enforcing conservation easements	s during the year
	<b>*</b> \$		
	Does each conservation easement reported on line 2(dand section 170(h)(4)(B)(II)?		☐ Yes ☐ No
	In Part XIII, describe how the organization reports cor balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easeme	e footnote to the organization's financial ents	statements that describes
ar	t III Organizations Maintaining Collection Complete if the organization answered "Y		or Other Similar Assets.
а	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide, in Part XIII, the text of the footnote t	ts held for public exhibition, education,	or research in furtherance of public
b	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide the following amounts relating to thes	16 (ASC 958), to report in its revenue s ts held for public exhibition, education, o	statement and balance sheet
	(i) Revenues included in Form 990, Part VIII, line 1		<b>P</b> - \$
	(ii) Assets included in Form 990, Part X		<b>►</b> \$
	If the organization received or held works of art, histor following amounts required to be reported under SFAS		
3	Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$
b	Assets included in Form 990. Part X		<b>b- \$</b>

Par	Organizations Maintaining Co	llections of Art	t, His	tori	cal Treas	ures, or c	<u>rtne</u>	r Similar A	ssets (d	ontinued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other recor	ds, ch	ieck a	ny of the fo	lowing that	are a	sıgnıficant us	e of its	
а	Public exhibition		d	Γ	Loan or exc	hange prog	rams			
b	Scholarly research		e	Γ	Other					
С	Preservation for future generations									
4	Provide a description of the organization's co Part XIII	ollections and expla	aın hov	v the	further the	organızatıoı	n's ex	empt purpose	ın	
5	During the year, did the organization solicit	or receive donations	sofar	t, hıs	torical treas	ures or othe	ersım	ıılar		
	assets to be sold to raise funds rather than t								│ Yes	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an ar					n answere	ed "Y	es" to Form	990, 	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					or other as:	sets i	not	☐ Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	II and complete the	follow	ving t	able	г				
						-		A	mount	
с	Beginning balance					-	1c			
d	Additions during the year						1d			
e	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, lın	e 21?						┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XI:	II Check here if the	e expla	anatıd	n has been	provided in	Part :	XIII		Γ
Pa	rt V Endowment Funds. Complete									
		(a)Current year	(b)	Prior y	ear <b>b (c)</b>	Two years bac	k (d)	Three years back	(e)Four	ears back
1a	Beginning of year balance									
b	Contributions									
C	Net investment earnings, gains, and losses									
d	Grants or scholarships						+			
e	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur	rent year end balan	ce (lın	e 1g,	column (a))	held as				
а	Board designated or quasi-endowment 🕨									
b	Permanent endowment ►									
c	Temporarily restricted endowment ►									
	The percentages in lines 2a, 2b, and 2c sho	uld equal 100%								
3a	Are there endowment funds not in the posse	ssion of the organiz	ation	that a	re held and	admınıstere	d for	the		
	organization by								Yes	No
	(i) unrelated organizations			•			•	<b>—</b>	(i)	
b	(ii) related organizations						•		(ii)   Bb	<u> </u>
D	II Tes to sa(II), are the related organization	•					•		ם פ	
4	Describe in Part XIII the intended uses of th	ne organization's en								
	Describe in Part XIII the intended uses of the					wered 'Ye	s' to	Form 990 P	art IV	ıne
	Describe in Part XIII the intended uses of the two Land, Buildings, and Equipment 11a. See Form 990, Part X, line	ent. Complete if				wered 'Ye	s' to	Form 990, P	art IV, l	ine
	t VI Land, Buildings, and Equipme	ent. Complete if		rgan		r <b>(b)</b> Cost o	r other		ted (d)	
Par	Land, Buildings, and Equipme 11a. See Form 990, Part X, line	ent. Complete if		rgan	zation ans	r <b>(b)</b> Cost o	r other	(c) Accumula	ted (d)	
Par 1a	Land, Buildings, and Equipme 11a. See Form 990, Part X, line Description of property	ent. Complete if		rgan	zation ans	r <b>(b)</b> Cost o	r other	(c) Accumula	ted (d)	
Par 1a b	Land, Buildings, and Equipment 11a. See Form 990, Part X, line Description of property	ent. Complete if		rgan	zation ans	r <b>(b)</b> Cost o	r other	(c) Accumula	ted (d)	
1a b c	Land, Buildings, and Equipment 11a. See Form 990, Part X, line  Description of property  Land	ent. Complete if		rgan	zation ans	r (b)Cost o basis (oi	r other	(c) Accumula depreciatio	ted (d)	Ine Book value

See Form 990, Part X, line 12.  (a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)	(2)2001. Turus	Cost or end-of-year market value
(1) Financial derivatives		
(2)Closely-held equity interests Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	<b>F</b>	
Part VIII Investments—Program Related. C	omplete ıf the organızatı	ion answered 'Yes' to Form 990, Part IV, line 11c.
See Form 990, Part X, line 13.  (a) Description of investment	(b) Book value	(c) Method of valuation
(a) Description of investment	(b) Book value	Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	<b>+</b>	
Part IX Other Assets. Complete if the organization		
(a) Descr	ription	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1		
<b>Part X Other Liabilities.</b> Complete if the organization of the organization of the property	anization answered 'Yes'	to Form 990, Part IV, line 11e or 11f. See
1 (a) Description of liability	(b) Book value	
Federal income taxes		
		-
	1	4
	+	-
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	<u> </u>	†
Total (Column (b) mast equal form 330, fart A, coll b) mic 23 /		

Part	ΧI	Reconciliation of Revenue per Audited Financial Statements With Revenuthe organization answered 'Yes' to Form 990, Part IV, line 12a.	je p	er R	<b>eturn</b> Complete ıf
1	Tota	I revenue, gains, and other support per audited financial statements		1	4,634,176
2	A mo	unts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net	unrealized gains on investments			
b	Dona	ated services and use of facilities			
C	Reco	overies of prior year grants			
d		er (Describe in Part XIII )	120		
e	Add	lines 2a through 2d	$\overline{}$	2e	50,420
3	Subt	ract line <b>2e</b> from line <b>1</b>	. [	3	4,583,756
4	A mo	unts included on Form 990, Part VIII, line 12, but not on line 1			
а	Inve	stment expenses not included on Form 990, Part VIII, line 7b . 4a			
b	Othe	er (Describe in Part XIII )			
С	Add	lines <b>4a</b> and <b>4b</b>	$\overline{}$	4c	0
5	Tota	I revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)		5	4,583,756
Part	XII	Reconciliation of Expenses per Audited Financial Statements With Expension of the organization answered 'Yes' to Form 990, Part IV, line 12a.	ises	per	Return. Complete
1	Tota	l expenses and losses per audited financial statements		1	4,657,922
2		unts included on line 1 but not on Form 990, Part IX, line 25	L		.,,.
a		ated services and use of facilities			
b		year adjustments			
c		er losses			
d	Othe	er (Describe in Part XIII )	420		
e		lines <b>2a</b> through <b>2d</b>	$\Box$	2e	50,420
3		ract line <b>2e</b> from line <b>1</b>	.	3	4,607,502
4	A mo	unts included on Form 990, Part IX, line 25, but not on line 1:	-		
а		stment expenses not included on Form 990, Part VIII, line 7b   4a			
b		r (Describe in Part XIII )			
С		lines <b>4a</b> and <b>4b</b>	$\overline{}$	<b>4</b> c	0
5		l expenses Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18)	.	5	4,607,502
Part		Supplemental Information			
Provi Part	de the	e descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 4, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this pa			de any additional
	R	eturn Reference Explanation			
PART	X, LIN	THE CAUCUS IS A NOT-FOR-PROFIT ORGANIZATION THAT IS UNDER SECTION 501(C)(6) OF THE INTERNAL REVENUE CODE INTERNAL REVENUE SERVICE AS A NOT FOR-PROFIT CORPOR RECOGNIZES THE FINANCIAL STATEMENT IMPACT OF A TAX FLIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UCAUCUS IS NO LONGER SUBJECT TO INCOME TAX EXAMINATI	AND ATIO POSI PON	CLAS N TH TION EXAL	SSIFIED BY THE HE CAUCUS I WHEN IT IS MORE MINATION THE

	Schedule D (Form 990) 2013
ADJOSTITENTS	
PART XII, LINE 2D - OTHER ADJUSTMENTS	FUNDRAISING EXPENSE 50,420
PART XI, LINE 2D - OTHER ADJUSTMENTS	FUNDRAISING EXPENSE 50,420
	INTERNAL REVENUE SERVICE AS A NOT FOR-PROFIT CORPORATION THE CAUCUS RECOGNIZES THE FINANCIAL STATEMENT IMPACT OF A TAX POSITION WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION THE CAUCUS IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS ENDED BEFORE AUGUST 31, 2011

	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2013

DLN: 93493180015055

OMB No 1545-0047

Department of the Treasury

(Form 990 or 990-EZ)

SCHEDULE G

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

Complete if the organization answered "Yes" to Form 990, Part IV. lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

Γ Yes Γ No

Internal Revenue Service Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization

**Employer identification number** 

METROPOLITAN MAYORS CAUCUS 36-4469510 Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Internet and email solicitations f Solicitation of government grants Phone solicitations g | Special fundraising events In-person solicitations

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

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?

(i) Name and address of (ii) Activity (iii) Dıd (iv) Gross receipts (v) A mount paid to (vi) A mount paid to ındıvıdual fundraiser have from activity (or retained by) (or retained by) or entity (fundraiser) custody or fundraiser listed in organization control of col (i) contributions? Yes No 10 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

			(a) Event #1	<b>(b)</b> Event #2	(c) O ther events	(d) Total events
			ANNUAL GALA			(add col (a) through col (c))
			(event type)	(event type)	(total number)	
₽	1	Gross receipts	61,707	7		61,707
Revenue	2	Less Contributions				
ě.	3	Gross income (line 1 minus line 2)	61,707	7		61,707
	4	Cash prizes				
	5	Noncash prizes				
Expenses	6	Rent/facility costs	16,930			16,930
盎	7	Food and beverages .	27,520	)		27,520
Direct F	8	Entertainment	1,600			1,600
盲	9	Other direct expenses .	4,370			4,370
	10	Direct expense summary Add lir	nes 4 through 9 in column	(d)		(50,420)
	11	Net income summary Subtract li	<del>-</del>			11,287
	t III	I Gaming. Complete if the o		"Yes" to Form 990, Pa	rt IV, line 19, or rep	
Par						
		\$15,000 on Form 990-EZ, li				
			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	
Revenue		\$15,000 on Form 990-EZ, li	(a) Bingo			(d) Total gaming (add col (a) through col
Revenue	1		(a) Bingo			(d) Total gaming (add col (a) through col
Revenue	1 2	Gross revenue	(a) Bingo			(d) Total gaming (add
Expenses Revenue	1 2 3	Gross revenue	(a) Bingo			(d) Total gaming (add col (a) through col
	1 2 3 4	Gross revenue  Cash prizes  Non-cash prizes	(a) Bingo			(d) Total gaming (add col (a) through col
ect Expenses Revenue	1 2 3 4 5	Gross revenue  Cash prizes  Non-cash prizes  Rent/facility costs	(a) Bingo			(d) Total gaming (add col (a) through col
ect Expenses Revenue	1 2 3 4 5 6 7	Gross revenue  Cash prizes  Non-cash prizes  Rent/facility costs  Other direct expenses  Volunteer labor	(a) Bingo  Yes %  No  S 2 through 5 in column (	F Yes % No	(c) Other gaming  ☐ Yes % ☐ No	(d) Total gaming (add col (a) through col
ect Expenses Revenue	1 2 3 4 5 6 7	Gross revenue  Cash prizes  Non-cash prizes  Rent/facility costs  Other direct expenses	(a) Bingo  Yes %  No  S 2 through 5 in column (	F Yes % No	(c) Other gaming  ☐ Yes % ☐ No	(d) Total gaming (add col (a) through col
ect Expenses Revenue	1 2 3 4 5 6 7 8 Entt Is t	Gross revenue  Cash prizes  Non-cash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary Add line  Net gaming income summary Substantial Substanti	(a) Bingo  Yes %  No  s 2 through 5 in column ( tract line 7 from line 1, co	TYes % No  d)	(c) Other gaming  Yes % No	(d) Total gaming (add col (a) through col (c))

						1:
Does	s the organization operate gaming activi	ties with nonmember	rs?		T Yes T No	
12	Is the organization a grantor, beneficia					
	formed to administer charitable gaming	g <sup>,</sup>			· Fyes [	– No
13	Indicate the percentage of gaming act	ıvıty operated ın				
а	The organization's facility			<del></del>		%
b	An outside facility			13b		%
14	Enter the name and address of the per	son who prepares the	e organization's gaming/special e	vents books and reco	ords	
	Name <b>▶</b>					
	Address 🟲					
15a b	Does the organization have a contract revenue?	evenue received by t	the organization 🟲 \$		· · 「Yes「	_ No
	amount of gaming revenue retained by	the third party 🟲 \$ _				
C	If "Yes," enter name and address of th	e thırd party				
	Name ▶					
	Address ►					
16	Gaming manager information					
	Name 🕨					
	Gaming manager compensation ► \$					
	Description of services provided					
	Director/officer	<b>T</b> Employee	☐ Independent cor	ntractor		
17	Mandatory distributions					
а	Is the organization required under stat	e law to make charit	able distributions from the gaming	g proceeds to		
	retain the state gaming license?				┌ Yes 「	— No
b	Enter the amount of distributions requi	red under state law (	distributed to other exempt organi	ızatıons or spent		
	ın the organızatıon's own exempt actıv	ities during the tax y	∕ear <b>⊳</b> \$			
Pai		5b, 15c, 16, and 1	xplanations required by Part I 7b, as applicable. Also compl			and
	Return Reference		Explanat	ıon		
		<u>I</u>	<u> </u>		rm 990 or 990-	7) 2012

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Schedule I

(Form 990)

DLN: 93493180015055

OMB No 1545-0047

Grants and Other Assistance to Organizations, **Governments and Individuals in the United States** 

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

Department of the Treasury Internal Revenue Service	► Information		Attach to Form 990 orm 990) and its instruct	ions is at www.irs.gov/	form990.		pen to Public Inspection
Name of the organization				<u></u>	<u> </u>	Employer identificati	
METROPOLITAN MAYORS CAUCU	S					36-4469510	
Part I General Informati	on on Grants and	Assistance				•	
<ul><li>Does the organization maintain the selection criteria used to a</li><li>Describe in Part IV the organization</li></ul>	ward the grants or ass	sistance?					▼ Yes   □ I
Part II Grants and Other A Form 990, Part IV, III			<b>rganizations in the</b> more than \$5,000. Pa				es" to
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance
See Additional Data Table							
2 Enter total number of section 5	I 501(c)(3) and governn	l nent organizations list	ted in the line 1 table .			<u> </u>	92

Enter total number of other organizations listed in the line 1 table . . . . . . . . . . . . . . . .

(a)Type of grant or assistance

(f)Description of non-cash assistance

1001	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
	Part III can be duplicated if additional space is needed.

(d)A mount of

non-cash assistance

PROGRAM ARE SCORED FOR BOTH OBJECTIVE AND SUBJECTIVE RESULTS A "SCORING TEMPLATE" HAS BEEN DEVELOPED TO ASSIST IN THE PROCESS ENERGY EFFICIENCY GRANTS ARE EVALUATED UNDER CRITERIA ESTABLISHED BY THE DCEO, AND COMMUNICATED WITH A FORMAL AWARD LETTER AND GRANT AGREEMENT PERFORMANCE OF GRANT REQUIREMENTS IS VERIFIED BY THE PLAN'S CONSULTANT AND FINAL AWARD IS APPROVED ALL APPLICATIONS ARE EVALUATED BY VARIOUS PERSONNEL AND COMMITTEES, AND RECORDS OF

SUCH EVALUATIONS, INCLUDING BOTH AWARDED AND DECLINED GRANTS, ARE MAINTAINED IN THE CAUCUS FILES

(e)Method of valuation

(book,

FMV, appraisal, other)

(c)A mount of

cash grant

(b) Number of

recipients

		<u> </u>			FMV, applaisal, other)	
Part IV Supplemental In	<u>nforma</u>	tion. Provide the info	ormation required in Pa	rt I, line 2, Part III, col	lumn (b), and any other a	dditional information.
Return Reference	Explana	ition				
PART I, LINE 2						PROCESS, WHICH REQUIRES GRAM CRITERIA FOR THE EAB

### **Additional Data**

Software ID:

**Software Version:** 

**EIN:** 36-4469510

Name: METROPOLITAN MAYORS CAUCUS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACORN PUBLIC LIBRARY DISTRICT 15624 S CENTRAL AVE OAK FOREST,IL 60452			6,776				ELECTRIC AGGREGATION PROJECT

form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
ADDISON PARK DISTRICT 120 EAST OAK STREET ADDISON,IL 60101			4,795				EMERALD ASH BORER PROJECT		

<u>Form 990,Schedule I, Pa</u>	<u>rt II, Grants ar</u>	<u>nd Other Assistanc</u>	<u>e to Governments</u>	and Organization	<u>s in the United Sta</u>	ites	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BATAVIA PUBLIC SCHOOLS DISTRICT 101 335 WEST WILSON STREET BATAVIA,IL 60510			14,066				ELECTRIC AGGREGATION PROJECT

form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
BLOOMINGTON PUBLIC LIBRARY 205 E OLIVE ST BLOOMINGTON,IL 61702			37,200				ELECTRIC AGGREGATION PROJECT		

<u>Form 990,Schedule I, Pa</u>	<u>rt II, Grants ar</u>	<u>id Other Assistanc</u>	<u>e to Governments</u>	and Organization	s in the United Sta	ites	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHICAGO STATE UNIVERSITY 9501 W KING DRIVE/OM 200 CHICAGO,IL 60628		501(C)(3)	90,458				ELECTRIC AGGREGATION PROJECT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	'"'	(h) Purpose of grant or assistance		
CITY OF BERWYN 6700 26TH ST BERWYN,IL 60402			20,000				EMERALD ASH BORER PROJECT		

<u>Form 990,Schedule I, Pa</u>	<u>rt II, Grants ar</u>	<u>nd Other Assistanc</u>	<u>e to Governments</u>	and Organization	<u>s in the United Sta</u>	tes	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF COUNTRY CLUB HILLS 4200 MAIN STREET COUNTRY CLUB HILLS,IL 60478			9,765				EMERALD ASH BORER PROJECT

Form 990,Schedule I, Pa	orm 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
CITY OF CRYSTAL LAKE 100 W WOODSTOCK STREET CRYSTAL LAKE,IL 60014			170,300				ELECTRIC AGGREGATION PROJECT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	, , , ,	(h) Purpose of grant or assistance		
CITY OF ELGIN 150 DEXTER COURT ELGIN,IL 60120			36,708				EMERALD ASH BORER PROJECT		

<u>Form 990,Schedule I, Pa</u>	<u>rt II, Grants ar</u>	<u>nd Other Assistanc</u>	<u>e to Governments</u>	and Organization	<u>s in the United Sta</u>	ites	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF HIGHLAND PARK 1707 ST JOHNS AVE HIGHLAND PARK,IL 60035			41,783				ELECTRIC AGGREGATION PROJECT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
CITY OF NORTHLAKE 55 E NORTH AVE NORTHLAKE,IL 60164			33,080				ELECTRIC AGGREGATION PROJECT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States											
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	` '	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance				
CITY OF PALOS HEIGHTS 7607 WEST COLLEGE DRIVE PALOS HEIGHTS,IL 60463			19,750				EMERALD ASH BORER PROJECT				

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	, 'G'	(h) Purpose of grant or assistance				
CITY OF WHEATON 303 W WESLEY STREET WHEATON,IL 60187			13,500				EMERALD ASH BORER PROJECT				

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
COMMUNITY CONSOLIDATED SCHOOL DIST 64 164 S PROSPECT AVE PARK RIDGE, IL 60068			246,165				ELECTRIC AGGREGATION PROJECT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
COMMUNITY UNIT SD #95 400 SOUTH OLD RAND ROAD LAKE ZURICH,IL 60047			213,025				ELECTRIC AGGREGATION PROJECT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
CONSOLIDATED SCHOOL DISTRICT 158 650 ACADEMIC DRIVE ALGONQUIN,IL 60102			53,247				ELECTRIC AGGREGATION PROJECT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
DEERFIELD PUBLIC SCHOOLS DISTRICT 109 517 DEERFIELD ROAD DEERFIELD,IL 60015			2,042				ELECTRIC AGGREGATION PROJECT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
DUNDEE TOWNSHIP PARK DISTRICT 21 N WASHINGTON STREET CARPENTERSVILLE,IL 60110			5,896				EMERALD ASH BORER PROJECT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
FREMONT PUBLIC LIBRARY DISTRICT 1170 N MIDLOTHIAN DRIVE MUNDELEIN,IL 60060			725				ELECTRIC AGGREGATION PROJECT		

Form 990, Schedule 1, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
GLENCOE PUBLIC LIBRARY 320 PARK AVE GLENCOE,IL 60022			12,289				ELECTRIC AGGREGATION PROJECT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	` '	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	\ <b>U</b> '	(h) Purpose of grant or assistance		
GLENVIEW PARK DISTRICT 1930 PRAIRIE STREET GLENVIEW,IL 60025			10,000				EMERALD ASH BORER PROJECT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
GOLF MAINE PARK DISTRICT 8800 KATHY LANE NILES,IL 60714			35,329				ELECTRIC AGGREGATION PROJECT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
HAYES MECHANICAL 5959 S HARLEM AVE CHICAGO,IL 60638	-		50,128				ELECTRIC AGGREGATION PROJECT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
HIGHLAND PARK PARK DISTRICT 636 RIDGE ROAD HIGHLAND PARK, IL 60035			51,603				ELECTRIC AGGREGATION PROJECT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
HILL MECHANICAL SERVICES 11045 GAGE AVE FRANKLIN PARK,IL 60131			41,325				ELECTRIC AGGREGATION PROJECT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
HOMER COMM CONSOLIDATED SCHOOL DIST 33C 15733 BELL ROAD HOMER GLEN,IL 60491			6,743				ELECTRIC AGGREGATION PROJECT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
HOMEWOOD PUBLIC LIBRARY DISTRICT 17917 DIXIE HIGHWAY HOMEWOOD,IL 60430			33,600				ELECTRIC AGGREGATION PROJECT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
IFF REAL ESTATE SERVICES LLC 1 NORTH LASALLE SUITE 700 CHICAGO,IL 60602		501(C)(3)	80,922				HOUSING INITIATIVE PROGRAMS		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
ILLINOIS MEDICAL DISTRICT COMMISSION 2225 W HARRISION STREET CHICAGO,IL 60612			187,512				ELECTRIC AGGREGATION PROJECT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	' '	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance		
LAKE KATHERINE 7402 W LAKE KATHERINE DRIVE PALOS HEIGHTS,IL 60463		501(C)(3)	2,289				EMERALD ASH BORER PROJECT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
LINCOLNSHIRE-PRAIRIE VIEW SD 103 1370 RIVERWOODS ROAD LINCOLNSHIRE,IL 60069			21,171				ELECTRIC AGGREGATION PROJECT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
MCHENRY COUNTY GOVERNMENT 2200 N SEMINARY AVE WOODSTOCK,IL 60098			10,324				ELECTRIC AGGREGATION PROJECT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
MCHENTRY COUNTY COLLEGE 8900 US HIGHWAY 14 CRYSTAL LAKE,IL 60012		501(C)(3)	107,101				ELECTRIC AGGREGATION PROJECT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
MUNDELEIN PARK & RECREATION DIST 1401 N MIDLOTHIAN ROAD MUNDELEIN,IL 60060			51,944				ELECTRIC AGGREGATION PROJECT		

form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
NORTH WEST HOUSING PARTNERSHIP 1701 E WOODFIELD ROAD SUITE 203 SCHAUMBURG,IL 60173			10,000				HOUSING INITIATIVE PROGRAMS		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
ONARGA COMMUNITY PUBLIC LIBRARY DIST 209 W SEMINARY AVE ONARGA,IL 60955			1,452				ELECTRIC AGGREGATION PROJECT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
PARK RIDGE PARK DISTRICT 2701 W SIBLEY AVE PARK RIDGE,IL 60068			10,028				ELECTRIC AGGREGATION PROJECT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
PIDC DBA PACE CONTROLS 4747 S BROAD STREET PHILADELPHIA,IL 19112	-		37,949				ELECTRIC AGGREGATION PROJECT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
PROSPECT HEIGHTS SD 23 700 N SCHOENBECK ROAD PROSPECT HEIGHTS,IL 60070			120,154				ELECTRIC AGGREGATION PROJECT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
ROCKFORD PARK DISTRICT 401 SOUTH MAIN STREET ROCKFORD,IL 61101			3,242				ELECTRIC AGGREGATION PROJECT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
ROLLING MEADOWS PARK DISTRICT 3000 CENTRAL ROAD SUITE 100 ROLLING MEADOWS,IL 60008			15,632				ELECTRIC AGGREGATION PROJECT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
SCHAUMBURG PARK DISTRICT 235 E BEECH DRIVE SCHAUMBURG,IL 60193			26,127				ELECTRIC AGGREGATION PROJECT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
SCHAUMBURG TOWNSHIP DIST LIBRARY 130 S ROSELLE ROAD SCHAUMBURG,IL 60193			17,933				ELECTRIC AGGREGATION PROJECT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
SKOKIE SCHOOL DISTRICT 68 9440 N KENTON AVE SKOKIE,IL 60076			37,443				ELECTRIC AGGREGATION PROJECT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
SKOKIE SCHOOL DISTRICT 73 12 8000 EAST PRAIRIE ROAD SKOKIE,IL 60076			35,886				ELECTRIC AGGREGATION PROJECT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance		
SOUTH SUBURBAN MAYORS & MANAGERS ASSN 1904 W 174TH STREET EAST HAZEL CREST,IL 60429		501(C)(3)	66,375				HOUSING INITIATIVE PROGRAMS		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
STERLING PARK DISTRICT PO BOX 958 STERLING,IL 61081			8,361				ELECTRIC AGGREGATION PROJECT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
THE CITY OF LAKE FOREST 800 N FIELD DRIVE LAKE FOREST,IL 60045			62,138				ELECTRIC A GGREGATIO N PRO JECT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
THE VILLAGE OF LAKE BLUFF 40 EAST CENTER AVE LAKE BLUFF,IL 60044			6,789				ELECTRIC AGGREGATION PROJECT		

form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
THE VILLAGE OF OAK LAWN 9446 SOUTH RAYMOND AVE OAK LAWN,IL 60453			129,101				ELECTRIC AGGREGATION PROJECT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
THE VILLAGE OF SLEEPY HOLLOW ONE THOROBRED LANE SLEEPY HOLLOW, IL 60118			8,721				ELECTRIC AGGREGATION PROJECT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
TINLEY PARK PARK DISTRICT 8125 W 171ST STREET TINLEY PARK,IL 60477			38,620				ELECTRIC AGGREGATION PROJECT		

form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
TOWNSHIP HIGH SCHOOL DISTRICT 113 1040 PARK AVENUE WEST HIGHLAND PARK,IL 60035			2,653				ELECTRIC AGGREGATION PROJECT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
VERNON AREA PUBLIC LIBRARY DISTRICT 300 OLDE HALF DAY ROAD LINCOLNSHIRE,IL 60069			9,975				ELECTRIC AGGREGATION PROJECT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
VILAGE OF HANOVER PARK 2121 LAKE STREET HANOVER PARK,IL 60133			20,000				EMERALD ASH BORER PROJECT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
VILLAGE OF ADDISON ONE FRIENDSHIP PLAZA ADDISON,IL 60101			20,000				EMERALD ASH BORER PROJECT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
VILLAGE OF BARRINGTON 200 S HOUGH STREET BARRINGTON,IL 60010			9,991				EMERALD ASH BORER PROJECT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
VILLAGE OF BEDFORD PARK 6701 S ARCHER AVE BEDFORD PARK,IL 60501			26,728				ELECTRIC AGGREGATION PROJECT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
VILLAGE OF BENSENVILLE 12 S CENTER ST BENSENVILLE,IL 60106			10,000				EMERALD ASH BORER PROJECT			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
VILLAGE OF BLOOMINGDALE 201 S BLOOMINGDALE ROAD BLOOMINGDALE,IL 60108			9,628				ELECTRIC AGGREGATION PROJECT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
VILLAGE OF BROOKFIELD 4545 EBERLY AVE BROOKFIELD,IL 60513			10,000				EMERALD ASH BORER PROJECT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	'5'	(h) Purpose of grant or assistance		
VILLAGE OF ELBURN 422 E NORTH STREET ELBURN,IL 60119			10,000				EMERALD ASH BORER PROJECT		

orm 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
VILLAGE OF EVERGREEN PARK 9418 S KEDZIE AVE EVERGREEN PARK,IL 60805			914				ELECTRIC AGGREGATION PROJECT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	'5'	(h) Purpose of grant or assistance		
VILLAGE OF GLEN ELLYN 535 DUANE STREET GLEN ELLYN,IL 60137			20,000				EMERALD ASH BORER PROJECT		

orm 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
VILLAGE OF GLENDALE HEIGHTS 250 CIVIC CENTER PLAZA GLENDALE HEIGHTS, IL 60139			56,881				ELECTRIC AGGREGATION PROJECT			

form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
VILLAGE OF GOLF 1 BRIAR ROAD GOLF,IL 60029			355				ELECTRIC A GGREGATIO N PRO JECT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
VILLAGE OF HAINESVILLE 100 N HAINESVILLE ROAD HAINESVILLE,IL 60030			10,000				EMERALD ASH BORER PROJECT			

form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	` '	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	,	(h) Purpose of grant or assistance		
VILLAGE OF HAWTHORN WOODS 2 LAGOON DRIVE HAWTHORN WOODS,IL 60047			3,000				EMERALD ASH BORER PROJECT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	` '	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	, 'G'	(h) Purpose of grant or assistance		
VILLAGE OF HINSDALE 19 E CHICAGO AVE HINSDALE,IL 60521			10,000				EMERALD ASH BORER PROJECT		

form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
VILLAGE OF HODGKINS 8990 LYONS STREET HODGKINS,IL 60525			63,259				ELECTRIC AGGREGATION PROJECT		

form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant		<b>(f)</b> Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance		
VILLAGE OF HOMER GLEN 14933 S FOUNDERS CROSSING HOMER GLEN,IL 60491			19,750				EMERALD ASH BORER PROJECT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	'5'	(h) Purpose of grant or assistance		
VILLAGE OF LAKE ZURICH 70 E MAIN STREET LAKE ZURICH,IL 60047			10,000				EMERALD ASH BORER PROJECT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
VILLAGE OF LIBERTYVILLE 118 WEST COOK AVE LIBERTYVILLE,IL 60048			48,068				ELECTRIC AGGREGATION PROJECT		

form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
VILLAGE OF LINDENHURST 2301 EAST SAND LAKE ROAD LINDENHURST,IL 60046			1,386				ELECTRIC AGGREGATION PROJECT		

form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States								
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
VILLAGE OF LOMBARD 255 E WILSON AVE LOMBARD,IL 60148			19,946				EMERALD ASH BORER PROJECT	

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
VILLAGE OF MONEE 5130 W COURT STREET MONEE,IL 60449			5,433				ELECTRIC AGGREGATION PROJECT		

form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
VILLAGE OF NILES 1000 CIVIC CENTER DRIVE NILES,IL 60714			1,915				ELECTRIC AGGREGATION PROJECT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	\ <b>U</b> '	(h) Purpose of grant or assistance		
VILLAGE OF NORRIDGE 4000 N OLCOTT AVE NORRIDGE,IL 60706			10,000				EMERALD ASH BORER PROJECT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
VILLAGE OF NORTHBROOK 655 HUEHL ROAD NORTHBROOK,IL 60062			2,300				ELECTRIC AGGREGATION PROJECT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
VILLAGE OF OAK PARK 123 MADISON STREET OAK PARK,IL 60302			30,000				EMERALD ASH BORER PROJECT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
VILLAGE OF PARK FOREST 350 VICTORY DRIVE PARK FOREST,IL 60466			14,741				ELECTRIC AGGREGATION PROJECT		

form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States								
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
VILLAGE OF PORT BARRINGTON 69 SOUTH CIRCLE AVE PORT BARRINGTON,IL 60010			5,000				EMERALD ASH BORER PROJECT	

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	'5'	(h) Purpose of grant or assistance		
VILLAGE OF RIVER FOREST 400 PARK AVE RIVER FOREST,IL 60305			6,000			1	EMERALD ASH BORER PROJECT		

form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States								
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
VILLAGE OF SCHILLER PARK 9526 WEST IRVING PARK ROAD SCHILLER PARK,IL 60176			4,171				ELECTRIC AGGREGATION PROJECT	

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
VILLAGE OF STEGER 35 W 34TH ST STEGER,IL 60475			29,601				ELECTRIC AGGREGATION PROJECT		

Form 990,Schedule I, Pa	orm 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States						
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VILLAGE OF TINLEY PARK 16250 S OAK PARK AVE TINLEY PARK,IL 60477			30,273				ELECTRIC AGGREGATION PROJECT

<u> Form 990,Schedule I, Pa</u>	form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States							
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
VILLAGE OF WHEELING 2 COMMUNITY BLVD WHEELING,IL 60090			19,996				EMERALD ASH BORER PROJECT	

<u>Form 990,Schedule I, Pa</u>	orm 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States						
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VILLAGE OF WILMETTE 1200 WILMETTE AVE WILMETTE,IL 60091	-		55,753				ELECTRIC AGGREGATION PROJECT

<u>Form 990,Schedule I, Pa</u>	form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States						
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VILLAGE OF WOODRIDGE FIVE PLAZA DRIVE WOODRIDGE,IL 60517			19,400				EMERALD ASH BORER PROJECT

Form 990,Schedule I, Pa	orm 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States						
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WAUKEGAN PARK DISTRICT 2000 BELVIDERE STREET WAUKEGAN,IL 60085			18,000				EMERALD ASH BORER PROJECT

form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States							
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEST CHICAGO PARK DISTRICT 157 W WASHINGTON ST WEST CHICAGO,IL 60185			10,000				EMERALD ASH BORER PROJECT

<u> Form 990,Schedule I, Pa</u>	orm 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States						
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WILDWOOD PARK DISTRICT 33325 SEARS BLVD WILDWOOD,IL 60030			500				ELECTRIC AGGREGATION PROJECT

<u>Form 990,Schedule I, Pa</u>	orm 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States						
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOODLAND SCHOOL DISTRICT 50 1105 N HUNT CLUB ROAD GURNEE,IL 60031			70,489				ELECTRIC AGGREGATION PROJECT

<u>Form 990,Schedule I, Pa</u>	orm 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States						
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YELLOWHEAD TOWNSHIP ROAD DISTRICT PO BOX 663 GRANT PARK,IL 60940			1,260				ELECTRIC AGGREGATION PROJECT

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**SCHEDULE 0** 

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93493180015055

OMB No 1545-0047

Open to Public Inspection

## Supplemental Information to Form 990 or 990-EZ

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

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

Employer identification number Name of the organization METROPOLITAN MAYORS CAUCUS 36-4469510

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	ORGANIZATION HAS MEMBERS WHO PAY DUES TO BE AFFILIATED MEMBERS MAKE UP THE BOARD
FORM 990, PART VI, SECTION A, LINE 7A	THE BOARD ELECTS MEMBERS FOR NOMINATION DURING BOARD MEETINGS
FORM 990, PART VI, SECTION A, LINE 7B	BOARD APPROVAL NECESSARY FOR MATERIAL DECISIONS
FORM 990, PART VI, SECTION B, LINE 11	DRAFT 990 IS SUBMITTED TO THE FINANCE COMMITTEE, A SUBCOMMITTEE OF THE EXECUTIVE BOARD, TH EN IS PRESENTED TO THE EXECUTIVE BOARD FOR APPROVAL
FORM 990, PART VI, SECTION B, LINE 15A	ALL MEMBERS OF THE CAUCUS EXECUTIVE BOARD COMPLETE A PERFORMANCE EVALUATION FORM FOR THE E  XECUTIVE DIRECTOR THE RESULTS ARE TABULATED BY THE BOARD CHAIRMAN AND DISCUSSED WITH THE  BOARD THE PERFORMANCE EVALUATION INTERVIEW WITH THE EXECUTIVE DIRECTOR IS  CONDUCTED BY TH  E CAUCUS' OFFICERS THE OTHER OFFICERS OR KEY EMPLOYEES ARE NOT COMPENSATED
FORM 990, PART VI, SECTION C, LINE 19	ALL AVAILABLE UPON REQUEST