

PUBLIC DISCLOSURE COPY

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2022Department of the Treasury
Internal Revenue Service

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.**Open to Public Inspection**

A For the 2022 calendar year, or tax year beginning , 2022 , and ending , 20																										
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization THE URBAN INSTITUTE</td> <td>D Employer identification number 52-0880375</td> </tr> <tr> <td colspan="2">Doing business as</td> <td rowspan="3">E Telephone number (202) 833-7200</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> </tr> <tr> <td colspan="2">500 L'ENFANT PLAZA SW</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20024</td> <td>G Gross receipts \$ 212,472,057</td> </tr> <tr> <td colspan="2">F Name and address of principal officer: SARAH ROSEN WARTELL SAME AS C ABOVE</td> <td> H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions. H(c) Group exemption number </td> </tr> <tr> <td colspan="3">I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</td> </tr> <tr> <td colspan="3">J Website: WWW.URBAN.ORG</td> </tr> <tr> <td colspan="2">K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other</td> <td>L Year of formation: 1968 M State of legal domicile: DE</td> </tr> </table>	C Name of organization THE URBAN INSTITUTE		D Employer identification number 52-0880375	Doing business as		E Telephone number (202) 833-7200	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		G Gross receipts \$ 212,472,057	F Name and address of principal officer: SARAH ROSEN WARTELL SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions. H(c) Group exemption number	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			J Website: WWW.URBAN.ORG			K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1968 M State of legal domicile: DE
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Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: THE URBAN INSTITUTE IS A NONPROFIT RESEARCH ORGANIZATION THAT PROVIDES DATA AND EVIDENCE TO HELP ADVANCE UPWARD MOBILITY AND EQUITY.
	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 2022 (Part V, line 2a) 5 751
	6	Total number of volunteers (estimate if necessary) 6 69
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 7a 145,950
b	Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0	
Revenue	8	Contributions and grants (Part VIII, line 1h) 144,104,296 138,719,059
	9	Program service revenue (Part VIII, line 2g) 0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 25,628,954 17,389,060
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 193,416 170,399
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 169,926,666 156,278,518
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3) 5,814,545 8,255,595
	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) 72,164,546 82,007,972
	16a	Professional fundraising fees (Part IX, column (A), line 11e) 0 0
	b	Total fundraising expenses (Part IX, column (D), line 25) 3,094,340
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 37,514,730 38,110,072
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 115,493,821 128,373,639
19	Revenue less expenses. Subtract line 18 from line 12 54,432,845 27,904,879	
Net Assets or Fund Balances	20	Total assets (Part X, line 16) 297,470,452 347,500,996
	21	Total liabilities (Part X, line 26) 36,449,144 101,508,150
	22	Net assets or fund balances. Subtract line 21 from line 20 261,021,308 245,992,846

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 BUCHANAN, VP, CONTROLLER & TREASURER	Date		
	Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> 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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2022)

Part III Statement of Program Service AccomplishmentsCheck 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 A NONPROFIT RESEARCH ORGANIZATION THAT PROVIDES DATA AND EVIDENCE TO HELP ADVANCE UPWARD MOBILITY AND EQUITY. WE ARE A TRUSTED SOURCE FOR CHANGEMAKERS WHO SEEK TO STRENGTHEN DECISION MAKING, CREATE INCLUSIVE ECONOMIC GROWTH, AND IMPROVE THE WELL-BEING OF (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 \$ 16,541,505 including grants of \$ 4,046,560) (Revenue \$)

SOCIAL SCIENCES - RESEARCH AND PUBLIC POLICY ANALYSIS: THE RESEARCH TO ACTION LAB IS AN INNOVATION HUB SERVING DECISIONMAKERS AND CREATIVE THINKERS EAGER TO EFFECT SOCIAL CHANGE. WE DRAW ON THE BREADTH AND DEPTH OF THE URBAN INSTITUTE'S RESEARCH INSIGHTS TO TEST NEW STRATEGIES AND DEVELOP CUTTING-EDGE TOOLS, PROGRAMS, AND TRAININGS, AS WELL AS PROVIDE STRATEGIC AND PHILANTHROPIC ADVICE TO PUBLIC, NONPROFIT, AND PRIVATE-SECTOR LEADERS. NIMBLE AND CREATIVE, THE LAB TAKES AN INTEGRATED APPROACH TO HELPING DECISIONMAKERS NAVIGATE CURRENT CHALLENGES AND SEIZE FUTURE OPPORTUNITIES IN LOCALITIES THROUGHOUT THE UNITED STATES. OUR MULTIDISCIPLINARY TEAM OFFERS EXPERTISE IN IDENTIFYING AND CULTIVATING APPROACHES THAT SHAPE PUBLIC DEBATE, IMPROVE DECISIONMAKING, AND SPARK DISRUPTIVE SOLUTIONS TO TODAY'S COMPLEX SOCIAL AND ECONOMIC CHALLENGES.

4b (Code:) (Expenses \$ 16,249,581 including grants of \$ 165,585) (Revenue \$)

SOCIAL SCIENCES - RESEARCH AND PUBLIC POLICY ANALYSIS: AT THE CENTER ON LABOR, HUMAN SERVICES, AND POPULATION, WE STUDY HOW FAMILY, YOUTH, AND INDIVIDUAL WELL-BEING IS SHAPED BY ECONOMIC, SOCIAL, AND DEMOGRAPHIC TRENDS, AND HOW POLICIES AND PROGRAMS CAN IMPROVE ECONOMIC SECURITY, WORK, AND CHILD WELFARE AND DEVELOPMENT. UNDERSTANDING HOW FAMILIES ARE FARING IN THE FACE OF ECONOMIC PRESSURES, DEMOGRAPHIC CHANGE, AND PUBLIC HEALTH AND SOCIAL CHALLENGES IS ESSENTIAL FOR POLICYMAKERS AND PRACTITIONERS WHO OVERSEE SOCIAL SERVICES AND PROGRAMS. OUR RESEARCH EXPLORES THE IMPLICATIONS OF THESE CHANGES FOR PEOPLE AND POLICIES AND CONTRIBUTES TO THE EVOLVING CONVERSATION ABOUT GROWING INEQUITIES AND THE PERSISTENCE OF STRUCTURAL RACISM.

4c (Code:) (Expenses \$ 15,499,303 including grants of \$ 50,000) (Revenue \$)

SOCIAL SCIENCES - RESEARCH AND PUBLIC POLICY ANALYSIS: FOR NEARLY 40 YEARS, THE HEALTH POLICY CENTER HAS HELPED LAWMAKERS UNDERSTAND THE SCOPE OF THE COUNTRY'S HEALTH CARE PROBLEMS AND COSTS, EVALUATED HOW PUBLIC POLICIES AFFECT LIVES AND COMMUNITIES, AND PROVIDED INSIGHTS ABOUT PAYMENT AND SERVICE DELIVERY REFORMS. WE UNDERSTAND THE MYRIAD FACTORS THAT CAN INFLUENCE A PERSON'S HEALTH, AND OUR RESEARCH TOOLS ALLOW US TO TRACK AND PREDICT TRENDS AND OUTCOMES RIGOROUSLY AND ACCURATELY. IN OUR WORK ANALYZING EMPLOYER-BASED COVERAGE, MEDICARE AND MEDICAID, THE HEALTH CARE SAFETY NET, AND STATE AND LOCAL INITIATIVES TO IMPROVE POPULATION HEALTH, WE ARE PROVIDING THE ANSWERS DECISIONMAKERS NEED TO ADDRESS HEALTH PROBLEMS IN AMERICA.

4d Other program services (Describe on Schedule O.)

(Expenses \$ 54,288,188 including grants of \$ 3,950,891) (Revenue \$ 0)

4e Total program service expenses 102,578,577

Part IV Checklist of Required Schedules

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

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	1a	450
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	✓

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	751
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	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 the 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	✓
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17	

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 1a 28		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
b Enter the number of voting members included on line 1a, above, who are independent 1b 27		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2		<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? 3		<input checked="" type="checkbox"/>
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4		<input checked="" type="checkbox"/>
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5		<input checked="" type="checkbox"/>
6 Did the organization have members or stockholders? 6		<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? 7a		<input checked="" type="checkbox"/>
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b		<input checked="" type="checkbox"/>
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body? 8a	<input checked="" type="checkbox"/>	
b Each committee with authority to act on behalf of the governing body? 8b	<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 9		<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? 10a		<input checked="" type="checkbox"/>
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a	<input checked="" type="checkbox"/>	
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a	<input checked="" type="checkbox"/>	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b	<input checked="" type="checkbox"/>	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 12c	<input checked="" type="checkbox"/>	
13 Did the organization have a written whistleblower policy? 13	<input checked="" type="checkbox"/>	
14 Did the organization have a written document retention and destruction policy? 14	<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?		
a The organization's CEO, Executive Director, or top management official 15a	<input checked="" type="checkbox"/>	
b Other officers or key employees of the organization 15b	<input checked="" type="checkbox"/>	
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a		<input checked="" type="checkbox"/>
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed AL, AR, CA, FL, (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

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ 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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(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	✓		✓				822,251	0	38,239
(2) KIMBERLYN LEARY SENIOR VICE PRESIDENT	40.0					✓		407,438	0	51,286
(3) TODD GREENE INSTITUTE FELLOW AND EXECUTIVE DIRECTOR	40.0					✓		354,481	0	43,233
(4) STEPHEN ZUCKERMAN VICE PRESIDENT, HEALTH POLICY	40.0					✓		332,373	0	55,549
(5) GENEVIEVE KENNEY VICE PRESIDENT, HEALTH POLICY	40.0					✓		329,835	0	54,692
(6) SIGNE-MARY MCKERNAN VICE PRESIDENT, LABOR, HUMAN SERVICES, & POPULATION	40.0					✓		287,860	0	28,920
(7) ROBERT BUCHANAN VICE PRESIDENT, CONTROLLER & ASSISTANT TREASURER	40.0			✓				271,784	0	30,266
(8) NANI COLORETTI SENIOR VICE PRESIDENT, FINANCIAL & BUSINESS STRATEGY & TREASURER	40.0			✓				151,881	0	17,739
(9) ERIC HOWELL SENIOR VICE PRESIDENT OF FINANCE, OPERATIONS, AND BUSINESS STRATEGY	40.0			✓				115,552	0	5,658
(10) ADREA TURNER CHIEF OF STAFF	40.0			✓				110,679	0	5,145
(11) LIZA GETSINGER CHIEF OF STAFF & DIRECTOR OF PROGRAM PLANNING	40.0			✓				47,727	0	4,961
(12) JAMIE S. GORELICK CHAIR	2.0	✓						0	0	0
(13) N. GREGORY MANKIW VICE CHAIR	2.0	✓						0	0	0
(14) ANNETTE L. NAZARETH VICE CHAIR	2.0	✓						0	0	0

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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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) ANTHONY A. WILLIAMS	2.0	<input checked="" type="checkbox"/>						0	0	0
(16) ANTONIA HERNANDEZ	2.0	<input checked="" type="checkbox"/>						0	0	0
(17) ARTHUR I. SEGEL	2.0	<input checked="" type="checkbox"/>						0	0	0
(18) ASHLEY SWEARENGIN	2.0	<input checked="" type="checkbox"/>						0	0	0
(19) CHARLES H. RAMSEY	2.0	<input checked="" type="checkbox"/>						0	0	0
(20) DAVID THOMAS	2.0	<input checked="" type="checkbox"/>						0	0	0
(21) DIANA FARRELL	2.0	<input checked="" type="checkbox"/>						0	0	0
(22) EDUARDO PADRON	2.0	<input checked="" type="checkbox"/>						0	0	0
(23) HEATHER HIGGINBOTTOM	2.0	<input checked="" type="checkbox"/>						0	0	0
(24) J. ADAM ABRAM	2.0	<input checked="" type="checkbox"/>						0	0	0
(25) (SEE STATEMENT)		<input checked="" type="checkbox"/>						0	0	0
1b Subtotal								3,231,861	0	335,688
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								3,231,861	0	335,688

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

- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		<input checked="" type="checkbox"/>
4	<input checked="" type="checkbox"/>	
5		<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
DEKA USA DIM PROPERTY ONE LP, 7 PENN PLAZA, SUITE 210, NEW YORK, NY 10001	RENT	8,206,172
BROOKINGS INSTITUTION, 1775 MASSACHUSETTS AVE NW, WASHINGTON, DC 20036	SUBCONTRACT/CONSULTING	1,086,000
HEALTHTECH SOLUTIONS LLC, 2030 HOOVER BLVD, FRANKFORT, KY 40601	SUBCONTRACT/CONSULTING	1,056,650
MATHEMATICA POLICY RESEARCH, 1100 FIRST ST NE, 12TH FLOOR, WASHINGTON, DC 20002	SUBCONTRACT/CONSULTING	967,337
SOCIAL SCIENCE RESEARCH SOLUTIONS, 1 BRAXTON WAY, SUITE 125, GLEN MILLS, PA 19342	SUBCONTRACT/CONSULTING	961,085
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	80	

Part VIII Statement of RevenueCheck 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	39,835,546			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	98,883,513			
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h	Total. Add lines 1a-1f		138,719,059			
Program Service Revenue				Business Code			
	2a						
	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)		2,229,576			2,229,576
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties		14,009	14,009		
	6a	Gross rents	6a				
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c	0	0		
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	7a	71,353,023			
	b	Less: cost or other basis and sales expenses . .	7b	56,193,539			
	c	Gain or (loss)	7c	15,159,484	0		
	d	Net gain or (loss)		15,159,484			15,159,484
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a				
	b	Less: direct expenses	8b				
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities. See Part IV, line 19	9a				
	b	Less: direct expenses	9b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	10a	925			
	b	Less: cost of goods sold	10b				
	c	Net income or (loss) from sales of inventory		925	925		
Miscellaneous Revenue				Business Code			
	11a	MISCELLANEOUS	900099	9,515	9,515		
	b	DATA SUBSCRIPTIONS	900099	145,950		145,950	
	c						
	d	All other revenue		0	0	0	0
e	Total. Add lines 11a-11d		155,465				
12	Total revenue. See instructions			156,278,518	24,449	145,950	17,389,060

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	8,255,595	8,255,595		
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	1,552,279	139,462	1,389,273	23,544
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	58,769,737	46,760,573	10,126,830	1,882,334
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,946,566	3,979,884	805,093	161,589
9 Other employee benefits	11,898,000	9,614,472	1,894,014	389,514
10 Payroll taxes	4,841,390	3,849,956	834,571	156,863
11 Fees for services (nonemployees):				
a Management				
b Legal	162,673	13,385	149,288	
c Accounting	130,015		130,015	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	732,547		732,547	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	20,349,840	17,190,049	3,113,467	46,324
12 Advertising and promotion				
13 Office expenses	811,563	689,225	101,557	20,781
14 Information technology	1,870,812	1,289,452	538,363	42,997
15 Royalties				
16 Occupancy	6,775,185	5,678,620	896,570	199,995
17 Travel	516,164	475,592	37,197	3,375
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	179,421	114,669	61,799	2,953
20 Interest	221		221	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,695,589	2,129,051	492,846	73,692
23 Insurance	380,744	295,745	74,572	10,427
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>	1,859,814	944,181	889,279	26,354
b <u>MISCELLANEOUS BUSINESS EXPENSES</u>	278,924	107,523	155,023	16,378
c				
d				
e All other expenses	1,366,560	1,051,143	278,197	37,220
25 Total functional expenses. Add lines 1 through 24e	128,373,639	102,578,577	22,700,722	3,094,340
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 SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	3,763	1	34,766
	2 Savings and temporary cash investments	39,965,010	2	16,805,464
	3 Pledges and grants receivable, net	35,629,072	3	37,234,415
	4 Accounts receivable, net	33,721,711	4	29,105,328
	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	1,876,067	9	2,024,467
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 38,210,928		
	b Less: accumulated depreciation	10b 23,971,021	10c	14,239,907
	11 Investments—publicly traded securities	126,100,509	11	146,464,385
	12 Investments—other securities. See Part IV, line 11	44,029,081	12	35,861,130
	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	65,731,134
16 Total assets. Add lines 1 through 15 (must equal line 33)	297,470,452	16	347,500,996	
Liabilities	17 Accounts payable and accrued expenses	12,500,144	17	12,367,336
	18 Grants payable		18	
	19 Deferred revenue	2,980,526	19	2,932,997
	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	20,968,474	25	86,207,817
	26 Total liabilities. Add lines 17 through 25	36,449,144	26	101,508,150
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	165,719,020	27	129,769,656
	28 Net assets with donor restrictions	95,302,288	28	116,223,190
	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	261,021,308	32	245,992,846
33 Total liabilities and net assets/fund balances	297,470,452	33	347,500,996	

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Part XI Reconciliation of Net AssetsCheck 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	156,278,518
2	Total expenses (must equal Part IX, column (A), line 25)	2	128,373,639
3	Revenue less expenses. Subtract line 2 from line 1	3	27,904,879
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	261,021,308
5	Net unrealized gains (losses) on investments	5	(42,933,341)
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	245,992,846

Part XII Financial Statements and ReportingCheck 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 on 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	✓	
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	✓	

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(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) JAY CARNEY -----	2.0 -----	✓						0	0	0
(26) JOHN WALLIS ROWE -----	2.0 -----	✓						0	0	0
(27) KARAN BHATIA -----	2.0 -----	✓						0	0	0
(28) KATE BAICKER -----	2.0 -----	✓						0	0	0
(29) KENNETH BACON -----	2.0 -----	✓						0	0	0
(30) MARGARET A. HAMBURG -----	2.0 -----	✓						0	0	0
(31) MARTA TIENDA -----	2.0 -----	✓						0	0	0
(32) MARY J. MILLER -----	2.0 -----	✓						0	0	0
(33) MICHAEL A. NUTTER -----	2.0 -----	✓						0	0	0
(34) NEEL KASHKARI -----	2.0 -----	✓						0	0	0
(35) SHAUN DONOVAN -----	2.0 -----	✓						0	0	0
(36) STACY BROWN-PHILPOT -----	2.0 -----	✓						0	0	0
(37) W. MATTHEW KELLY -----	2.0 -----	✓						0	0	0
(38) WILLIAM E. HASLAM -----	2.0 -----	✓						0	0	0

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

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).)
- 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 33 1/3% 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 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 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 on 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						

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

Cat. No. 11285F

Schedule A (Form 990) 2022

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 5 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 2022 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	%
16a 33¹/₃% support test—2022. 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 33¹/₃% support test—2021. 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—2022. 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—2021. 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	84,759,955	121,031,711	108,790,942	144,104,296	138,719,045	597,405,949
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	25,574	66,100	1,310	1,118	925	95,027
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	84,785,529	121,097,811	108,792,252	144,105,414	138,719,970	597,500,976
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	313,500	308,656	0	0	150,000	772,156
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	313,500	308,656	0	0	150,000	772,156
8 Public support. (Subtract line 7c from line 6.)						596,728,820

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6	84,785,529	121,097,811	108,792,252	144,105,414	138,719,970	597,500,976
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,537,620	2,436,019	1,209,958	1,296,772	2,243,585	8,723,954
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975				16,998		16,998
c Add lines 10a and 10b	1,537,620	2,436,019	1,209,958	1,313,770	2,243,585	8,740,952
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	20,965	56,150	43,419	19,970	9,515	150,019
13 Total support. (Add lines 9, 10c, 11, and 12.)	86,344,114	123,589,980	110,045,629	145,439,154	140,973,070	606,391,947
14 First 5 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 2022 (line 8, column (f), divided by line 13, column (f))	15	98.41 %
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	98.37 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	1.00 %
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	1.00 %
19a 33 1/3% support tests—2022. 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—2021. 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 on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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 line 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 on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the 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 on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in 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 governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b 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 on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
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? If "Yes" or "No," provide details in Part VI .			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
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 (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to 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) 2022

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	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8	
9	Distributable amount for 2022 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018 . . .			
b Excess from 2019 . . .			
c Excess from 2020 . . .			
d Excess from 2021 . . .			
e Excess from 2022 . . .			

Schedule A (Form 990) 2022

Part VI

Supplemental Information. 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.)

[illegible]

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	(1) ADJUSTMENT TO UNCOLLECTIBLE ALLOWANCE & OTHER MISCELLANEOUS	20,965	56,150	43,419	19,970	9,515	150,019

**Schedule B
(Form 990)**

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

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 33 $\frac{1}{3}$ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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), 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).

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		\$ 23,433,493	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 12,707,667	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 11,310,592	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 8,874,131	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 6,406,729	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 5,030,312	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		\$ 4,684,994	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.)
		\$	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.)
		\$	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

2022

**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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year	
4 Number of states where property subject to conservation easement is located	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

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.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:	
(i) Revenue included on Form 990, Part VIII, line 1	\$
(ii) Assets included in Form 990, Part X	\$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:	
a Revenue included on Form 990, Part VIII, line 1	\$
b Assets included in Form 990, Part X	\$

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	35,861,130	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.) . . .	35,861,130	

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) RIGHT OF USE ASSETS	65,731,134
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	65,731,134

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) LEASE LIABILITIES	86,207,817
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	86,207,817

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 XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	112,612,630
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	(42,933,341)
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	0
e	Add lines 2a through 2d	2e	(42,933,341)
3	Subtract line 2e from line 1	3	155,545,971
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	732,547
b	Other (Describe in Part XIII.)	4b	0
c	Add lines 4a and 4b	4c	732,547
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	156,278,518

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	127,641,092
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	0
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	127,641,092
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	732,547
b	Other (Describe in Part XIII.)	4b	0
c	Add lines 4a and 4b	4c	732,547
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	128,373,639

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.

[SEE STATEMENT](#)

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
SCHEDULE D, PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS	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
SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE	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, 2018 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.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

THE URBAN INSTITUTE

Statement of Activities Outside the United States

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.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

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) RUSSIA AND NEIGHBORING STATES	0	1	PROGRAM SERVICES	PUBLIC POLICY RESEARCH	14,865
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal	0	1			14,865
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	1			14,865

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

Cat. No. 50082W

Schedule F (Form 990) 2022

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 a tax exempt 501(c)(3) organization 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

Schedule F (Form 990) 2022

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 3 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	RUSSIA AND NEIGHBORING STATES -ACCRUAL

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

THE URBAN INSTITUTE

**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

2022

**Open to Public
Inspection**

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) (SEE STATEMENT)	25-0965219	501(C)(3)	8,467				GRANT SUB-AWARD
(2) (SEE STATEMENT)	11-3167245	501(C)(3)	116,984				GRANT SUB-AWARD
(3) ASIAN COMMUNITY & CULTURAL CENTER 144 NORTH 44TH STREET, LINCOLN, NE, 68503	47-0807501	501(C)(3)	67,662				GRANT SUB-AWARD
(4) ASIAN HEALTH SERVICES 101 8TH STREET, SUITE 100, OAKLAND, CA, 94607	94-2235908		10,000				GRANT SUB-AWARD
(5) (SEE STATEMENT)	20-1346967	501(C)(3)	20,000				GRANT SUB-AWARD
(6) BAY AREA WOMEN COALITION INC. 1717 JESSIE STREET, MOBILE, AL, 36617	63-1195628	501(C)(3)	107,852				GRANT SUB-AWARD
(7) BIRMINGHAM AIDS OUTREACH 205 32ND STREET SOUTH, BIRMINGHAM, AL, 35233	63-0948495		49,974				GRANT SUB-AWARD
(8) (SEE STATEMENT)	43-6000349		93,118				GRANT SUB-AWARD
(9) BRIGHT BEGINNINGS, INC. 3418 4TH STREET, SE, WASHINGTON, DC, 20032	52-1697917	501(C)(3)	59,978				GRANT SUB-AWARD
(10) (SEE STATEMENT)	53-0196577	501(C)(3)	236,000				GRANT SUB-AWARD
(11) CASA SAN JOSE 2116 BROADWAY AVENUE, PITTSBURG, PA, 15216	46-4729004	501(C)(3)	26,748				GRANT SUB-AWARD
(12) (SEE STATEMENT)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 84

3 Enter total number of other organizations listed in the line 1 table 31

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

Cat. No. 50055P

Schedule I (Form 990) 2022

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) CENTRO CAMPESINO FARMWORKER CENTER 35801 SOUTHWEST 186TH AVENUE, FLORIDA CITY, FL, 33034	59-1460598	501(C)(3)	183,013				GRANT SUB-AWARD
(13) CHAPIN HALL CENTER FOR CHILDREN 1313 EAST 60TH STREET, CHICAGO, IL, 60637	36-2167012	501(C)(3)	57,750				GRANT SUB-AWARD
(14) CHILD TRENDS, INC. 7315 WISCONSIN AVENUE, SUITE 1200 W, BETHESDA, MD, 20814	13-2982969	501(C)(3)	94,386				GRANT SUB-AWARD
(15) CITY OF PHILADELPHIA 1234 MARKET STREET, 16TH FLOOR, PHILADELPHIA, PA, 19107	23-6003047		94,178				GRANT SUB-AWARD
(16) COMITE CIVICO DEL VALLE, INC. 235 MAIN STREET, BRAWLEY, CA, 92227	33-0411322	501(C)(3)	73,995				GRANT SUB-AWARD
(17) COMMUNITY INFORMATION NOW 7411 JOHN SMITH DR, SUITE 1100, SAN ANTONIO, TX, 78229	81-5286030	501(C)(3)	30,000				GRANT SUB-AWARD
(18) COMMUNITY OF HOPE, INC. 4 ATLANTIC STREET SW, WASHINGTON, DC, 20032	52-1184749	501(C)(3)	93,185				GRANT SUB-AWARD
(19) CORRECTIONAL LEADERS ASSOCIATION PO BOX 102, IONA, ID, 83427	87-3333378		7,905				GRANT SUB-AWARD
(20) COUNCIL OF STATE GOVERNMENTS 1776 AVENUE OF THE STATES, LEXINGTON, KY, 40511	36-6000818	501(C)(3)	43,235				GRANT SUB-AWARD
(21) COUNTY OF ALAMEDA 1221 OAK STREET, SUITE 555, OAKLAND, CA, 94612	94-6000501		125,000				GRANT SUB-AWARD
(22) COUNTY OF CHARLESTON DEPARTMENT OF COMMUNITY SERVICES 4045 BRIDGEVIEW LANE, SUITE C213, NORTH CHARLESTON, SC, 29405	57-6001289		110,982				GRANT SUB-AWARD
(23) COUNTY OF MINNEHAHA SOUTH DAKOTA 231 N. DAKOTA AVENUE, SIOUX FALLS, ND, 57117	46-6000426		70,200				GRANT SUB-AWARD
(24) COUNTY OF SUMMIT 175 SOUTH MAIN STREET #103, AKRON, OH, 44308	34-6002767		132,850				GRANT SUB-AWARD
(25) CURATORS OF THE UNIVERSITY OF MISSOURI 118 UNIVERSITY HALL, KANSAS CITY, MO, 65211-3020	26-6440629	501(C)(3)	90,000				GRANT SUB-AWARD
(26) DAVIS H. ELLIOT CO. 673 BLUE SKY PARKWAY, LEXINGTON, KY, 40509	54-0458233		15,000				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
(27) DC OFFICE OF PLANNING 1100 4TH STREET, SW, SUITE E650, WASHINGTON, DC, 20024	53-6001131		31,609				GRANT SUB-AWARD
(28) DELAWARE DEPARTMENT OF CORRECTION 245 MCKEE RD, DOVER, DE, 19904	51-6000279	501(C)(3)	10,000				GRANT SUB-AWARD
(29) DELTA HEALTH CENTER, INC. 702 MARTIN LUTHER KING DRIVE, MOUND BAYOU, MS, 38762	64-0443928	501(C)(3)	93,652				GRANT SUB-AWARD
(30) DIABLO VALLEY COLLEGE CONTRA COSTA COMMUNITY COLLEGE 321 GOLF CLUB ROAD, PLEASANT HILL, CA, 94523	68-0342035		19,240				GRANT SUB-AWARD
(31) EAST HARRIS COUNTY EMPOWERMENT COUNCIL 11821 EAST FREEWAY SUITE 500, HOUSTON, TX, 77029	27-0377576	501(C)(3)	68,686				GRANT SUB-AWARD
(32) EDEN YOUTH AND FAMILY CENTER 680 WEST TENNYSON ROAD, HAYWARD, CA, 94544	94-2442586	501(C)(3)	88,351				GRANT SUB-AWARD
(33) EL BUEN SAMARITANO EPISCOPAL MISSION 7000 WOODHUE DRIVE, AUSTIN, TX, 78745	74-2488682	501(C)(3)	90,173				GRANT SUB-AWARD
(34) ETHIOPIAN AND ERITREAN CULTURAL AND RESOURCE CENTER 1515 SE 122ND AVENUE, SUITE 1509A, PORTLAND, OR, 97233	52-2848405	501(C)(3)	37,259				GRANT SUB-AWARD
(35) FAMILY & CHILDREN SERVICES 650 PEORIA AVENUE, TULSA, OK, 74120-4429	73-0580270		20,000				GRANT SUB-AWARD
(36) FAMILY VALUES @WORK: A MULTI STATE CONSORTIUM INC. 207 BUFFALO STREET, SUITE 501, MILWAUKEE, WI, 53202	27-0321696	501(C)(3)	80,000				GRANT SUB-AWARD
(37) FLETCHER TECHNICAL COMMUNITY COLLEGE 1407 HIGHWAY 311, SCHRIEVER, LA, 70295-3234	72-0772772		19,614				GRANT SUB-AWARD
(38) FLORIDA POLICY INSTITUTE, INC. 1001 N. ORANGE AVENUE, ORLANDO, FL 32801	47-2759708	501(C)(3)	7,500				GRANT SUB-AWARD
(39) FLORIDA STATE UNIVERSITY 2000 LEVY AVENUE SUITE 351, TALLAHASSEE, FL, 32310	59-3211153	501(C)(3)	20,500				GRANT SUB-AWARD
(40) FRESNO INTERDENOMINATIONAL REFUGEE MINISTRIES 1940 NORTH FRESNO STREET, FRESNO, CA, 93703	77-0357297	501(C)(3)	119,262				GRANT SUB-AWARD
(41) G. A. CARMICHAEL FAMILY HEALTH CENTER 1668 W. PEACE STREET, CANTON, MS, 39046	64-0580940	501(C)(3)	53,847				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
(42) GEORGETOWN UNIVERSITY 37TH & O ST. NW LOWER LEVEL WHITE G, WASHINGTON, DC, 20057-1159	53-0196603	501(C)(3)	135,650				GRANT SUB-AWARD
(43) GEORGIA TECH APPLIED RESEARCH CORPORATION 926 DALNEY ST, NW, ATLANTA, GA, 30318	58-2374837	501(C)(3)	78,615				GRANT SUB-AWARD
(44) HAWAII APPLESEED CENTER FOR LAW AND ECONOMIC JUSTICE 733 BISHOP STREET, HONOLULU, HI, 96813	76-0748976	501(C)(3)	30,000				GRANT SUB-AWARD
(45) IMMUNIZE COLORADO 13123 EAST 16TH STREET B281, AURORA, CO, 80045	84-1479975	501(C)(3)	80,453				GRANT SUB-AWARD
(46) INSTRUCTIONAL TECHNOLOGY COUNCIL 19 MANTUA ROAD, MOUNT ROYAL, NJ, 08061	52-1839730	501(C)(3)	21,775				GRANT SUB-AWARD
(47) IOWA DEPARTMENT OF CORRECTIONS 510 EAST 12TH STREET, DES MOINES, IA, 50319	42-6004571	501(C)(3)	64,993				GRANT SUB-AWARD
(48) IOWA DEPARTMENT OF HUMAN RIGHTS 321 E 12TH ST, DES MOINES, IA, 50319	42-0919127	501(C)(3)	180,439				GRANT SUB-AWARD
(49) KINDRED COMMUNITIES 712 H STREET NE SUITE 2160, WASHINGTON, DC, 20002	82-1473580	501(C)(3)	17,514				GRANT SUB-AWARD
(50) LATIN AMERICAN LEGAL DEFENSE AND EDUCATION FUND 714 -716 S CLINTON AVENUE, TRENTON, NJ, 08611	20-2484231	501(C)(3)	5,649				GRANT SUB-AWARD
(51) LEADINGAGE, INC. 2519 CONNECTICUT AVENUE, NW, WASHINGTON, DC, 20008	13-6213523	501(C)(3)	8,754				GRANT SUB-AWARD
(52) LEGACY FOUNDATION 370 EAST 84TH DRIVE, MERRILLVILLE, IN, 46410	35-1872803	501(C)(3)	6,080				GRANT SUB-AWARD
(53) LITTLE MANILA FOUNDATION PO BOX 1356, STOCKTON, CA, 95201	20-2661354	501(C)(3)	62,092				GRANT SUB-AWARD
(54) LUKE'S HOUSE: A CLINIC FOR HEALING AND HOPE 2023 SIMON BOLIVAR AVENUE, NEW ORLEANS, LA, 70113	26-0332262	501(C)(3)	46,630				GRANT SUB-AWARD
(55) MAINE PRETRIAL SERVICES, INC. PO BOX 1042, PORTLAND, ME, 04104	01-0461120		12,450				GRANT SUB-AWARD
(56) MARY'S CENTER FOR MATERNAL AND CHILD CARE, INC. 2333 ONTARIO ROAD NW, WASHINGTON, DC, 20009	52-1594116	501(C)(3)	72,486				GRANT SUB-AWARD
(57) MASSACHUSETTS INSTITUTE OF TECHNOLOGY 77 MASSACHUSETTS AVENUE, CAMBRIDGE, MA, 02139	04-2103594	501(C)(3)	202,957				GRANT SUB-AWARD

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(58) MISSISSIPPI IMMIGRANT RIGHTS ALLIANCE 4436 N. STATE STREET, A1, JACKSON, MS, 39206	94-3428290	501(C)(3)	60,000				GRANT SUB-AWARD
(59) MOREHOUSE COLLEGE 830 WESTVIEW DRIVE SW, ATLANTA, GA, 30314	58-0566205	501(C)(3)	10,000				GRANT SUB-AWARD
(60) MT SAN JACINTO COMMUNITY COLLEGE 41888 MOTORCAR PARKWAY, TEMECULA, CA, 92591	33-0813228		19,049				GRANT SUB-AWARD
(61) NATIONAL ASSOCIATION FOR PUBLIC DEFENSE 1312 17TH STREET, SUITE 858, DENVER, CO, 80202	46-4056944		45,055				GRANT SUB-AWARD
(62) NATIONAL COALITION OF ADVANCE TECHNOLOGY CENTERS 3607 SENECA DRIVE, SOLON, OH, 44139	75-2814504	501(C)(3)	20,000				GRANT SUB-AWARD
(63) NATIONAL COUNCIL FOR WORKFORCE EDUCATION 122 CALISTOGA ROAD #584, SANTA ROSA, CA, 95409	31-1449995	501(C)(3)	46,256				GRANT SUB-AWARD
(64) NATIONAL DOMESTIC WORKERS ALLIANCE 45 BROADWAY, SUITE 320, NEW YORK, NY, 10006	35-2420942	501(C)(3)	40,000				GRANT SUB-AWARD
(65) NATIONAL EMPLOYMENT LAW PROJECT 90 BROAD STREET, SUITE 1100, NEW YORK, NY, 10004	13-2758558	501(C)(3)	50,000				GRANT SUB-AWARD
(66) NORC AT THE UNIVERSITY OF CHICAGO 20TH FLR 55 E MONROE STREET, CHICAGO, IL, 60603	36-2167808	501(C)(3)	148,174				GRANT SUB-AWARD
(67) NATIONWIDE CHILDREN'S HOSPITAL P.O. BOX 781653, DETROIT, MI, 48278-1653	31-6056230	501(C)3	15,127				GRANT SUB-AWARD
(68) NEW IMMIGRANT COMMUNITY EMPOWERMENT 7129 ROOSEVELT AVENUE 2ND FLOOR, QUEENS, NY, 11372	11-3560625	501(C)(3)	79,206				GRANT SUB-AWARD
(69) NEW YORK UNIVERSITY PO BOX 5166, NEW YORK, NY, 10087	13-5562308	501(C)(3)	146,313				GRANT SUB-AWARD
(70) NORTH ALABAMA AHEC PO BOX 177454, HUNTSVILLE, AL, 35810	47-3017416	501(C)(3)	16,779				GRANT SUB-AWARD
(71) NURSE-FAMILY PARTNERSHIP 1900 GRANT STREET #400, DENVER, CO, 80203	20-0234163	501(C)(3)	25,000				GRANT SUB-AWARD
(72) OPPORTUNITY @ WORK 1111 19TH STREET, SUITE 1180, WASHINGTON, DC, 20036	81-3214432	501(C)(3)	22,400				GRANT SUB-AWARD
(73) PAPA OLA LOKAHI 894 QUEEN STREET, HONOLULU, HI, 96813	99-0273765		100,000				GRANT SUB-AWARD

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(74) PENNSYLVANIA COALITION AGAINST RAPE 2101 N FRONT STREET, GOVERNOR'S PLAZA NORTH BUILDING #2, HARRISBURG, PA, 17110	23-2067636	501(C)(3)	41,350				GRANT SUB-AWARD
(75) PHILIPPINE NURSES ASSOCIATION OF MICHIGAN 17504 GATEWAY CIRCLE, SOUTHFIELD, MI, 48075	38-2178763	501(C)(3)	11,317				GRANT SUB-AWARD
(76) PRESIDENT AND FELLOWS OF HARVARD COLLEGE P.O. BOX 415649, P.O. BOX 415649, BOSTON, MA, 02241-5649	04-2103580	501(C)(3)	384,514				GRANT SUB-AWARD
(77) PREVENTION OF BLINDNESS SOCIETY OF METROPOLITAN WASHINGTON 415 2ND STREET NE, SUITE 20, WASHINGTON, DC, 20002	53-0204690	501(C)(3)	17,500				GRANT SUB-AWARD
(78) RAMSEY COUNTY 121 EAST SEVENTH PLACE, STE 4000, ST. PAUL, MN, 55101	41-6005875		105,677				GRANT SUB-AWARD
(79) RAND CORPORATION 1776 MAIN STREET, SANTA MONICA, CA, 90401	95-1958142	501(C)(3)	59,388				GRANT SUB-AWARD
(80) REFUGEE WOMEN'S NETWORK, INC. 2900 CHAMBLEE TUCKER RD BLG3, ST #300, ATLANTA, GA, 30341	58-2369796	501(C)(3)	95,055				GRANT SUB-AWARD
(81) REFUGEEONE 5705 NORTH LINCOLN AVE, CHICAGO, IL, 60659	36-3817743	501(C)(3)	31,933				GRANT SUB-AWARD
(82) REGENTS OF THE UNIVERSITY OF CALIFORNIA-BERKELEY 9500 GILMAN DRIVE, LA JOLLA, CA, 92093-0009	94-6002123		340,319				GRANT SUB-AWARD
(83) REGENTS OF THE UNIVERSITY OF MICHIGAN BOX 223131, PITTSBURGH, PA, 15251-2131	38-6006309	501(C)(3)	95,580				GRANT SUB-AWARD
(84) RESEARCH FOUNDATION CUNY 230 WEST 41ST STREET 7TH FLOOR, NEW YORK, NY, 10036	13-1988190		19,080				GRANT SUB-AWARD
(85) RIVERSIDE COUNTY DEPT OF HOUSING, HOMELESS PREVENTION & WORK 3403 TENTH STREET, SUITE 300, RIVERSIDE, CA, 92501	95-6000930		125,000				GRANT SUB-AWARD
(86) SAMARITAN FOUNDATION, INC. DBA CONNECTIONHEALTH 429 GREENSPRINGS HWY, SUITE 161-316, SUITE 161-316, BIRMINGHAM, AL, 35209	20-0944048	501(C)(3)	54,355				GRANT SUB-AWARD
(87) SCHOOL DISTRICT NICOLET AREA TECHNICAL COLLEGE 5364 COLLEGE DRIVE, P.O. BOX 518, RHINELANDER, WI, 54501	39-1086910		18,771				GRANT SUB-AWARD

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(88) SCHOOL READINESS CONSULTING, LLC 912 THAYER AVENUE, SUITE 209, SILVER SPRING, MD, 20910	45-0949314		51,844				GRANT SUB-AWARD
(89) SOME INC. SO OTHERS MIGHT EAT 71 O STREET NW, WASHINGTON, DC, 20001	23-7098123		17,500				GRANT SUB-AWARD
(90) SOUTHERN ALABAMA AHEC 312 MIRANDA AVENUE, GEORGIANA, AL, 36033	47-1573670	501(C)(3)	27,797				GRANT SUB-AWARD
(91) SPRINGBOARD TO OPPORTUNITIES 3000 OLD CANTON ROAD, SUITE 470, JACKSON, MS, 39216	46-1917760	501(C)(3)	28,608				GRANT SUB-AWARD
(92) ST. LUCIE COUNTY 2300 VIRGINIA AVENUE, FORT PIERCE, FL, 34982	59-6000835		65,818				GRANT SUB-AWARD
(93) TEXAS SOUTHERN UNIVERSITY 3100 CLEBURNE STREET, HOUSTON, TX, 77004	74-1620415	501(C)(3)	51,751				GRANT SUB-AWARD
(94) THAI COMMUNITY DEVELOPMENT CENTER 6376 YUCCA STREET, LOS ANGELES, CA, 90028	95-4531770	501(C)(3)	153,875				GRANT SUB-AWARD
(95) THE CNA CORPORATION 3003 WASHINGTON BOULEVARD, ARLINGTON, VA, 22201	54-1558882	501(C)(3)	79,573				GRANT SUB-AWARD
(96) THE INCLUSION GROUP 5721 ALBANY COURT, NEW ORLEANS, LA, 70131	83-3515788	501(C)(3)	48,604				GRANT SUB-AWARD
(97) THE REGENTS OF THE UNIVERSITY OF CALIFORNIA-LOS ANGELES 10889 WILSHIRE BLVD. SUITE 700, LOS ANGELES, CA, 90095	95-6006143		206,626				GRANT SUB-AWARD
(98) THE UNIVERSITY OF CENTRAL FLORIDA BOARD OF TRUSTEES PO BOX 160118, ORLANDO, FL, 32816-0118	59-2924021	501(C)(3)	154,321				GRANT SUB-AWARD
(99) THE UNIVERSITY OF CHICAGO 6030 S. ELLIS AVENUE, CHICAGO, IL, 60637	36-2177139	501(C)(3)	95,346				GRANT SUB-AWARD
(100) THE UNIVERSITY OF VERMONT PO BOX 1389, WILLSTON, VT, 05495-1389	03-0179440	501(C)(3)	90,000				GRANT SUB-AWARD
(101) TULSA AUTHORITY FOR ECONOMIC OPPORTUNITY 100 S CINCINNATI AVE., STE 6, TULSA, OK, 74103	73-1372018		318,125				GRANT SUB-AWARD
(102) UNDER 21 DBA COVENANT HOUSE NEW YORK 460 WEST 41ST STREET, NEW YORK, NY, 10036	13-3076376	501(C)(3)	72,388				GRANT SUB-AWARD
(103) UNIVERSITY OF ARKANSAS 1125 W. MAPLE STREET, 316 ADMINISTRATION BUILDING, FAYETTEVILLE, AR, 72701	71-6003252		10,000				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
(104) UNIVERSITY OF DELAWARE 116 STUDENT SERVICES BUILDING, NEWARK, DE, 19716	51-6000297	501(C)(3)	90,000				GRANT SUB-AWARD
(105) UNIVERSITY OF DENVER PO BOX 911811, DENVER, CO, 80291-1811	84-0404231	501(C)(3)	90,000				GRANT SUB-AWARD
(106) UNIVERSITY OF ILLINOIS 28392 NETWORK PLACE, CHICAGO, IL, 60673-1283	37-6000511	501(C)(3)	38,856				GRANT SUB-AWARD
(107) UNIVERSITY OF NEW ORLEANS 2000 LAKESHORE DRIVE, ADM ANNEX, ROOM 1005, NEW ORLEANS, LA, 70148	72-0702000	501(C)(3)	166,806				GRANT SUB-AWARD
(108) UNIVERSITY OF NOTRE DAME 940 GRACE HALL, NOTRE DAME, IN, 46556	35-0868188	501(C)(3)	10,000				GRANT SUB-AWARD
(109) URBAN LEAGUE OF PHILADELPHIA 121 SOUTH BROAD STREET, 6TH FL, PHILADELPHIA, PA, 19107	23-1429810	501(C)(3)	49,109				GRANT SUB-AWARD
(110) URBAN STRATEGIES COUNCIL 2323 BROADWAY AVENUE, UNIT 103, OAKLAND, CA, 94612	94-3044453	501(C)(3)	25,000				GRANT SUB-AWARD
(111) WAKE TECHNICAL COMMUNITY COLLEGE 9101 FAYETTEVILLE ROAD, RALEIGH, NC, 27603-5696	56-0792775		18,000				GRANT SUB-AWARD
(112) WELLESLEY COLLEGE 106 CENTRAL STREET, WELLESLEY, MA, 02181	04-2103637	501(C)(3)	9,988				GRANT SUB-AWARD
(113) WHY NOT PROSPER 717 E CHELTEN AVE, PHILADELPHIA, PA, 19144	23-3089308	501(C)(3)	41,037				GRANT SUB-AWARD
(114) WORKHANDS, INC. 224 TARA ST., SAN FRANCISCO, CA, 94112	46-1939119		17,135				GRANT SUB-AWARD
(115) WORLD EDUCATION, INC. 44 FARNSWORTH ST., BOSTON, MA, 02210	13-1804349	501(C)(3)	92,510				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 SATISFACTORILY 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.
(1) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	AMERICAN INSTITUTES FOR RESEARCH 1400 CRYSTAL DRIVE 10TH FLOOR, ARLINGTON, VA, 22202
(2) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	ARAB-AMERICAN FAMILY SUPPORT CENTER 150 COURT STREET 3RD FLOOR, BROOKLYN, NY, 11201
(5) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	ATHENS IMMIGRANTS / ECONOMIC JUSTICE COALITION 1057 BAXTER STREET, ATHENS, GA, 30606
(8) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	BOONE COUNTY COMMUNITY SERVICES DEPARTMENT 605 E. WALNUT, STE. A, COLUMBIA, MO, 65203
(10) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	BROOKINGS INSTITUTION 1775 MASSACHUSETTS AVE, N.W., WASHINGTON, DC, 20036-2188

**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

2022

**Open to Public
Inspection**

Employer identification number

52-0880375

Part I Questions Regarding Compensation

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.

- | | |
|--|--|
| <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) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. 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.

- | | |
|---|---|
| <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 |

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:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

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 and/or 1099-NEC 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) 822,251	(ii) 0	(iii) 0	29,020	9,219	860,490	0
		(i) 0	(ii) 0	(iii) 0	0	0	0	0
2	KIMBERLYN LEARY SENIOR VICE PRESIDENT	(i) 407,438	(ii) 0	(iii) 0	29,020	22,266	458,724	0
		(i) 0	(ii) 0	(iii) 0	0	0	0	0
3	TODD GREENE INSTITUTE FELLOW AND EXECUTIVE DIRECTOR	(i) 354,481	(ii) 0	(iii) 0	29,020	14,213	397,714	0
		(i) 0	(ii) 0	(iii) 0	0	0	0	0
4	STEPHEN ZUCKERMAN VICE PRESIDENT, HEALTH POLICY	(i) 332,373	(ii) 0	(iii) 0	29,020	26,529	387,922	0
		(i) 0	(ii) 0	(iii) 0	0	0	0	0
5	GENEVIEVE KENNEY VICE PRESIDENT, HEALTH POLICY	(i) 329,835	(ii) 0	(iii) 0	29,020	25,672	384,527	0
		(i) 0	(ii) 0	(iii) 0	0	0	0	0
6	SIGNE-MARY MCKERNAN VICE PRESIDENT, LABOR, HUMAN SERVICES, & POPULATION	(i) 287,860	(ii) 0	(iii) 0	25,990	2,930	316,780	0
		(i) 0	(ii) 0	(iii) 0	0	0	0	0
7	ROBERT BUCHANAN VICE PRESIDENT, CONTROLLER & ASSISTANT TREASURER	(i) 271,784	(ii) 0	(iii) 0	24,837	5,429	302,050	0
		(i) 0	(ii) 0	(iii) 0	0	0	0	0
8	NANI COLORETTI SENIOR VICE PRESIDENT, FINANCIAL & BUSINESS STRATEGY & TREASURER	(i) 151,881	(ii) 0	(iii) 0	9,226	8,513	169,620	0
		(i) 0	(ii) 0	(iii) 0	0	0	0	0
9		(i)	(ii)	(iii)				
		(i)	(ii)	(iii)				
10		(i)	(ii)	(iii)				
		(i)	(ii)	(iii)				
11		(i)	(ii)	(iii)				
		(i)	(ii)	(iii)				
12		(i)	(ii)	(iii)				
		(i)	(ii)	(iii)				
13		(i)	(ii)	(iii)				
		(i)	(ii)	(iii)				
14		(i)	(ii)	(iii)				
		(i)	(ii)	(iii)				
15		(i)	(ii)	(iii)				
		(i)	(ii)	(iii)				
16		(i)	(ii)	(iii)				
		(i)	(ii)	(iii)				

SCHEDULE O (Form 990) 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.	OMB No. 1545-0047 <div style="background-color: black; color: white; padding: 5px; text-align: center;"> 2022 Open to Public Inspection </div>
	▶ Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.	
Name of the Organization THE URBAN INSTITUTE		Employer Identification Number 52-0880375

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION	FAMILIES AND COMMUNITIES. FOR MORE THAN 50 YEARS, URBAN HAS DELIVERED FACTS THAT INSPIRE SOLUTIONS - AND THIS REMAINS OUR CHARGE TODAY.
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	(EXPENSES \$54,288,188 INCLUDING GRANTS OF \$3,950,891)(REVENUE) OTHER PROGRAM SERVICES CENTER ON NONPROFITS AND PHILANTHROPY EDUCATION DATA AND POLICY CENTER EXECUTIVE OFFICE RESEARCH HOUSING FINANCE POLICY CENTER INCOME AND BENEFITS POLICY CENTER JUSTICE POLICY CENTER METROPOLITAN HOUSING AND COMMUNITIES POLICY CENTER OFFICE OF RACE AND EQUITY RESEARCH STATISTICAL METHODS GROUP TECHNOLOGY AND DATA SCIENCE TAX POLICY CENTER
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	A DRAFT OF THE FORM 990 IS PROVIDED TO THE CONTROLLER, WHO PERFORMS AN INDEPENDENT REVIEW OF THE DRAFT. CHANGES ARE INCORPORATED INTO A SECOND DRAFT, WHICH IS PROVIDED TO THE PRESIDENT 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	URBAN'S CONFLICT OF INTEREST POLICY REQUIRES ANY TRUSTEE TO DISCLOSE IN GOOD FAITH THE EXISTENCE OF ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST BEFORE A DECISION OF THE BOARD OR OPPORTUNITY TO INFLUENCE OR INFORM A DECISION BY MANAGEMENT OR STAFF AND TO NOT PARTICIPATE IN ANY RELEVANT DELIBERATIONS OR DECISIONS. ON AN ANNUAL BASIS, TRUSTEES AND OFFICERS MUST COMPLETE A STATEMENT ACKNOWLEDGING THEY HAVE RECEIVED, READ, UNDERSTAND, AND AGREE TO COMPLY WITH THE POLICY AND UNDERSTAND THE INSTITUTE'S TAX EXEMPT PURPOSE. THE CORPORATE SECRETARY ENSURES THESE STATEMENTS ARE RECEIVED FROM ALL TRUSTEES AND ENSURES THAT THE CHAIR AND RELEVANT TRUSTEES ARE AWARE OF ANY NOTICES OF CONFLICT. FURTHERMORE, 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 REVIEWS AND DISCUSSES THESE MATERIALS AND DETERMINES 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 HUMAN RESOURCES AND CHIEF ADMINISTRATIVE OFFICER.
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 REVIEWS 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 VICE PRESIDENT FOR HUMAN RESOURCES AND CHIEF ADMINISTRATIVE 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	GA, HI, IL, KS, KY, MA, MD, MI, MN, MS, NC, ND, NH, NJ, NM, NY, OR, PA, RI, SC, TN, UT, VA, WI, WV

Return Reference - Identifier	Explanation				
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	(a) Description	(b) Total Expenses	(c) Program Service Expenses	(d) Management and General Expenses	(e) Fundraising Expenses
	OTHER	8,806,937	6,364,673	2,442,264	
	SUBCONTRACTORS	8,308,919	8,308,919		
	CONSULTANT FEES AND EXPENSES	2,555,402	2,426,515	103,722	25,165
	PURCHASE ORDER CONTRACTS	283,262	8,845	272,043	2,374
	TEMPORARY HELP	395,320	81,097	295,438	18,785
	Total	20,349,840	17,190,049	3,113,467	46,324

**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

2022

**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) 2022

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	1a	✓
b Gift, grant, or capital contribution to related organization(s)	1b	✓
c Gift, grant, or capital contribution from related organization(s)	1c	✓
d Loans or loan guarantees to or for related organization(s)	1d	✓
e Loans or loan guarantees by related organization(s)	1e	✓
f Dividends from related organization(s)	1f	✓
g Sale of assets to related organization(s)	1g	✓
h Purchase of assets from related organization(s)	1h	✓
i Exchange of assets with related organization(s)	1i	✓
j Lease of facilities, equipment, or other assets to related organization(s)	1j	✓
k Lease of facilities, equipment, or other assets from related organization(s)	1k	✓
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	✓
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	✓
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	✓
o Sharing of paid employees with related organization(s)	1o	✓
p Reimbursement paid to related organization(s) for expenses	1p	✓
q Reimbursement paid by related organization(s) for expenses	1q	✓
r Other transfer of cash or property to related organization(s)	1r	✓
s Other transfer of cash or property from related organization(s)	1s	✓
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 (1)	R	5,344,256	CASH AMOUNT
(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)													

Schedule R (Form 990) 2022