

PUBLIC DISCLOSURE COPY

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

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

Department of the Treasury
Internal Revenue Service

A For the 2019 calendar year, or tax year beginning , 2019, and ending , 20

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization **THE URBAN INSTITUTE**
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
500 L'ENFANT PLAZA SW
 City or town, state or province, country, and ZIP or foreign postal code
WASHINGTON, DC 20024

D Employer identification number
52-0880375

E Telephone number
(202) 833-7200

F Name and address of principal officer: **SARAH ROSEN WARTELL**
SAME AS C ABOVE

G Gross receipts \$ **141,502,134**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.URBAN.ORG**

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: **1968** **M** State of legal domicile: **DE**

Part I Summary

| | | | | |
|-----------------------------|---|--|---|------------------------------------|
| Activities & Governance | 1 | Briefly describe the organization's mission or most significant activities: <u>THE URBAN INSTITUTE IS DEDICATED TO ELEVATING THE DEBATE ON SOCIAL AND ECONOMIC POLICY. FOR FIVE DECADES, URBAN SCHOLARS HAVE</u> <u>(CONTINUED ON SCHEDULE O)</u> | | |
| | 2 | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 28 |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 27 |
| | 5 | Total number of individuals employed in calendar year 2019 (Part V, line 2a) | 5 | 617 |
| | 6 | Total number of volunteers (estimate if necessary) | 6 | 77 |
| | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0 |
| b | Net unrelated business taxable income from Form 990-T, line 39 | 7b | 0 | |
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | Prior Year 84,759,955 | Current Year 121,031,727 |
| | 9 | Program service revenue (Part VIII, line 2g) | | 0 |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 4,238,206 | 5,543,677 |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 46,539 | 122,250 |
| | 12 | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 89,044,700 | 126,697,654 |
| Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1–3) | | 2,615,844 |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 59,588,610 | 63,240,028 |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 |
| | b | Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,662,980 | | |
| | 17 | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 31,635,969 | 33,431,755 |
| 18 | Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | 91,224,579 | 99,287,627 | |
| 19 | Revenue less expenses. Subtract line 18 from line 12 | (2,179,879) | 27,410,027 | |
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | Beginning of Current Year 169,843,928 | End of Year 215,267,854 |
| | 21 | Total liabilities (Part X, line 26) | 23,042,606 | 24,605,573 |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 146,801,322 | 190,662,281 |

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: ROBERT M. BUCHANAN, VP, CONTROLLER & ASSISTANT TREASURER Date: _____
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____ Check if self-employed PTIN: _____
 Firm's name ▶: _____ Firm's EIN ▶: _____
 Firm's address ▶: _____ Phone no.: _____

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission:
THE URBAN INSTITUTE IS DEDICATED TO ELEVATING THE DEBATE ON SOCIAL AND ECONOMIC POLICY. FOR FIVE DECADES, URBAN SCHOLARS HAVE CONDUCTED RESEARCH AND OFFERED EVIDENCE-BASED SOLUTIONS THAT IMPROVE LIVES AND STRENGTHEN COMMUNITIES ACROSS A RAPIDLY URBANIZING WORLD. THEIR OBJECTIVE RESEARCH HELPS
(CONTINUED ON SCHEDULE O)

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

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

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

4a (Code:) (Expenses \$ 16,801,491 including grants of \$ 139,571) (Revenue \$)
SOCIAL SCIENCES - RESEARCH AND PUBLIC POLICY ANALYSIS: THE HEALTH POLICY CENTER EXAMINES HEALTH CARE COVERAGE, COSTS, ACCESS, QUALITY, AND OUTCOMES TO GUIDE FEDERAL AND STATE HEALTH POLICY. WE OUTLINE THE TRADE-OFFS OF PROPOSALS TO EXPAND COVERAGE, CONTROL HEALTH CARE COSTS, AND REFORM THE LONG-TERM CARE SYSTEM, ASSESSING THE EFFECTS OF DIFFERENT POLICY CHOICES AND ECONOMIC SCENARIOS. WE STUDY DISPARITIES IN ACCESS TO CARE—BY RACE AND ETHNICITY AND SOCIOECONOMIC STATUS, ACROSS STATES, AND BETWEEN PUBLIC AND PRIVATE INSURANCE—IDENTIFYING WHERE GAPS EXIST AND HOW TO CLOSE THEM. WE STUDY REFORMS IN PAYMENT AND HEALTH CARE DELIVERY SYSTEMS, SHAPING AND ASSESSING EFFECTS. AND WE DOCUMENT TRENDS IN QUALITY OF CARE AND IN HEALTH OUTCOMES.

4b (Code:) (Expenses \$ 12,925,459 including grants of \$ 340,471) (Revenue \$)
SOCIAL SCIENCES - RESEARCH AND PUBLIC POLICY ANALYSIS: THE METROPOLITAN HOUSING AND COMMUNITIES POLICY CENTER UNDERSTANDS HOW PLACE MATTERS IN PEOPLE'S LIVES. FOCUSING ON HOUSING DEVELOPMENTS, NEIGHBORHOODS, CITIES, AND SUBURBS, WE INVESTIGATE THE FACTORS SHAPING QUALITY OF LIFE IN AMERICAN COMMUNITIES. WE EVALUATE THE EFFECTIVENESS OF FEDERAL, STATE, AND LOCAL POLICIES THAT GOVERN URBAN HOUSING AND THE PROGRAMS THAT USE HOUSING AS A PLATFORM FOR CHANGE. AND WE ASSESS THE EFFECT OF BROAD DEMOGRAPHIC SHIFTS AT THE LOCAL LEVEL, SEEKING TO UNDERSTAND HOW CITIES CAN MEET THE NEEDS OF NEW RESIDENTS WHILE PROTECTING THEIR MOST VULNERABLE POPULATIONS.

4c (Code:) (Expenses \$ 9,947,264 including grants of \$ 579,036) (Revenue \$)
SOCIAL SCIENCES - RESEARCH AND PUBLIC POLICY ANALYSIS: THE JUSTICE POLICY CENTER SCHOLARS CONDUCT RESEARCH AND EVALUATIONS TO IMPROVE JUSTICE POLICY AND PRACTICE AT THE NATIONAL, STATE, AND LOCAL LEVELS. WE EXAMINE THE DEVELOPMENT, IMPLEMENTATION, AND IMPACT OF POLICING, CRIME PREVENTION, AND GANG DISRUPTION INITIATIVES. AS AMERICA'S PRISONS AND JAILS FACE UNSUSTAINABLE GROWTH AND DANGEROUS OVERCROWDING, WE ARE FINDING WAYS TO REDUCE THE PRISON POPULATION WHILE PRESERVING PUBLIC SAFETY. AND WE ARE ASSESSING WHETHER NEW AND EMERGING CRIMINAL JUSTICE TECHNOLOGIES ARE EFFECTIVE, HOW THEY ARE USED, AND WHAT THEIR IMPLICATIONS ARE FOR PRIVACY AND CIVIL LIBERTIES. WE WORK CLOSELY WITH GOVERNORS AND MAYORS, STATE AND FEDERAL POLICYMAKERS, POLICE CHIEFS AND CORRECTIONS DIRECTORS, AND COMMUNITY GROUPS AND SERVICE PROVIDERS TO IMPROVE PUBLIC SAFETY AND FIND SMARTER WAYS TO SPEND SCARCE CRIMINAL JUSTICE RESOURCES. OUR STAFF CONDUCT RIGOROUS EVALUATIONS AND IN-DEPTH DATA ANALYSES-AND WE GIVE CONTEXT TO THE DATA THROUGH INTERVIEWS WITH VICTIMS, PERPETRATORS, AND THE
(CONTINUED ON SCHEDULE O)

4d Other program services (Describe on Schedule O.)
(Expenses \$ 41,486,056 including grants of \$ 1,556,766) (Revenue \$ 0)

4e Total program service expenses ▶ 81,160,270

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

| | Yes | No |
|---|-----|----|
| 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | |
| b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | ✓ | |

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

| | | Yes | No | | |
|------------|--|------------|-----|---|---|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2a | 617 | | |
| b | 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 | | ✓ | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | | ✓ |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | | | |
| 4a | 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 | | | ✓ |
| b | If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | | ✓ |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | | ✓ |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | | ✓ |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | |
| a | 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 | | | ✓ |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | | ✓ |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | | ✓ |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | | ✓ |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | 8 | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | |
| a | Gross income from members or shareholders | 11a | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | |
| a | 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 | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | | | |
| c | Enter the amount of reserves on hand | 13c | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | | ✓ |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. | 15 | | | ✓ |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. | 16 | | | ✓ |

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

Section A. Governing Body and Management

| | | Yes | No |
|-----------|---|-------------------------------------|-------------------------------------|
| 1a | Enter the number of voting members of the governing body at the end of the tax year | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | |
| 1b | Enter the number of voting members included on line 1a, above, who are independent | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | | <input checked="" type="checkbox"/> |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? | | <input checked="" type="checkbox"/> |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | <input checked="" type="checkbox"/> |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | <input checked="" type="checkbox"/> |
| 6 | Did the organization have members or stockholders? | | <input checked="" type="checkbox"/> |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | | <input checked="" type="checkbox"/> |
| 7b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | <input checked="" type="checkbox"/> |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| 8a | The governing body? | <input checked="" type="checkbox"/> | |
| 8b | Each committee with authority to act on behalf of the governing body? | <input checked="" type="checkbox"/> | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O | | <input checked="" type="checkbox"/> |

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

| | | Yes | No |
|------------|--|-------------------------------------|-------------------------------------|
| 10a | Did the organization have local chapters, branches, or affiliates? | | <input checked="" type="checkbox"/> |
| 10b | 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? | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | <input checked="" type="checkbox"/> | |
| 11b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | <input checked="" type="checkbox"/> | |
| 12b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | <input checked="" type="checkbox"/> | |
| 12c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | <input checked="" type="checkbox"/> | |
| 13 | Did the organization have a written whistleblower policy? | <input checked="" type="checkbox"/> | |
| 14 | Did the organization have a written document retention and destruction policy? | <input checked="" type="checkbox"/> | |
| 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? | | |
| 15a | The organization's CEO, Executive Director, or top management official | <input checked="" type="checkbox"/> | |
| 15b | Other officers or key employees of the organization | <input checked="" type="checkbox"/> | |
| | 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? | | <input checked="" type="checkbox"/> |
| 16b | 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? | | |

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► [AL, AR, AZ, CA, \(CONTINUED ON SCHEDULE O\)](#)
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ►
ROBERT BUCHANAN, 500 L'ENFANT PLAZA SW, WASHINGTON, DC 20024, (202) 833-7200, FAX: (202) 887-8919

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

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

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

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

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

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

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|--|-----------------------|---------|--------------|------------------------------|---------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) SARAH ROSEN WARTELL PRESIDENT | 40.0 | ✓ | | ✓ | | | 637,230 | 0 | 26,938 | |
| (2) JAMIE S. GORELICK CHAIR | 2.0 | ✓ | | | | | 0 | 0 | 0 | |
| (3) FREEMAN A. HRABOWSKI, III VICE CHAIR | 2.0 | ✓ | | | | | 0 | 0 | 0 | |
| (4) N. GREGORY MANKIW VICE CHAIR | 2.0 | ✓ | | | | | 0 | 0 | 0 | |
| (5) J. ADAM ABRAM | 2.0 | ✓ | | | | | 0 | 0 | 0 | |
| (6) DAVID AUTOR | 2.0 | ✓ | | | | | 0 | 0 | 0 | |
| (7) KENNETH BACON | 2.0 | ✓ | | | | | 0 | 0 | 0 | |
| (8) DONALD A. BAER | 2.0 | ✓ | | | | | 0 | 0 | 0 | |
| (9) ERSKINE BOWLES | 2.0 | ✓ | | | | | 0 | 0 | 0 | |
| (10) HENRY CISNEROS | 2.0 | ✓ | | | | | 0 | 0 | 0 | |
| (11) ARMANDO CODINA | 2.0 | ✓ | | | | | 0 | 0 | 0 | |
| (12) MITCHELL E. DANIELS JR. | 2.0 | ✓ | | | | | 0 | 0 | 0 | |
| (13) SHAUN DONOVAN | 2.0 | ✓ | | | | | 0 | 0 | 0 | |
| (14) DIANA FARRELL | 2.0 | ✓ | | | | | 0 | 0 | 0 | |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|------------------------------|-----------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (15) MARGARET A. HAMBURG | 2.0 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| (16) ANTONIA HERNANDEZ | 2.0 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| (17) MATT KELLY | 2.0 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| (18) BRIAN KREITER | 2.0 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| (19) MARNE L. LEVINE | 2.0 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| (20) MARY J. MILLER | 2.0 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| (21) ANNETTE L. NAZARETH | 2.0 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| (22) EDUARDO PADRON | 2.0 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| (23) CHARLES H. RAMSEY | 2.0 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| (24) JOHN WALLIS ROWE | 2.0 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| (25) (SEE STATEMENT) | | | | | | | | | | |
| 1b Subtotal | | | | | | | 637,230 | 0 | 26,938 | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | 2,818,088 | 0 | 435,741 | |
| d Total (add lines 1b and 1c) | | | | | | | 3,455,318 | 0 | 462,679 | |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 189

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

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|--|--------------------------------|---------------------|
| LIBERTY PROPERTY LIMITED, P.O. BOX 828438, PHILADELPHIA, PA 19182 | RENT | 2,777,694 |
| JBG SMITH, 4747 BETHESDA AVE, SUITE 200, BETHESDA, MD 20814 | RENT | 2,531,979 |
| HEALTHTECH SOLUTIONS LLC, 2030 HOOVER BOULEVARD, FRANKFORT, KY 40601 | SUBCONTRACT/CONSULTING | 1,969,923 |
| BROOKINGS INSTITUTION, 1775 MASSACHUSETTS AVE NW, WASHINGTON, DC 20036 | SUBCONTRACT/CONSULTING | 1,161,324 |
| AVITECTURE INC, 1 EXPORT DR, STERLING, VA 20007 | AUDIO VISUAL SERVICES | 1,120,196 |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶** 48

Part VIII Statement of Revenue

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

| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 | |
|---|--|---|--|---|--|--------------------------------------|---|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a | Federated campaigns | 1a | | | | | |
| | b | Membership dues | 1b | | | | | |
| | c | Fundraising events | 1c | | | | | |
| | d | Related organizations | 1d | | | | | |
| | e | Government grants (contributions) | 1e | 35,209,772 | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | 85,821,955 | | | | |
| | g | Noncash contributions included in lines 1a-1f | 1g | \$ 25,152 | | | | |
| | h | Total. Add lines 1a-1f | | 121,031,727 | | | | |
| | Program Service Revenue | 2a | Business Code | | | | | |
| b | | | | | | | | |
| c | | | | | | | | |
| d | | | | | | | | |
| e | | | | | | | | |
| f | | All other program service revenue . . | | 0 | 0 | 0 | 0 | |
| g | | Total. Add lines 2a-2f | | 0 | | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | | 2,436,019 | | | 2,436,019 | |
| | 4 | Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 | Royalties | | 64,659 | 64,659 | | | |
| | 6a | Gross rents | (i) Real | | | | | |
| | | | (ii) Personal | | | | | |
| | | | 6b | Less: rental expenses | | | | |
| | | | 6c | Rental income or (loss) | 0 | 0 | | |
| | d | Net rental income or (loss) | | | | | | |
| | 7a | Gross amount from sales of assets other than inventory | (i) Securities | 17,912,138 | | | | |
| | | | (ii) Other | | | | | |
| | | | 7b | Less: cost or other basis and sales expenses | 14,804,480 | | | |
| | | | 7c | Gain or (loss) | 3,107,658 | 0 | | |
| | d | Net gain or (loss) | | 3,107,658 | | | 3,107,658 | |
| | 8a | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | | | | | | |
| | | | 8b | Less: direct expenses | | | | |
| | | | c | Net income or (loss) from fundraising events . . | | | | |
| | 9a | Gross income from gaming activities. See Part IV, line 19 | | | | | | |
| | | | 9b | Less: direct expenses | | | | |
| | | | c | Net income or (loss) from gaming activities . . . | | | | |
| | 10a | Gross sales of inventory, less returns and allowances | | 1,441 | | | | |
| 10b | | | Less: cost of goods sold | | | | | |
| c | | | Net income or (loss) from sales of inventory . . . | | 1,441 | 1,441 | | |
| Miscellaneous Revenue | 11a | MISCELLANEOUS | Business Code | 900099 | 56,150 | 56,150 | | |
| | b | | | | | | | |
| | c | | | | | | | |
| | d | All other revenue | | 0 | 0 | 0 | 0 | |
| | e | Total. Add lines 11a-11d | | 56,150 | | | | |
| 12 | Total revenue. See instructions | | 126,697,654 | 122,250 | 0 | 5,543,677 | | |

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 2,615,844 | 2,615,844 | | |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 1,436,254 | 62,324 | 1,331,152 | 42,778 |
| 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 | 45,276,557 | 37,792,925 | 6,517,701 | 965,931 |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 3,961,364 | 3,293,676 | 582,482 | 85,206 |
| 9 | Other employee benefits | 9,092,112 | 7,569,651 | 1,328,225 | 194,236 |
| 10 | Payroll taxes | 3,473,741 | 2,830,780 | 568,327 | 74,634 |
| 11 | Fees for services (nonemployees): | | | | |
| a | Management | | | | |
| b | Legal | 93,789 | 9,509 | 84,280 | |
| c | Accounting | 173,543 | | 173,543 | |
| d | Lobbying | | | | |
| e | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | 1,160,946 | | 1,160,946 | |
| g | Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) | 14,868,556 | 13,299,730 | 1,564,007 | 4,819 |
| 12 | Advertising and promotion | | | | |
| 13 | Office expenses | 1,347,724 | 1,096,482 | 234,919 | 16,323 |
| 14 | Information technology | 1,518,990 | 1,051,120 | 446,771 | 21,099 |
| 15 | Royalties | | | | |
| 16 | Occupancy | 9,235,118 | 7,527,894 | 1,508,213 | 199,011 |
| 17 | Travel | 1,348,999 | 1,276,526 | 59,838 | 12,635 |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 773,959 | 718,182 | 53,447 | 2,330 |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 1,678,516 | 1,362,618 | 286,613 | 29,285 |
| 23 | Insurance | 271,317 | 217,065 | 49,859 | 4,393 |
| 24 | Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a | <u>RECRUITING, INTERVIEW, AND SURVEY INCENTIVES</u> | 257,334 | 195,931 | 59,674 | 1,729 |
| b | <u>MISCELLANEOUS BUSINESS EXPENSES</u> | 116,699 | 66,339 | 48,464 | 1,896 |
| c | ----- | | | | |
| d | ----- | | | | |
| e | All other expenses ----- | 586,265 | 173,671 | 405,919 | 6,675 |
| 25 | Total functional expenses. Add lines 1 through 24e | 99,287,627 | 81,160,267 | 16,464,380 | 1,662,980 |
| 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance Sheet

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

| | | (A) | | (B) |
|---|--|-----------------------|-------------|----------------------|
| | | Beginning of year | | End of year |
| Assets | 1 Cash—non-interest-bearing | 1,050 | 1 | 8,271 |
| | 2 Savings and temporary cash investments | 21,059,756 | 2 | 26,713,569 |
| | 3 Pledges and grants receivable, net | 11,106,153 | 3 | 34,216,378 |
| | 4 Accounts receivable, net | 15,069,570 | 4 | 28,970,984 |
| | 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | 0 | 5 | 0 |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | 0 | 6 | 0 |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 1,218,610 | 9 | 1,154,359 |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 18,457,371 | | |
| | b Less: accumulated depreciation | 10b 15,028,732 | 6,719,178 | 10c 3,428,639 |
| | 11 Investments—publicly traded securities | 78,596,261 | 11 | 84,482,393 |
| | 12 Investments—other securities. See Part IV, line 11 | 36,073,350 | 12 | 36,293,261 |
| | 13 Investments—program-related. See Part IV, line 11 | 0 | 13 | 0 |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | 0 | 15 | 0 |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 169,843,928 | 16 | 215,267,854 | |
| Liabilities | 17 Accounts payable and accrued expenses | 9,304,310 | 17 | 9,320,218 |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 13,344,403 | 19 | 10,484,501 |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | 0 | 22 | 0 |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D | 393,893 | 25 | 4,800,854 |
| | 26 Total liabilities. Add lines 17 through 25 | 23,042,606 | 26 | 24,605,573 |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 115,928,103 | 27 | 128,799,847 |
| | 28 Net assets with donor restrictions | 30,873,218 | 28 | 61,862,434 |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| 32 Total net assets or fund balances | 146,801,321 | 32 | 190,662,281 | |
| 33 Total liabilities and net assets/fund balances | 169,843,927 | 33 | 215,267,854 | |

Part XI Reconciliation of Net Assets

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

| | | | |
|-----------|--|-----------|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 126,697,654 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 99,287,627 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 27,410,027 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 146,801,321 |
| 5 | Net unrealized gains (losses) on investments | 5 | 16,450,933 |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | 0 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 190,662,281 |

Part XII Financial Statements and Reporting

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

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (Check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|--|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (25) ARTHUR I. SEGEL | 2.0 | ✓ | | | | | | 0 | 0 | 0 |
| (26) ASHLEY SWEARENGIN | 2.0 | ✓ | | | | | | 0 | 0 | 0 |
| (27) J. RON TERWILLIGER | 2.0 | ✓ | | | | | | 0 | 0 | 0 |
| (28) DAVID THOMAS | 2.0 | ✓ | | | | | | 0 | 0 | 0 |
| (29) MARTA TIENDA | 2.0 | ✓ | | | | | | 0 | 0 | 0 |
| (30) ANTHONY A. WILLIAMS | 2.0 | ✓ | | | | | | 0 | 0 | 0 |
| (31) NANI COLORETTI SENIOR VICE PRESIDENT, FINANCIAL & BUSINESS STRATEGY & TREASURER | 40.0 | | | ✓ | | | | 319,993 | 0 | 51,066 |
| (32) ROBERT BUCHANAN VICE PRESIDENT, CONTROLLER & ASSISTANT TREASURER | 40.0 | | | ✓ | | | | 210,085 | 0 | 28,248 |
| (33) LIZA GETSINGER CHIEF OF STAFF & DIRECTOR OF PROGRAM PLANNING | 40.0 | | | ✓ | | | | 135,217 | 0 | 32,864 |
| (34) MARGERY TURNER SENIOR VICE PRESIDENT, PROGRAM PLANNING & MANAGEMENT | 40.0 | | | | | ✓ | | 348,303 | 0 | 47,632 |
| (35) STEPHEN ZUCKERMAN VICE PRESIDENT, HEALTH POLICY | 40.0 | | | | | ✓ | | 277,264 | 0 | 51,008 |
| (36) GENEVIEVE KENNEY VICE PRESIDENT, HEALTH POLICY | 40.0 | | | | | ✓ | | 275,838 | 0 | 48,833 |
| (37) JOHN HOLAHAN INSTITUTE FELLOW | 40.0 | | | | | ✓ | | 266,582 | 0 | 50,056 |
| (38) ERIKA POETHIG VICE PRESIDENT, POLICY & CHIEF INNOVATION OFFICER | 40.0 | | | | | ✓ | | 262,336 | 0 | 31,291 |
| (39) BRIDGET LOWELL VICE PRESIDENT, COMMUNICATIONS & OUTREACH & CHIEF COMMUNICATIONS OFFICER | 40.0 | | | | | | ✓ | 256,462 | 0 | 25,340 |
| (40) KHULOUD ODEH VICE PRESIDENT, TECHNOLOGY & DATA SCIENCE & CHIEF INFORMATION OFFICER | 40.0 | | | | | | ✓ | 242,062 | 0 | 45,475 |
| (41) MONICA WOODS VICE PRESIDENT, HUMAN RESOURCES & CHIEF ADMINISTRATIVE OFFICER | 40.0 | | | | | | ✓ | 223,946 | 0 | 23,928 |

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

| | |
|--|---|
| Name of the organization THE URBAN INSTITUTE | Employer identification number 52-0880375 |
|--|---|

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vii)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1–10 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
| | | | Yes | No | | |
| (A) | | | | | | |
| (B) | | | | | | |
| (C) | | | | | | |
| (D) | | | | | | |
| (E) | | | | | | |
| Total | | | | | | |

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | | | | | | |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public support. Subtract line 5 from line 4 | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|----------|----------|----------|----------|-----------|--------------------------|
| 7 Amounts from line 4 | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|--------------------------|
| 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) | 14 | % |
| 15 Public support percentage from 2018 Schedule A, Part II, line 14 | 15 | % |
| 16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | <input type="checkbox"/> |

Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|---|------------|------------|------------|------------|-------------|-------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 91,456,947 | 88,195,445 | 82,306,969 | 84,759,955 | 121,031,711 | 467,751,027 |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | 629,273 | 270,301 | 41,765 | 25,574 | 66,100 | 1,033,013 |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | 0 |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | 0 |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | 0 |
| 6 Total. Add lines 1 through 5 | 92,086,220 | 88,465,746 | 82,348,734 | 84,785,529 | 121,097,811 | 468,784,040 |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | 2,950,000 | 911,678 | 262,500 | 313,500 | 308,656 | 4,746,334 |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | 0 | 0 | 0 | 0 | 0 | 0 |
| c Add lines 7a and 7b | 2,950,000 | 911,678 | 262,500 | 313,500 | 308,656 | 4,746,334 |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | 464,037,706 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|------------|------------|------------|------------|-------------|--------------------------|
| 9 Amounts from line 6 | 92,086,220 | 88,465,746 | 82,348,734 | 84,785,529 | 121,097,811 | 468,784,040 |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 1,699,317 | 1,393,892 | 1,389,800 | 1,537,620 | 2,436,019 | 8,456,648 |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | 0 |
| c Add lines 10a and 10b | 1,699,317 | 1,393,892 | 1,389,800 | 1,537,620 | 2,436,019 | 8,456,648 |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | 44,583 | | | | | 44,583 |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 28 | 10,936 | 23,144 | 20,965 | 56,150 | 111,223 |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | 93,830,148 | 89,870,574 | 83,761,678 | 86,344,114 | 123,589,980 | 477,396,494 |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|---------|
| 15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) | 15 | 97.20 % |
| 16 Public support percentage from 2018 Schedule A, Part III, line 15 | 16 | 95.91 % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-------------------------------------|--------|
| 17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) | 17 | 1.77 % |
| 18 Investment income percentage from 2018 Schedule A, Part III, line 17 | 18 | 1.87 % |
| 19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization | <input checked="" type="checkbox"/> | |
| b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization | <input type="checkbox"/> | |
| 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions | <input type="checkbox"/> | |

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

| | Yes | No |
|--|------------|----|
| 11 Has the organization accepted a gift or contribution from any of the following persons? | | |
| a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | 11a | |
| b A family member of a person described in (a) above? | 11b | |
| c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI . | 11c | |

Section B. Type I Supporting Organizations

| | Yes | No |
|---|----------|----|
| 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | |
| 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. | 2 | |

Section C. Type II Supporting Organizations

| | Yes | No |
|--|----------|----|
| 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). | 1 | |

Section D. All Type III Supporting Organizations

| | Yes | No |
|---|----------|----|
| 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | |
| 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | |
| 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. | 3 | |

Section E. Type III Functionally Integrated Supporting Organizations

| | | |
|---|-----------|--|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). | | |
| 2 Activities Test. Answer (a) and (b) below. | | |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. | 2a | |
| b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. | 2b | |
| 3 Parent of Supported Organizations. Answer (a) and (b) below. | | |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI . | 3a | |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A—Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|---|-----------|----------------|-----------------------------|
| 1 Net short-term capital gain | 1 | | |
| 2 Recoveries of prior-year distributions | 2 | | |
| 3 Other gross income (see instructions) | 3 | | |
| 4 Add lines 1 through 3. | 4 | | |
| 5 Depreciation and depletion | 5 | | |
| 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | | |
| 7 Other expenses (see instructions) | 7 | | |
| 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Section B—Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | |
| e Discount claimed for blockage or other factors (explain in detail in Part VI): | | | |
| 2 Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 Subtract line 2 from line 1d. | 3 | | |
| 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). | 4 | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 Multiply line 5 by .035. | 6 | | |
| 7 Recoveries of prior-year distributions | 7 | | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Section C—Distributable Amount | | | Current Year |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 Enter 85% of line 1. | 2 | | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 Enter greater of line 2 or line 3. | 4 | | |
| 5 Income tax imposed in prior year | 5 | | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | | |
| 7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | | |

Schedule A (Form 990 or 990-EZ) 2019

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

| Section D—Distributions | Current Year |
|---|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI). See instructions. | |
| 7 Total annual distributions. Add lines 1 through 6. | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | |
| 9 Distributable amount for 2019 from Section C, line 6 | |
| 10 Line 8 amount divided by line 9 amount | |

| Section E—Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2019 | (iii) Distributable Amount for 2019 |
|--|-----------------------------|--|---|
| 1 Distributable amount for 2019 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2019 | | | |
| a From 2014 | | | |
| b From 2015 | | | |
| c From 2016 | | | |
| d From 2017 | | | |
| e From 2018 | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2019 distributable amount | | | |
| i Carryover from 2014 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2019 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2019 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions. | | | |
| 6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions. | | | |
| 7 Excess distributions carryover to 2020. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2015 . . . | | | |
| b Excess from 2016 . . . | | | |
| c Excess from 2017 . . . | | | |
| d Excess from 2018 . . . | | | |
| e Excess from 2019 . . . | | | |

Part VI

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

| Return Reference - Identifier | Explanation | | | | | | |
|--|--|----------|----------|----------|----------|----------|-----------|
| SCHEDULE A, PART III, LINE 12 - OTHER INCOME | Other Income Type | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| | (1)ADJUSTMENT TO UNCOLLECTIBLE ALLOWANCE & OTHER MISCELLANEOUS | 28 | 10,936 | 23,144 | 20,965 | 56,150 | 111,223 |

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2019

Name of the organization
THE URBAN INSTITUTE

Employer identification number
52-0880375

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(**3**) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

| | |
|--|---|
| Name of organization THE URBAN INSTITUTE | Employer identification number 52-0880375 |
|--|---|

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|--|
| 1 | ----- ----- ----- | \$ 11,438,070 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | ----- ----- ----- | \$ 10,109,823 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | ----- ----- ----- | \$ 6,766,500 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | ----- ----- ----- | \$ 6,281,632 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | ----- ----- ----- | \$ 4,507,382 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | ----- ----- ----- | \$ 4,506,250 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|--|---|
| Name of organization THE URBAN INSTITUTE | Employer identification number 52-0880375 |
|--|---|

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|--|
| 7 | ----- ----- ----- | \$ 2,790,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 8 | ----- ----- ----- | \$ 2,621,756 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 9 | ----- ----- ----- | \$ 2,520,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 10 | ----- ----- ----- | \$ 2,513,629 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| ----- | ----- ----- ----- | \$ ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| ----- | ----- ----- ----- | \$ ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|--|---|
| Name of organization THE URBAN INSTITUTE | Employer identification number 52-0880375 |
|--|---|

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|---------------------------|--|---|----------------------|
| ----- | ----- ----- ----- | \$----- | ----- |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| ----- | ----- ----- ----- | \$----- | ----- |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| ----- | ----- ----- ----- | \$----- | ----- |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| ----- | ----- ----- ----- | \$----- | ----- |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| ----- | ----- ----- ----- | \$----- | ----- |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| ----- | ----- ----- ----- | \$----- | ----- |

| | |
|--|---|
| Name of organization THE URBAN INSTITUTE | Employer identification number 52-0880375 |
|--|---|

Part III *Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.* Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| ----- | ----- ----- ----- | ----- ----- ----- | ----- ----- ----- |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| ----- ----- ----- | ----- ----- ----- |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| ----- | ----- ----- ----- | ----- ----- ----- | ----- ----- ----- |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| ----- ----- ----- | ----- ----- ----- |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| ----- | ----- ----- ----- | ----- ----- ----- | ----- ----- ----- |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| ----- ----- ----- | ----- ----- ----- |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| ----- | ----- ----- ----- | ----- ----- ----- | ----- ----- ----- |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| ----- ----- ----- | ----- ----- ----- |

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization: THE URBAN INSTITUTE; Employer identification number: 52-0880375

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor advisement.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form for Part II Conservation Easements. Includes questions about purpose of easements, number of easements, acreage, and monitoring expenses. Includes a table for 'Held at the End of the Tax Year' with rows 2a, 2b, 2c, and 2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting art collections and amounts of revenue and assets.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange program
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? **Yes** **No**

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 119,233,833 | 126,124,224 | 116,199,528 | 115,193,355 | 114,092,222 |
| b Contributions | (5,338) | 48,684 | 29,823 | 510,078 | 771,001 |
| c Net investment earnings, gains, and losses | 9,273,193 | (745,916) | 15,816,908 | 6,567,969 | 6,696,413 |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 4,383,699 | 5,247,784 | 5,101,645 | 5,424,291 | 5,552,738 |
| f Administrative expenses | 1,160,946 | 945,375 | 820,390 | 647,583 | 813,543 |
| g End of year balance | 122,957,043 | 119,233,833 | 126,124,224 | 116,199,528 | 115,193,355 |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment **▶** 94.00 %
- b** Permanent endowment **▶** 3.00 %
- c** Term endowment **▶** 3.00 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** Unrelated organizations
- (ii)** Related organizations

| | Yes | No |
|---------------|-----|----|
| 3a(i) | | ✓ |
| 3a(ii) | | ✓ |
| 3b | | |

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | 2,593,977 | 5,207,193 | (2,613,216) |
| d Equipment | | 11,073,042 | 6,365,121 | 4,707,921 |
| e Other | | 4,790,352 | 3,456,418 | 1,333,934 |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 3,428,639 |

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives | | |
| (2) Closely held equity interests | | |
| (3) Other | | |
| (A) ALTERNATIVE INVESTMENT | 36,293,261 | END OF YEAR MARKET VALUE |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) . ▶ | 36,293,261 | |

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|--|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶ | | |

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|---|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ | |

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) DEFERRED RENT | 4,800,854 |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 4,800,854 |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .

Part XIII

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

| Return Reference - Identifier | Explanation |
|--|--|
| <p>SCHEDULE D, PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS</p> | <p>MODEST PORTIONS OF THE ENDOWMENT FUNDS ARE USED EACH YEAR TO SUPPORT ON-GOING ORGANIZATIONAL HEALTH. IN ADDITION, THE BOARD OF TRUSTEES HAS ESTABLISHED A POLICY THAT ADDITIONAL FUNDS MAY BE UTILIZED IF THE BOARD, DURING THE ANNUAL BUDGET REVIEW PROCESS, DETERMINES THAT THE USES OF THOSE ADDITIONAL FUNDS ARE IMPORTANT, STRATEGIC, AND SUPPORT ACHIEVEMENT OF THE URBAN INSTITUTE'S MISSION.</p> |
| <p>SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE</p> | <p>IN ACCORDANCE WITH AUTHORITATIVE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ISSUED BY THE FASB, THE INSTITUTE RECOGNIZES TAX LIABILITIES FOR UNCERTAIN TAX POSITIONS WHEN IT IS MORE LIKELY THAN NOT THAT A TAX POSITION WILL NOT BE SUSTAINED UPON EXAMINATION AND SETTLEMENT WITH VARIOUS TAXING AUTHORITIES. LIABILITIES FOR UNCERTAIN TAX POSITIONS ARE MEASURED BASED UPON THE LARGEST AMOUNT OF BENEFIT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED UPON SETTLEMENT. THE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ALSO ADDRESSES DE-RECOGNITION, CLASSIFICATION, AND INTEREST AND PENALTIES ON INCOME TAXES. WITH FEW EXCEPTIONS, THE INSTITUTE IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS ENDED DECEMBER 31, 2014 AND PRIOR. MANAGEMENT HAS EVALUATED THE INSTITUTE'S TAX POSITIONS AND HAS CONCLUDED THAT THE INSTITUTE HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE.</p> |

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2019

Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.**
▶ **Attach to Form 990.**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
THE URBAN INSTITUTE

Employer identification number
52-0880375

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|---|-------------------------------------|--|--|--|--|
| (1) EAST ASIA AND THE PACIFIC | 0 | 3 | PROGRAM SERVICES | PUBLIC POLICY RESEARCH | 6,759 |
| (2) NORTH AMERICA (CANADA & MEXICO ONLY) | 0 | 3 | PROGRAM SERVICES | PUBLIC POLICY RESEARCH | 19,740 |
| (3) RUSSIA AND NEIGHBORING STATES | 0 | 2 | PROGRAM SERVICES | PUBLIC POLICY RESEARCH | 52,362 |
| (4) SUB-SAHARAN AFRICA | 0 | 17 | PROGRAM SERVICES | PUBLIC POLICY RESEARCH | 621,753 |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| (10) | | | | | |
| (11) | | | | | |
| (12) | | | | | |
| (13) | | | | | |
| (14) | | | | | |
| (15) | | | | | |
| (16) | | | | | |
| (17) | | | | | |
| 3a Subtotal | 0 | 25 | | | 700,614 |
| b Total from continuation sheets to Part I | 0 | 0 | | | 0 |
| c Totals (add lines 3a and 3b) | 0 | 25 | | | 700,614 |

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

Cat. No. 50082W

Schedule F (Form 990) 2019

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|----------|---------------------------------|---|-------------------|-----------------------------|---------------------------------|--|---|--|--|
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| (5) | | | | | | | | | |
| (6) | | | | | | | | | |
| (7) | | | | | | | | | |
| (8) | | | | | | | | | |
| (9) | | | | | | | | | |
| (10) | | | | | | | | | |
| (11) | | | | | | | | | |
| (12) | | | | | | | | | |
| (13) | | | | | | | | | |
| (14) | | | | | | | | | |
| (15) | | | | | | | | | |
| (16) | | | | | | | | | |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶

3 Enter total number of other organizations or entities ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|------------|--------------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |
| (13) | | | | | | | |
| (14) | | | | | | | |
| (15) | | | | | | | |
| (16) | | | | | | | |
| (17) | | | | | | | |
| (18) | | | | | | | |

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V

Supplemental Information. Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

| Return Reference - Identifier | Explanation |
|---|--|
| SCHEDULE F, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS | NOT APPLICABLE |
| SCHEDULE F, PART I, LINE 3 - METHOD TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS | EAST ASIA AND THE PACIFIC: ACCRUAL NORTH AMERICA (CANADA & MEXICO ONLY): ACCRUAL RUSSIA AND NEIGHBORING STATES: ACCRUAL SUB-SAHARAN AFRICA: ACCRUAL |
| SCHEDULE F, PART I, LINE 3 - METHOD TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS | EAST ASIA AND THE PACIFIC: ACCRUAL NORTH AMERICA (CANADA & MEXICO ONLY): ACCRUAL RUSSIA AND NEIGHBORING STATES: ACCRUAL SUB-SAHARAN AFRICA: ACCRUAL |

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

THE URBAN INSTITUTE

Employer identification number

52-0880375

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|---|----------------|--|---------------------------------|--|--|--|---|
| (1) (SEE STATEMENT) | 56-1150454 | 501(C)(3) | 52,671 | | | | GRANT SUB-AWARD |
| (2) AREA AGENCY ON AGING 1366 EAST THOMAS ROAD, PHOENIX, AZ 85014 | 74-2371957 | 501(C)(3) | 52,477 | | | | GRANT SUB-AWARD |
| (3) (SEE STATEMENT) | 13-3462632 | 501(C)(3) | 12,051 | | | | GRANT SUB-AWARD |
| (4) BREAD FOR THE CITY 1525 7TH STREET NW, WASHINGTON, DC 20001 | 52-1138207 | 501(C)(3) | 32,000 | | | | GRANT SUB-AWARD |
| (5) (SEE STATEMENT) | 52-1596259 | 501(C)(3) | 32,000 | | | | GRANT SUB-AWARD |
| (6) CENTER FOR EFFECTIVE PUBLIC POLICY 10605 CONCORD STREET, KENSINGTON, MD 20895 | 23-2188609 | 501(C)(3) | 16,695 | | | | GRANT SUB-AWARD |
| (7) CHILD TRENDS, INC. 7315 WISCONSIN AVENUE, BETHESDA, MD 20814 | 13-2982969 | 501(C)(3) | 177,804 | | | | GRANT SUB-AWARD |
| (8) CITY OF ANKENY 410 W 1ST ST, ANKENY, IA 50023-1557 | 42-6004235 | | 20,000 | | | | GRANT SUB-AWARD |
| (9) COMMUNITY EMPOWERMENT ASSOCIATION 7120 KELLY STREET, PITTSBURG, PA 15208 | 25-1760121 | 501(C)(3) | 153,000 | | | | GRANT SUB-AWARD |
| (10) (SEE STATEMENT) | 81-5286030 | 501(C)(3) | 180,000 | | | | GRANT SUB-AWARD |
| (11) COMMUNITY WORKS WEST 110 BROADWAY, OAKLAND, CA 94607 | 20-5278030 | 501(C)(3) | 77,927 | | | | GRANT SUB-AWARD |
| (12) (SEE STATEMENT) | | | | | | | |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 28

3 Enter total number of other organizations listed in the line 1 table ▶ 7

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

Cat. No. 50055P

Schedule I (Form 990) (2019)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered “Yes” on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

(SEE STATEMENT)

Part II

Grants and Other Assistance to Governments and Organizations in the United States (continued)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|---------------------------------------|
| (12) COOK COUNTY FAMILY CONNECTION 303 S. COLLEGE STREET, P.O. BOX 92, SPARKS, GA 31647 | 58-2642722 | 501(C)(3) | 90,000 | | | | GRANT SUB-AWARD |
| (13) COUNTY OF CAMDEN 520 MARKET ST, CAMDEN, NJ 08102-1300 | 21-6000504 | | 45,000 | | | | GRANT SUB-AWARD |
| (14) COUNTY OF SUMMIT DIVISION OF PUBLIC SAFETY, 175 SOUTH MAIN STREET, AKRON, OH 44308 | 34-6002767 | | 15,000 | | | | GRANT SUB-AWARD |
| (15) DARTMOUTH-HITCHCOCK CLINIC ONE MEDICAL CENTER DRIVE, LEBANON, NH 03766 | 22-2519596 | 501(C)(3) | 22,302 | | | | GRANT SUB-AWARD |
| (16) DATAHAVEN 129 CHURCH ST, NEW HAVEN, CT 06510 | 06-1567201 | 501(C)(3) | 70,963 | | | | GRANT SUB-AWARD |
| (17) DETROIT JUSTICE CENTER 1420 WASHINGTON BLVD, SUITE 320, DETROIT, MI 48226-1718 | 82-2295339 | 501(C)(3) | 18,000 | | | | GRANT SUB-AWARD |
| (18) FRIENDSHIP PLACE 4713 WISCONSIN AVE NW, WASHINGTON, DC 20016 | 52-1925494 | 501(C)(3) | 32,000 | | | | GRANT SUB-AWARD |
| (19) GEORGETOWN UNIVERSITY 37TH AND O STREETS, NW, WASHINGTON, DC 20057 | 53-0196603 | 501(C)(3) | 75,000 | | | | GRANT SUB-AWARD |
| (20) MINNESOTA DEPARTMENT OF CORRECTIONS PO BOX 4719, ST. PAUL, MN 55101-6719 | 41-6007162 | 501(C)(3) | 42,022 | | | | GRANT SUB-AWARD |
| (21) N STREET VILLAGE 1333 N STREET NW, WASHINGTON, DC 20005 | 52-1007373 | 501(C)(3) | 32,000 | | | | GRANT SUB-AWARD |
| (22) NATIONAL CENTER FOR STATE COURTS 300 NEWPORT AVENUE, WILLIAMSBURG, VA 23185 | 52-0914250 | 501(C)(3) | 146,545 | | | | GRANT SUB-AWARD |
| (23) NATIONAL CENTER FOR VICTIMS OF CRIME 3434 WASHINGTON BLVD, NO 1100, ARLINGTON, VA 22014 | 30-0022798 | 501(C)(3) | 25,148 | | | | GRANT SUB-AWARD |
| (24) NATIONAL COUNCIL OF JUVENILE AND FAMILY COURT JUDGES PO BOX 8970, RENO, NV 89507 | 36-2486896 | 501(C)(3) | 5,535 | | | | GRANT SUB-AWARD |
| (25) PARTICIPATORY BUDGETING PROJECT, INC. 540 PRESIDENT STREET, BROOKLYN, NY 11215 | 45-3858268 | 501(C)(3) | 18,000 | | | | GRANT SUB-AWARD |
| (26) PREVENTION INSTITUTE 221 OAK STREET, OAKLAND, CA 94607 | 94-3282858 | 501(C)(3) | 179,100 | | | | GRANT SUB-AWARD |
| (27) RICHMOND CITY HEALTH DISTRICT 400 EAST CARY STREET, RICHMOND, VA 23219 | 54-6001775 | | 84,881 | | | | GRANT SUB-AWARD |

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|----------------------------------|-----------------------------|--------------------------------------|--|---|---------------------------------------|
| (28) SASHA BRUCE YOUTHWORK 741 8TH STREET SE, WASHINGTON, DC 20003 | 52-1006486 | 501(C)(3) | 197,471 | | | | GRANT SUB-AWARD |
| (29) SOCIAL SCIENCE RESEARCH COUNCIL (MEASURE OF AMERICA) 300 CADMAN PLAZA WEST, 15TH FLOOR, BROOKLYN, NY 11201 | 13-1325070 | 501(C)(3) | 225,000 | | | | GRANT SUB-AWARD |
| (30) THE DATA CENTER OF SOUTHEAST LOUISIANA 1515 POYDRAS STREET , SUITE 1240, NEW ORLEANS, LA 70112 | 72-1400841 | 501(C)(3) | 242,149 | | | | GRANT SUB-AWARD |
| (31) THE UNIVERSITY OF TEXAS AT SAN ANTONIO 1 UTSA CIRCLE, SAN ANTONIO, TX 78249 | 74-1717115 | | 15,856 | | | | GRANT SUB-AWARD |
| (32) UNIVERSITY OF CALIFORNIA, HASTINGS COLLEGE OF LAW 200 MCALLISER ST, SAN FRANCISCO, CA 94102 | 94-2581680 | | 42,269 | | | | GRANT SUB-AWARD |
| (33) VIRGINIA DEPARTMENT OF HEALTH 109 GOVERNOR STREET, RICHMOND, VA 23219 | 54-6001775 | | 131,599 | | | | GRANT SUB-AWARD |
| (34) WORKING CREDIT 111 W. WASHINGTON STREET, CHICAGO, IL 60602 | 47-2614811 | 501(C)(3) | 22,270 | | | | GRANT SUB-AWARD |
| (35) YAAY ME, INC. 316 34TH STREET NE, WASHINGTON, DC 20019 | 26-4793282 | 501(C)(3) | 15,000 | | | | GRANT SUB-AWARD |

| Return Reference - Identifier | Explanation |
|--|---|
| SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS. | URBAN ISSUES SEVERAL DIFFERENT GRANT AGREEMENT TYPES BASED ON VARYING FACTORS TO INCLUDE THE NATURE OF THE WORK TO BE CARRIED OUT BY THE GRANTEE, AMOUNT AND/OR PROPOSED COSTS, AND PERIOD OF PERFORMANCE. REGARDLESS OF GRANT TYPE, ALL GRANTEES ARE REQUIRED TO SUBMIT A PROGRAM DESCRIPTION AND CORRESPONDING BUDGET, WHICH ARE EVALUATED BY URBAN BEFORE GRANT EXECUTION TO ENSURE THE GOALS OF THE PROGRAM ARE APPROPRIATE AND COSTS ARE NECESSARY, REASONABLE, ALLOWABLE, AND ALLOCABLE. DURING IMPLEMENTATION, MONITORING PROCEDURES VARY DEPENDING ON THE AGREEMENT TYPE ISSUED, AS GRANTEES MAY BE REQUIRED TO SUBMIT REGULAR PROGRESS REPORTS, FINANCIAL REPORTS, OR DEMONSTRATE THAT THEY HAVE MET VARIOUS MILESTONES AND/OR SUBMITTED DELIVERABLES. THE PROJECT DIRECTOR IS RESPONSIBLE FOR REGULARLY MONITORING TO ENSURE THERE IS SATISFACTORY PROGRESS AND ADHERENCE TO THE TERMS AND CONDITIONS OUTLINED IN THE INDIVIDUAL GRANT AGREEMENT. FOR COST REIMBURSEMENT AGREEMENTS, FINANCIAL REPORTS ARE REVIEWED TO ENSURE EXPENDITURES ARE IN ACCORDANCE WITH APPROVED LINE-ITEM BUDGETS AND OTHER RELATED TERMS INCLUDED IN THE AGREEMENT. ONCE THE PROJECT DIRECTOR DETERMINES THAT RECIPIENTS HAVE SATISFACTORY MET ALL REQUIRED CONDITIONS, APPROVAL IS DOCUMENTED AND INFORMATION FORWARDED TO ACCOUNTS PAYABLE FOR FURTHER REVIEW, APPROVAL, AND PAYMENT AS APPROPRIATE. AT THE CLOSE OF THE GRANT, THE GRANTEE WILL SUBMIT ALL FINAL MATERIALS, AND THE PROJECT DIRECTOR WILL REVIEW, AND CONFIRM ACCEPTANCE, AND URBAN WILL PROCEED TO FORMALLY CLOSEOUT THE GRANT. |
| SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT | AMERICAN PROBATION AND PAROLE ASSOCIATION 1776 AVENUE OF THE STATES, LEXINGTON, KY 40511-8536 |
| SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT | ASSOCIATION OF STATE CORRECTIONAL ADMINISTRATORS PO BOX 102, IONA, ID 83427 |
| SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT | BRITEPATHS 3959 PENDER DRIVE, SUITE 200, FAIRFAX, VA 22030 |
| SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT | COMMUNITY INFORMATION NOW 7411 JOHN SMITH DR, 1100, SANT ANTONIO, TX 78229 |

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

THE URBAN INSTITUTE

Compensation Information

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

52-0880375

Part I Questions Regarding Compensation

| | Yes | No |
|---|-----------|----|
| <p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <p> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Travel for companions <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) </p> | | |
| <p>b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p> | 1b | |
| <p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?</p> | 2 | |
| <p>3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <p> <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Written employment contract <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Approval by the board or compensation committee </p> | | |
| <p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> | | |
| <p>a Receive a severance payment or change-of-control payment?</p> | 4a | ✓ |
| <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> | 4b | ✓ |
| <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p> | 4c | ✓ |
| <p>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</p> | | |
| <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> | | |
| <p>a The organization?</p> | 5a | ✓ |
| <p>b Any related organization?</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p> | 5b | ✓ |
| <p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> | | |
| <p>a The organization?</p> | 6a | ✓ |
| <p>b Any related organization?</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p> | 6b | ✓ |
| <p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III</p> | 7 | ✓ |
| <p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p> | 8 | ✓ |
| <p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p> | 9 | |

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

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

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)–(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1 SARAH ROSEN WARTELL PRESIDENT | (i) | 637,230 | 0 | 0 | 26,660 | 278 | 664,168 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2 NANI COLORETTI SENIOR VICE PRESIDENT, FINANCIAL & BUSINESS STRATEGY & TREASURER | (i) | 319,993 | 0 | 0 | 26,660 | 24,406 | 371,059 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3 ROBERT BUCHANAN VICE PRESIDENT, CONTROLLER & ASSISTANT TREASURER | (i) | 210,085 | 0 | 0 | 18,657 | 9,591 | 238,333 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4 LIZA GETSINGER CHIEF OF STAFF & DIRECTOR OF PROGRAM PLANNING | (i) | 135,217 | 0 | 0 | 12,922 | 19,942 | 168,081 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5 MARGERY TURNER SENIOR VICE PRESIDENT, PROGRAM PLANNING & MANAGEMENT | (i) | 348,303 | 0 | 0 | 26,660 | 20,972 | 395,935 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6 STEPHEN ZUCKERMAN VICE PRESIDENT, HEALTH POLICY | (i) | 277,264 | 0 | 0 | 25,502 | 25,506 | 328,272 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7 GENEVIEVE KENNEY VICE PRESIDENT, HEALTH POLICY | (i) | 275,838 | 0 | 0 | 25,502 | 23,331 | 324,671 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8 JOHN HOLAHAN INSTITUTE FELLOW | (i) | 266,582 | 0 | 0 | 24,809 | 25,247 | 316,638 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9 ERIKA POETHIG VICE PRESIDENT, POLICY & CHIEF INNOVATION OFFICER | (i) | 262,336 | 0 | 0 | 24,378 | 6,913 | 293,627 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10 BRIDGET LOWELL VICE PRESIDENT, COMMUNICATIONS & OUTREACH & CHIEF COMMUNICATIONS OFFICER | (i) | 256,462 | 0 | 0 | 22,635 | 2,705 | 281,802 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 11 KHULOUD ODEH VICE PRESIDENT, TECHNOLOGY & DATA SCIENCE & CHIEF INFORMATION OFFICER | (i) | 242,062 | 0 | 0 | 22,776 | 22,699 | 287,537 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12 MONICA WOODS VICE PRESIDENT, HUMAN RESOURCES & CHIEF ADMINISTRATIVE OFFICER | (i) | 223,946 | 0 | 0 | 19,879 | 4,049 | 247,874 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 13 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 14 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 15 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 16 | (i) | | | | | | | |
| | (ii) | | | | | | | |

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization

THE URBAN INSTITUTE

Employer identification number

52-0880375

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--|-------------------------------|--|--|--|
| 1 Art—Works of art | | | | |
| 2 Art—Historical treasures | | | | |
| 3 Art—Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities—Publicly traded | ✓ | 2 | 25,152 | COST |
| 10 Securities—Closely held stock | | | | |
| 11 Securities—Partnership, LLC, or trust interests | | | | |
| 12 Securities—Miscellaneous | | | | |
| 13 Qualified conservation contribution—Historic structures | | | | |
| 14 Qualified conservation contribution—Other | | | | |
| 15 Real estate—Residential | | | | |
| 16 Real estate—Commercial | | | | |
| 17 Real estate—Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ▶ (_____) | | | | |
| 26 Other ▶ (_____) | | | | |
| 27 Other ▶ (_____) | | | | |
| 28 Other ▶ (_____) | | | | |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 0

| | Yes | No |
|---|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? | | ✓ |
| b If "Yes," describe the arrangement in Part II. | | |
| 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? | | ✓ |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | ✓ | |
| b If "Yes," describe in Part II. | | |
| 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. | | |

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

| Return Reference - Identifier | Explanation |
|--|---|
| SCHEDULE M, PART I - EXPLANATIONS OF REPORTING METHOD FOR NUMBER OF CONTRIBUTIONS | SECURITIES - PUBLICLY TRADED - THE NUMBER OF CONTRIBUTIONS REFLECTS THE NUMBER OF SEPARATE CONTRIBUTIONS OF PUBLICLY TRADED SECURITIES RECEIVED DURING THE YEAR. |
| SCHEDULE M, PART I, LINE 32B - THIRD PARTIES USED TO SOLICIT, PROCESS, OR SELL NONCASH CONTRIBUTIONS | CONTRIBUTIONS OF PUBLICLY TRADED SECURITIES ARE TRANSFERRED TO THE URBAN INSTITUTE'S FINANCIAL INSTITUTION. UPON LIQUIDATION OF THE SECURITIES THE NET PROCEEDS ARE THEN TRANSFERRED TO THE URBAN INSTITUTE'S GENERAL CHECKING ACCOUNT. |

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

- ▶ Attach to Form 990 or 990-EZ.
- ▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the Organization
THE URBAN INSTITUTE

Employer Identification Number
52-0880375

| Return Reference - Identifier | Explanation |
|--|--|
| FORM 990, PART I, LINE 1 - BRIEF MISSION | CONDUCTED RESEARCH AND OFFERED EVIDENCE-BASED SOLUTIONS THAT IMPROVE LIVES AND STRENGTHEN COMMUNITIES |
| FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION | EXPAND OPPORTUNITIES FOR ALL, REDUCE HARDSHIP AMONG THE MOST VULNERABLE, AND STRENGTHEN THE EFFECTIVENESS OF THE PUBLIC SECTOR. |
| FORM 990, PART III, LINE 4C - PROGRAM SERVICE DESCRIPTION | PRACTITIONERS WHO INTERACT WITH THESE GROUPS. THIS HANDS-ON WORK ALLOWS US TO HEAR FROM THE PEOPLE MOST AFFECTED BY JUSTICE POLICY DECISIONS AND MAKES OUR FINDINGS MORE RELEVANT AND USEFUL. WE USE OUR KNOWLEDGE OF THE FEDERAL, STATE, AND LOCAL CORRECTIONAL SYSTEMS TO GUIDE CONCRETE, REAL-WORLD SOLUTIONS AND PRODUCE REPORTS AND PROVIDE TECHNICAL ASSISTANCE THAT TRANSLATE COMPLEX RESEARCH INTO ACTIONABLE STRATEGIES TO ENHANCE THE SAFETY AND WELL-BEING OF INDIVIDUALS AND COMMUNITIES. |
| FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES | (EXPENSES \$41,486,056 INCLUDING GRANTS OF \$1,556,766)(REVENUE) OTHER PROGRAM SERVICES INCOME AND BENEFITS POLICY CENTER TAX POLICY CENTER RESEARCH TO ACTION LAB LABOR, HUMAN SERVICES, AND POPULATION CENTER ON NONPROFITS AND PHILANTHROPY EXECUTIVE OFFICE RESEARCH EDUCATION DATA AND POLICY CENTER HOUSING FINANCE POLICY CENTER INTERNATIONAL DEVELOPMENT AND GOVERNANCE CENTER STATISTICAL METHODS GROUP TECHNOLOGY AND DATA SCIENCE |
| FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY | A DRAFT OF THE FORM 990 IS PROVIDED TO THE SENIOR VICE PRESIDENT FOR FINANCIAL AND BUSINESS STRATEGY AND THE CONTROLLER. EACH PERFORMS AN INDEPENDENT REVIEW OF THE DRAFT. CHANGES ARE INCORPORATED INTO A SECOND DRAFT, WHICH IS PROVIDED TO THE PRESIDENT AND CHIEF COMMUNICATIONS OFFICER FOR REVIEW. A FINAL DRAFT IS THEN PREPARED AND PROVIDED TO THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES. ONCE THE AUDIT COMMITTEE'S REVIEW IS COMPLETE, THE FORM 990 IS PROVIDED TO ALL MEMBERS OF THE BOARD OF TRUSTEES PRIOR TO FILING. |
| FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY | THE INSTITUTE MAKES AVAILABLE AN ORIENTATION PROGRAM AND TRUSTEE HANDBOOK TO NEW TRUSTEES TO FAMILIARIZE THEM WITH INSTITUTE POLICIES. ON AN ANNUAL BASIS, TRUSTEES AND OFFICERS COMPLETE A CONFLICT OF INTEREST STATEMENT DESIGNED TO IDENTIFY AND GUARD AGAINST POTENTIAL CONFLICTS OF INTEREST. THE STATEMENTS ARE REVIEWED BY THE CORPORATE SECRETARY AND TAKEN INTO CONSIDERATION IN THE CONDUCT OF THE INSTITUTE'S BUSINESS. THE INSTITUTE'S "STANDARDS OF ETHICAL CONDUCT" POLICY CONTAINS A SECTION ON CONFLICTS OF INTEREST. THE POLICY IS REQUIRED READING FOR ALL EMPLOYEES AND IS INCLUDED IN EMPLOYEE TRAINING ON ETHICAL CONDUCT. DETAILED REVIEW AND APPROVAL PROCEDURES EXIST FOR ALL EXPENDITURES, ENSURING STRONG INTERNAL CONTROL AND COMPLIANCE WITH ORGANIZATIONAL POLICIES. |
| FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL | THE SALARY FOR THE PRESIDENT IS SET BY THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES. EACH YEAR THE CHAIR OF THE EXECUTIVE COMMITTEE IS PROVIDED SALARY SURVEYS FOR THE PRESIDENT/CEO OF SIMILAR ORGANIZATIONS IN THE SAME GEOGRAPHIC AREA. THE CHAIR IS ALSO PROVIDED NATIONAL SALARY SURVEYS FOR COMPARABLE POSITIONS IN LIKE-SIZED ORGANIZATIONS AS WELL AS UPWARD ASSESSMENTS OF PERFORMANCE OF THE PRESIDENT BY OTHER SENIOR STAFF. THE EXECUTIVE COMMITTEE MEETS IN PRIVATE SESSION TO REVIEW AND DISCUSS THESE MATERIALS AND DETERMINE THE COMPENSATION OF THE PRESIDENT. THE EXECUTIVE COMMITTEE'S REVIEW OF THE PRESIDENT'S PERFORMANCE AND SALARY IS DISCUSSED WITH THE FULL BOARD OF TRUSTEES, WITH THE PRESIDENT RECUSING HERSELF. THE CHAIR PROVIDES A WRITTEN SUMMARY OF THE DISCUSSION AND THE APPROVED SALARY IN A MEMO TO THE VICE PRESIDENT FOR ADMINISTRATION AND CHIEF HUMAN RESOURCES OFFICER. |

| Return Reference - Identifier | Explanation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--------------------|------------------------------|-------------------------------------|--------------------------|-----------------|--------------------|------------------------------|-------------------------------------|--------------------------|-------|-----------|-----------|-----------|--|----------------|-----------|-----------|--|--|------------------------------|-----------|-----------|---------|-------|--------------------------|---------|---------|--------|-----|----------------|---------|--------|---------|-------|
| FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES | THE SALARY FOR THE SENIOR VICE PRESIDENT IS SET BY THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES. EACH YEAR THE CHAIR OF THE EXECUTIVE COMMITTEE IS PROVIDED SALARY SURVEYS FOR THE SENIOR VICE PRESIDENTS OF SIMILAR ORGANIZATIONS IN THE SAME GEOGRAPHIC AREA. THE PRESIDENT CONSULTS WITH SENIOR STAFF OF THE INSTITUTE TO DISCUSS THE PERFORMANCE OF THE SENIOR VICE PRESIDENT. BASED ON THESE DISCUSSIONS AND THE SALARY SURVEYS MENTIONED ABOVE, THE PRESIDENT MAKES A SALARY RECOMMENDATION TO THE EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE MEETS IN PRIVATE SESSION TO REVIEW THIS RECOMMENDATION, AS WELL AS THE SALARY SURVEY INFORMATION, TO DETERMINE THE COMPENSATION OF THE SENIOR VICE PRESIDENT. THE CHAIR PROVIDES A WRITTEN SUMMARY OF THE DISCUSSION AND THE APPROVED SALARY IN A MEMO TO THE CHIEF HUMAN RESOURCES OFFICER. SALARIES OF OTHER OFFICERS ARE DETERMINED BY THE PRESIDENT IN CONSULTATION WITH THE SENIOR VICE PRESIDENT AND OTHERS WHO HAVE OBSERVED THE PERFORMANCE OF THESE INDIVIDUALS. THE SALARY INCREASES FOR THESE INDIVIDUALS MUST FALL WITHIN THE INSTITUTE'S ANNUAL BUDGET, WHICH IS APPROVED BY THE BOARD OF TRUSTEES. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FORM 990, PART VI, LINE 17 - STATES WITH WHICH A COPY OF THIS FORM 990 IS REQUIRED TO BE FILED | CT, FL, GA, HI, IL, KS, KY, MA, MD, MN, MO, MS, NC, NH, NJ, NM, NY, OK, OR, PA, RI, SC, TN, UT, VA, WI, WV | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC | THE URBAN INSTITUTE MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. SUCH REQUESTS ARE GENERALLY FROM POTENTIAL GRANTORS AND FUNDERS IN RESPONSE TO A GRANT APPLICATION OR REQUEST FOR FUNDING FOR SPECIFIC PROJECTS. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES | <table border="1"> <thead> <tr> <th data-bbox="467 709 751 779">(a) Description</th> <th data-bbox="760 709 943 779">(b) Total Expenses</th> <th data-bbox="951 709 1135 779">(c) Program Service Expenses</th> <th data-bbox="1143 709 1326 779">(d) Management and General Expenses</th> <th data-bbox="1334 709 1518 779">(e) Fundraising Expenses</th> </tr> </thead> <tbody> <tr> <td data-bbox="467 789 751 816">OTHER</td> <td data-bbox="760 789 943 816">3,115,118</td> <td data-bbox="951 789 1135 816">1,890,654</td> <td data-bbox="1143 789 1326 816">1,224,464</td> <td data-bbox="1334 789 1518 816"></td> </tr> <tr> <td data-bbox="467 827 751 854">SUBCONTRACTORS</td> <td data-bbox="760 827 943 854">9,345,370</td> <td data-bbox="951 827 1135 854">9,345,370</td> <td data-bbox="1143 827 1326 854"></td> <td data-bbox="1334 827 1518 854"></td> </tr> <tr> <td data-bbox="467 865 751 907">CONSULTANT FEES AND EXPENSES</td> <td data-bbox="760 865 943 907">2,024,319</td> <td data-bbox="951 865 1135 907">1,897,675</td> <td data-bbox="1143 865 1326 907">124,686</td> <td data-bbox="1334 865 1518 907">1,958</td> </tr> <tr> <td data-bbox="467 917 751 959">PURCHASE ORDER CONTRACTS</td> <td data-bbox="760 917 943 959">165,362</td> <td data-bbox="951 917 1135 959">134,541</td> <td data-bbox="1143 917 1326 959">29,835</td> <td data-bbox="1334 917 1518 959">986</td> </tr> <tr> <td data-bbox="467 970 751 997">TEMPORARY HELP</td> <td data-bbox="760 970 943 997">218,387</td> <td data-bbox="951 970 1135 997">31,490</td> <td data-bbox="1143 970 1326 997">185,022</td> <td data-bbox="1334 970 1518 997">1,875</td> </tr> </tbody> </table> | | | | | (a) Description | (b) Total Expenses | (c) Program Service Expenses | (d) Management and General Expenses | (e) Fundraising Expenses | OTHER | 3,115,118 | 1,890,654 | 1,224,464 | | SUBCONTRACTORS | 9,345,370 | 9,345,370 | | | CONSULTANT FEES AND EXPENSES | 2,024,319 | 1,897,675 | 124,686 | 1,958 | PURCHASE ORDER CONTRACTS | 165,362 | 134,541 | 29,835 | 986 | TEMPORARY HELP | 218,387 | 31,490 | 185,022 | 1,875 |
| | (a) Description | (b) Total Expenses | (c) Program Service Expenses | (d) Management and General Expenses | (e) Fundraising Expenses | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | OTHER | 3,115,118 | 1,890,654 | 1,224,464 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | SUBCONTRACTORS | 9,345,370 | 9,345,370 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | CONSULTANT FEES AND EXPENSES | 2,024,319 | 1,897,675 | 124,686 | 1,958 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | PURCHASE ORDER CONTRACTS | 165,362 | 134,541 | 29,835 | 986 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TEMPORARY HELP | 218,387 | 31,490 | 185,022 | 1,875 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization
THE URBAN INSTITUTE

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number
52-0880375

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| (1) ----- | | | | | |
| (2) ----- | | | | | |
| (3) ----- | | | | | |
| (4) ----- | | | | | |
| (5) ----- | | | | | |
| (6) ----- | | | | | |

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|--|---|--|----------------------------|---|----------------------------------|--|----|
| | | | | | | Yes | No |
| (1) THE URBAN INSTITUTE EMPLOYEE BENEFIT TRUST (52-6674346) 500 L'ENFANT PLAZA SW, WASHINGTON, DC 20024 | PROVIDE BENEFITS TO INSTITUTE EMPLOYEES | DC | 501(C)(9) | | THE URBAN INSTITUTE | ✓ | |
| (2) ----- | | | | | | | |
| (3) ----- | | | | | | | |
| (4) ----- | | | | | | | |
| (5) ----- | | | | | | | |
| (6) ----- | | | | | | | |
| (7) ----- | | | | | | | |

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

Cat. No. 50135Y

Schedule R (Form 990) 2019

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512–514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
| | | | | | | | Yes | No | | Yes | No | |
| (1) ----- | | | | | | | | | | | | |
| (2) ----- | | | | | | | | | | | | |
| (3) ----- | | | | | | | | | | | | |
| (4) ----- | | | | | | | | | | | | |
| (5) ----- | | | | | | | | | | | | |
| (6) ----- | | | | | | | | | | | | |
| (7) ----- | | | | | | | | | | | | |

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|--|----|
| | | | | | | | | Yes | No |
| (1) ----- | | | | | | | | | |
| (2) ----- | | | | | | | | | |
| (3) ----- | | | | | | | | | |
| (4) ----- | | | | | | | | | |
| (5) ----- | | | | | | | | | |
| (6) ----- | | | | | | | | | |
| (7) ----- | | | | | | | | | |

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

| | Yes | No |
|--|-----|----|
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | ✓ |
| b Gift, grant, or capital contribution to related organization(s) | | ✓ |
| c Gift, grant, or capital contribution from related organization(s) | | ✓ |
| d Loans or loan guarantees to or for related organization(s) | | ✓ |
| e Loans or loan guarantees by related organization(s) | | ✓ |
| f Dividends from related organization(s) | | ✓ |
| g Sale of assets to related organization(s) | | ✓ |
| h Purchase of assets from related organization(s) | | ✓ |
| i Exchange of assets with related organization(s) | | ✓ |
| j Lease of facilities, equipment, or other assets to related organization(s) | | ✓ |
| k Lease of facilities, equipment, or other assets from related organization(s) | | ✓ |
| l Performance of services or membership or fundraising solicitations for related organization(s) | | ✓ |
| m Performance of services or membership or fundraising solicitations by related organization(s) | | ✓ |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | ✓ |
| o Sharing of paid employees with related organization(s) | | ✓ |
| p Reimbursement paid to related organization(s) for expenses | | ✓ |
| q Reimbursement paid by related organization(s) for expenses | | ✓ |
| r Other transfer of cash or property to related organization(s) | ✓ | |
| s Other transfer of cash or property from related organization(s) | | ✓ |

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|--|-------------------------------|------------------------|--|
| THE URBAN INSTITUTE EMPLOYEE BENEFIT TRUST | R | 3,429,174 | CASH AMOUNT |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512–514) | (e) Are all partners section 501(c)(3) organizations? | | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|---|-------------------------|--|--|--|----|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
| | | | | Yes | No | | | Yes | No | | Yes | No | |
| (1) | | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | | |
| (8) | | | | | | | | | | | | | |
| (9) | | | | | | | | | | | | | |
| (10) | | | | | | | | | | | | | |
| (11) | | | | | | | | | | | | | |
| (12) | | | | | | | | | | | | | |
| (13) | | | | | | | | | | | | | |
| (14) | | | | | | | | | | | | | |
| (15) | | | | | | | | | | | | | |
| (16) | | | | | | | | | | | | | |