

PUBLIC DISCLOSURE COPY

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2024

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning, 2024, and ending, 20

B Check if applicable: C Name of organization THE URBAN INSTITUTE D Employer identification number 52-0880375 E Telephone number (202) 833-7200 F Name and address of principal officer: SARAH ROSEN WARTELL SAME AS C ABOVE H(a) Is this a group return for subordinates? H(b) Are all subordinates included? H(c) Group exemption number I Tax-exempt status: J Website: WWW.URBAN.ORG K Form of organization: L Year of formation: 1968 M State of legal domicile: DE

Part I Summary

Table with 3 main sections: Activities & Governance (lines 1-7), Revenue (lines 8-12), Expenses (lines 13-19), and Net Assets or Fund Balances (lines 20-22). Includes columns for Prior Year and Current Year.

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 TRACEY PATILLO JOHNSON, VICE PRESIDENT & TREASURER. Date.

Paid Preparer Use Only: Print/Type preparer's name TODD TERESCO, Preparer's signature, Date 11/14/25, Check if self-employed, PTIN P00247720, Firm's name BDO USA, Firm's EIN 13-5381590, Firm's address 8401 GREENSBORO DR STE 800, MCLEAN, VA 22102-3599, Phone no. (703) 893-0600.

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THE URBAN INSTITUTE IS A NONPROFIT RESEARCH ORGANIZATION THAT DRIVES IMPACT BY EQUIPPING CHANGEMAKERS WITH EVIDENCE AND SOLUTIONS TO CREATE A FUTURE WHERE EVERY PERSON AND COMMUNITY HAS THE OPPORTUNITY AND POWER TO THRIVE.

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 \$ 20,028,982 including grants of \$ 3,080,407) (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 \$ 18,395,637 including grants of \$ 1,551,288) (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.

4c (Code:) (Expenses \$ 14,922,549 including grants of \$ 397,635) (Revenue \$)

SOCIAL SCIENCES - RESEARCH AND PUBLIC POLICY ANALYSIS: THE INCOME AND BENEFITS POLICY CENTER GIVES DECISIONMAKERS CRUCIAL INFORMATION BY PREDICTING HOW POLICY CHANGES WILL AFFECT PEOPLE, PROGRAMS, AND GOVERNMENT. WE ANALYZE FAMILY ECONOMIC WELL-BEING FROM CHILDHOOD THROUGH RETIREMENT AND UNDERTAKE RESEARCH ON A WIDE VARIETY OF ISSUES, INCLUDING INCOME SUPPORT, SOCIAL INSURANCE, TAXES, AND CHILD SUPPORT; EDUCATION AND TRAINING PROGRAMS AND POLICIES; EMPLOYERS, WORKPLACES, AND THE LABOR MARKET; AND WORKFORCE DEVELOPMENT SYSTEMS AND POLICIES. AS TECHNOLOGICAL AND DEMOGRAPHIC SHIFTS TRANSFORM THE NATURE OF JOBS, OUR EXPERTS ON POSTSECONDARY EDUCATION AND WORKFORCE DEVELOPMENT STUDY WHAT SKILLS WORKERS WILL NEED IN THE FUTURE AND WHAT CHALLENGES LIE AHEAD FOR RETIREES. OUR RESEARCH EXPLORES THE IMPLICATIONS OF THESE CHANGES FOR PEOPLE AND POLICIES.

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

(Expenses \$ 64,438,985 including grants of \$ 5,372,987) (Revenue \$ 46,571)

4e Total program service expenses 117,786,153

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance <i>(continued)</i>		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	748		
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? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	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? <i>If "No," provide an explanation on Schedule O</i>	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		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<input checked="" type="checkbox"/>	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		<input checked="" type="checkbox"/>
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	<input checked="" type="checkbox"/>	
8b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		<input checked="" type="checkbox"/>

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		<input checked="" type="checkbox"/>
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
11b	Describe 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	<input checked="" type="checkbox"/>	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	<input checked="" type="checkbox"/>	
13	Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
14	Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	<input checked="" type="checkbox"/>	
15b	Other officers or key employees of the organization	<input checked="" type="checkbox"/>	
	If "Yes" to line 15a or 15b, describe the process 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?		<input checked="" type="checkbox"/>
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed AL, AR, 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.
TRACEY PATILLO JOHNSON, 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 Contractors

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- 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 AND CHIEF EXECUTIVE OFFICER	40.0	✓		✓				971,063	0	291,561
(2) MARY CUNNINGHAM SENIOR VICE PRESIDENT FOR RESEARCH AND PROGRAMS	40.0					✓		407,826	0	55,452
(3) MYRA JONES-TAYLOR SENIOR VICE PRESIDENT, IMPACT AND EXTERNAL AFFAIRS	40.0					✓		376,572	0	69,651
(4) YASMIN KAZZAZ CHIEF OPERATIONS OFFICER	40.0					✓		377,915	0	66,022
(5) GENEVIEVE KENNEY INSTITUTE FELLOW, RESEARCH	40.0					✓		349,939	0	68,889
(6) TODD GREENE VICE PRESIDENT AND EXECUTIVE DIRECTOR, WORKRISE	40.0					✓		397,461	0	49,668
(7) ROBERT BUCHANAN VICE PRESIDENT, CONTROLLER & TREASURER	40.0			✓				292,576	0	33,032
(8) MATT ROGERS CHIEF OF STAFF, SR. DIRECTOR OF STRATEGY & CORPORATE SECRETARY (EFFECTIVE 03/2024)	40.0			✓				207,528	0	33,824
(9) ADREA TURNER CHIEF OF STAFF & CORPORATE SECRETARY (THROUGH 03/2024)	40.0			✓				54,685	0	6,562
(10) ANNETTE L. NAZARETH CHAIR (EFFECTIVE 11/2024), VICE CHAIR (THROUGH 11/2024)	2.0	✓						0	0	0
(11) JAMIE S. GORELICK CHAIR (THROUGH 11/2024)	2.0	✓						0	0	0
(12) ANTHONY A. WILLIAMS VICE CHAIR	2.0	✓						0	0	0
(13) DIANA FARRELL VICE CHAIR (EFFECTIVE 11/2024), TRUSTEE	2.0	✓						0	0	0
(14) N. GREGORY MANKIW VICE CHAIR	2.0	✓						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/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) ALEXANDRA REEVE GIVENS TRUSTEE (EFFECTIVE 05/2024)	2.0	✓						0	0	0
(16) ANTONIA HERNANDEZ TRUSTEE	2.0	✓						0	0	0
(17) ARTHUR I. SEGEL TRUSTEE	2.0	✓						0	0	0
(18) ASHLEY SWEARENGIN TRUSTEE	2.0	✓						0	0	0
(19) DAVID A. THOMAS TRUSTEE	2.0	✓						0	0	0
(20) EDUARDO J. PADRON TRUSTEE	2.0	✓						0	0	0
(21) HEATHER HIGGINBOTTOM TRUSTEE	2.0	✓						0	0	0
(22) J. ADAM ABRAM TRUSTEE	2.0	✓						0	0	0
(23) JAY CARNEY TRUSTEE	2.0	✓						0	0	0
(24) JOHN GOODMAN TRUSTEE (EFFECTIVE 05/2024)	2.0	✓						0	0	0
(25) (SEE PART VII CONTINUATION SHEET)										
1b Subtotal								3,435,565	0	674,661
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								3,435,565	0	674,661

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 335

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

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
MATHEMATICA INC, 1100 FIRST ST NE, SUITE 1200, WASHINGTON, DC 20002	SUBCONTRACT/CONSULTING	1,853,741
GRANT THORNTON LLP, 1250 CONNECTICUT AVE NW, SUITE 400, WASHINGTON, DC 20036	SUBCONTRACT/CONSULTING	1,079,049
DALBERG ADVISORS, 1401 K ST NW, SUITE 900, WASHINGTON, DC 20005	SUBCONTRACT/CONSULTING	1,008,032
AUS INC., 155 GAITHER DRIVE, SUITE A, MOUNT LAUREL, NJ 08054	SUBCONTRACT/CONSULTING	972,605
RESEARCH TRIANGLE INSTITUTE, 3040 EAST CORNWALLIS RD, DURHAM, NC 27713	SUBCONTRACT/CONSULTING	874,612
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	73	

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	40,446,011				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	76,140,020				
	g	Noncash contributions included in lines 1a-1f	1g	\$				
	h	Total. Add lines 1a-1f		116,586,031				
	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)		4,545,070		(25,245)	4,570,315	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties		3,474	3,474			
	6a	Gross rents	(i) Real	(ii) Personal				
			6a					
			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	(i) Securities	(ii) Other				
			7a		51,319,341			
			7b		46,936,073			
	c	Gain or (loss)	7c	4,383,268	0			
	d	Net gain or (loss)		4,383,268			4,383,268	
	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								
9b								
c	Net income or (loss) from gaming activities							
10a	Gross sales of inventory, less returns and allowances							
		10a		289				
		10b						
c	Net income or (loss) from sales of inventory		289	289				
Miscellaneous Revenue				Business Code				
	11a	MISCELLANEOUS	900099	3,906,282			3,906,282	
	b	DATA SUBSCRIPTIONS	900099	114,650	33,308	81,342		
	c	EXTERNAL EVENTS	900099	53,386	9,500	43,886		
	d	All other revenue		0	0	0	0	
e	Total. Add lines 11a-11d		4,074,318					
12	Total revenue. See instructions		129,592,450	46,571	99,983	12,859,865		

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	10,216,489	10,216,489		
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	185,828	185,828		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,638,136	28,023	1,605,165	4,948
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	70,765,161	55,586,242	11,616,453	3,562,466
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,398,498	4,987,186	1,088,842	322,470
9	Other employee benefits	15,363,756	11,815,929	2,784,004	763,823
10	Payroll taxes	5,824,529	4,483,077	1,051,521	289,931
11	Fees for services (nonemployees):				
a	Management				
b	Legal	563,908	48,719	515,189	
c	Accounting	256,344		256,344	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	426,202		426,202	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	19,014,348	16,705,009	2,285,417	23,922
12	Advertising and promotion				
13	Office expenses	645,783	567,733	52,348	25,702
14	Information technology	2,113,322	1,343,451	685,790	84,081
15	Royalties				
16	Occupancy	8,523,369	6,557,433	1,540,530	425,406
17	Travel	1,127,187	1,015,059	90,325	21,803
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	281,525	236,776	36,830	7,919
20	Interest	3,835		3,835	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,752,675	2,292,446	314,848	145,381
23	Insurance	412,105	315,324	76,384	20,397
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>MISCELLANEOUS BUSINESS EXPENSES</u>	1,269,023	990,433	179,719	98,871
b	<u>RECRUITING, INTERVIEW, AND SURVEY INCENTIVES</u>	681,812	410,996	259,002	11,814
c	-----				
d	-----				
e	All other expenses -----	0	0	0	0
25	Total functional expenses. Add lines 1 through 24e	148,463,835	117,786,153	24,868,748	5,808,934
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	1,050	1	2,766,868
	2 Savings and temporary cash investments	19,500,812	2	21,959,491
	3 Pledges and grants receivable, net	43,400,459	3	42,272,963
	4 Accounts receivable, net	23,756,747	4	13,558,722
	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		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)		6	0
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,452,114	9	2,342,697
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 39,624,690		
	b Less: accumulated depreciation	10b 29,208,562	12,357,081	10c 10,416,128
	11 Investments—publicly traded securities	148,299,665	11	143,178,028
	12 Investments—other securities. See Part IV, line 11	32,926,172	12	30,398,805
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	60,455,066	15	44,688,235
16 Total assets. Add lines 1 through 15 (must equal line 33)	342,149,166	16	311,581,937	
Liabilities	17 Accounts payable and accrued expenses	12,155,672	17	14,318,906
	18 Grants payable		18	
	19 Deferred revenue	3,844,904	19	3,870,743
	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		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	80,238,438	25	57,928,265
	26 Total liabilities. Add lines 17 through 25	96,239,014	26	76,117,914
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	134,521,495	27	136,568,584
	28 Net assets with donor restrictions	111,388,657	28	98,895,439
	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	245,910,152	32	235,464,023	
33 Total liabilities and net assets/fund balances	342,149,166	33	311,581,937	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	129,592,450
2	Total expenses (must equal Part IX, column (A), line 25)	2	148,463,835
3	Revenue less expenses. Subtract line 2 from line 1	3	(18,871,385)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	245,910,152
5	Net unrealized gains (losses) on investments	5	8,429,137
6	Donated services and use of facilities	6	
7	Investment expenses	7	(3,881)
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	235,464,023

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain 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.	✓	

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 (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) JOHN WALLIS ROWE ----- TRUSTEE	2.0 -----	✓						0	0	0
(26) KARAN BHATIA ----- TRUSTEE	2.0 -----	✓						0	0	0
(27) KENNETH BACON ----- TRUSTEE	2.0 -----	✓						0	0	0
(28) M. LEE PELTON ----- TRUSTEE (EFFECTIVE 11/2024)	2.0 -----	✓						0	0	0
(29) MARGARET ANADU ----- TRUSTEE (EFFECTIVE 11/2024)	2.0 -----	✓						0	0	0
(30) MARTA TIENDA ----- TRUSTEE	2.0 -----	✓						0	0	0
(31) MARY C. DALY ----- TRUSTEE	2.0 -----	✓						0	0	0
(32) MARY J. MILLER ----- TRUSTEE	2.0 -----	✓						0	0	0
(33) MICHAEL A. NUTTER ----- TRUSTEE	2.0 -----	✓						0	0	0
(34) PATTI B. SARIS ----- TRUSTEE (EFFECTIVE 05/2024)	2.0 -----	✓						0	0	0
(35) RAPHAEL W. BOSTIC ----- TRUSTEE (EFFECTIVE 11/2024)	2.0 -----	✓						0	0	0
(36) ROSIE ALLEN-HERRING ----- TRUSTEE	2.0 -----	✓						0	0	0
(37) ROY L. AUSTIN ----- TRUSTEE (EFFECTIVE 05/2024)	2.0 -----	✓						0	0	0
(38) RUTH MARCUS ----- TRUSTEE	2.0 -----	✓						0	0	0
(39) SHAUN DONOVAN ----- TRUSTEE	2.0 -----	✓						0	0	0
(40) STACY BROWN-PHILPOT ----- TRUSTEE (THROUGH 11/2024)	2.0 -----	✓						0	0	0
(41) W. MATTHEW KELLY ----- TRUSTEE	2.0 -----	✓						0	0	0
(42) WILLIAM E. HASLAM ----- TRUSTEE	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

2024

**Open to Public
Inspection**

Name of the organization THE URBAN INSTITUTE	Employer identification number 52-0880375
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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)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives (1) more than 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box 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						

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 2024 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test—2023. 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—2024. 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—2023. 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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	108,790,942	144,104,296	138,719,045	117,780,179	116,586,031	625,980,493
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	1,310	1,118	925	553	289	4,195
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	108,792,252	144,105,414	138,719,970	117,780,732	116,586,320	625,984,688
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	0
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	0	0	0	0	0	0
8 Public support. (Subtract line 7c from line 6.)						625,984,688

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6	108,792,252	144,105,414	138,719,970	117,780,732	116,586,320	625,984,688
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,209,958	1,296,772	2,243,585	4,331,319	4,548,544	13,630,178
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	1,209,958	1,296,772	2,243,585	4,331,319	4,548,544	13,630,178
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on		16,998		51,638		68,636
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	43,419	19,970	9,515	(251,141)	3,906,282	3,728,045
13 Total support. (Add lines 9, 10c, 11, and 12.)	110,045,629	145,439,154	140,973,070	121,912,548	125,041,146	643,411,547
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 2024 (line 8, column (f), divided by line 13, column (f))	15	97.29 %
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	98.11 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	2.00 %
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	2.00 %

- 19a 33 1/3% support tests—2024.** 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
- b 33 1/3% support tests—2023.** 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
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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>		
3b	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>		
3c	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>		
4b	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>		
4c	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>		
5b	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?		
5c	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>		
9b	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>		
9c	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>		
10b	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?		
b A family member of a person described on line 11a above?		
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 .		

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.		
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.		

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).		

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?		
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).		
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.		

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.		
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.		
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 .		
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.		

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).		

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 2024 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-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, 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 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

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						
	Other Income Type	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
SCHEDULE A, PART III, LINE 12 - OTHER INCOME	(1) ADJUSTMENT TO UNCOLLECTIBLE ALLOWANCE & OTHER MISCELLANEOUS	43,419	19,970	9,515	(251,141)	3,906,282	3,728,045

**Schedule B
(Form 990)**

(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization
THE URBAN INSTITUTE

Employer identification number
52-0880375

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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
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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	----- ----- -----	\$ 13,366,650	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ 9,734,648	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ 9,108,153	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	----- ----- -----	\$ 5,479,345	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	----- ----- -----	\$ 5,266,162	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	----- ----- -----	\$ 5,075,000	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
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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	----- ----- -----	\$ 4,095,532	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	----- ----- -----	\$ 3,704,891	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	----- ----- -----	\$ 2,359,911	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.)

Name of organization THE URBAN INSTITUTE	Employer identification number 52-0880375
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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) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----

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

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)

(Rev. January 2025)

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for values, 5-6 for Yes/No questions.

Part II Conservation Easements

Form with multiple rows for questions 1-9 regarding conservation easements, including a table for 'Held at the End of the Tax Year'.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

Form with rows 1a-2 for questions regarding art and historical treasures, including revenue and asset amounts.

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange program
- e** Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? **Yes** **No**

Part IV Escrow and Custodial Arrangements

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

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**

b If "Yes," explain the arrangement in Part XIII and complete the following table.

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **Yes** **No**

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	149,772,426	137,627,627	165,171,639	149,982,144	135,626,086
b Contributions				3,923	19,060
c Net investment earnings, gains, and losses	15,811,950	17,817,981	(25,603,135)	19,309,712	18,400,656
d Grants or scholarships					
e Other expenditures for facilities and programs	9,644,000	5,228,013	1,235,748	3,138,585	3,231,274
f Administrative expenses	372,221	445,169	705,129	985,555	832,384
g End of year balance	155,568,155	149,772,426	137,627,627	165,171,639	149,982,144

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

- a** Board designated or quasi-endowment 94.76 %
- b** Permanent endowment 2.25 %
- c** Term endowment 2.99 %

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

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

	Yes	No
(i) Unrelated organizations?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(ii) Related organizations?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	<input type="checkbox"/>

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		20,635,331	11,860,571	8,774,760
d Equipment		14,068,206	12,459,847	1,608,359
e Other		4,921,153	4,888,144	33,009
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				10,416,128

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 INVESTMENTS	30,398,805	END OF YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, line 12, col. (B))	30,398,805	

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, line 13, col. (B))		

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	44,688,235
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	44,688,235

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	57,928,265
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	57,928,265

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

Part XIII

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

Return Reference - Identifier	Explanation
<p>SCHEDULE D, PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS</p>	<p>MODEST PORTIONS OF THE ENDOWMENT FUNDS ARE USED EACH YEAR TO SUPPORT ON-GOING ORGANIZATIONAL HEALTH. IN ADDITION, THE BOARD OF TRUSTEES HAS ESTABLISHED A POLICY THAT ADDITIONAL FUNDS MAY BE UTILIZED IF THE BOARD, DURING THE ANNUAL BUDGET REVIEW PROCESS, DETERMINES THAT THE USES OF THOSE ADDITIONAL FUNDS ARE IMPORTANT, STRATEGIC, AND SUPPORT ACHIEVEMENT OF THE URBAN INSTITUTE'S MISSION.</p>
<p>SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE</p>	<p>UNDER PROVISIONS OF THE INTERNAL REVENUE CODE (IRC) SECTION 501(C)(3) AND THE APPLICABLE REGULATIONS OF THE DISTRICT OF COLUMBIA, THE INSTITUTE IS EXEMPT FROM TAXES ON INCOME OTHER THAN UNRELATED BUSINESS INCOME. THE INSTITUTE INCURRED UNRELATED BUSINESS INCOME TAX EXPENSE AMOUNTING TO \$20,700 AND \$14,275 FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023, RESPECTIVELY. THE INSTITUTE IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A)(1) OF THE IRC.</p> <p>IN ACCORDANCE WITH AUTHORITATIVE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ISSUED BY THE FASB, THE INSTITUTE RECOGNIZES TAX LIABILITIES FOR UNCERTAIN TAX POSITIONS WHEN IT IS MORE LIKELY THAN NOT THAT A TAX POSITION WILL NOT BE SUSTAINED UPON EXAMINATION AND SETTLEMENT WITH VARIOUS TAXING AUTHORITIES. LIABILITIES FOR UNCERTAIN TAX POSITIONS ARE MEASURED BASED UPON THE LARGEST AMOUNT OF BENEFIT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED UPON SETTLEMENT. THE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ALSO ADDRESSES DE-RECOGNITION, CLASSIFICATION, AND INTEREST AND PENALTIES ON INCOME TAXES. WITH FEW EXCEPTIONS, THE INSTITUTE IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS ENDED DECEMBER 31, 2020 AND PRIOR. MANAGEMENT HAS EVALUATED THE INSTITUTE'S TAX POSITIONS AND HAS CONCLUDED THAT THE INSTITUTE HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE.</p>

**SCHEDULE F
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

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

**Open to Public
Inspection**

Name of the organization

THE URBAN INSTITUTE

Employer identification number

52-0880375

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	GRANTMAKING		185,828
(2) NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	PROGRAM SERVICES	FIELDWORK	7,302
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal	0	0			193,130
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			193,130

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)			NORTH AMERICA (CANADA & MEXICO ONLY)	SUBGRANT	185,828	WIRE			
(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 1

3 Enter total number of other organizations or entities 0

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

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

Part IV Foreign Forms

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

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

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

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

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

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

Part V Supplemental Information

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

Return Reference - Identifier	Explanation
<p>SCHEDULE F, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS</p>	<p>URBAN INSTITUTE PRIMARILY CONDUCTS ITS GRANTMAKING AND PROGRAMMATIC ACTIVITIES WITHIN THE UNITED STATES. IN THE RARE INSTANCES WHERE GRANTS OR OTHER ASSISTANCE ARE PROVIDED TO ENTITIES OUTSIDE THE U.S, URBAN APPLIES THE SAME RIGOROUS STANDARDS AND OVERSIGHT PROCEDURES USED FOR DOMESTIC GRANTS.</p> <p>ALL GRANTEES ARE REQUIRED TO SUBMIT A PROPOSED BUDGET AND JUSTIFICATION, WHICH ARE REVIEWED TO ENSURE THAT COSTS ARE NECESSARY, REASONABLE, ALLOWABLE, AND ALLOCABLE UNDER APPLICABLE GUIDELINES. EACH GRANT AGREEMENT CLEARLY DEFINES THE FUNDED PROJECT OR SCOPE OF WORK TO BE PERFORMED, INCLUDING EXPECTED DELIVERABLES WHERE APPROPRIATE.</p> <p>MONITORING OF INTERNATIONAL GRANTS IS CONDUCTED BY PROJECT DIRECTORS, WITH SUPPORT FROM ADMINISTRATIVE STAFF ACROSS DEPARTMENTS. OVERSIGHT PROCEDURES MAY INCLUDE NARRATIVE PROGRESS REPORTS, FINANCIAL REPORTING, MILESTONE TRACKING, AND REGULAR COMMUNICATION WITH THE GRANTEE. THESE PROCEDURES ARE TAILORED TO THE NATURE AND SCOPE OF THE FUNDED WORK AND ARE DESIGNED TO ENSURE COMPLIANCE WITH GRANT TERMS AND SATISFACTORY PROGRESS TOWARD PROGRAM GOALS.</p> <p>IN SOME CASES, FUNDERS MAY IMPOSE ADDITIONAL REQUIREMENTS FOR INTERNATIONAL GRANTEES. WHILE THESE ARE NOT TYPICAL FOR URBAN'S OPERATIONS, THE ORGANIZATION COMPLIES WITH SUCH STIPULATIONS WHEN REQUIRED, AS PART OF ITS COMMITMENT TO TRANSPARENCY AND ACCOUNTABILITY.</p>
<p>SCHEDULE F, PART I, LINE 3 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS</p>	<p>NORTH AMERICA (CANADA & MEXICO ONLY) - ACCRUAL - , ACCRUAL - FIELDWORK</p>
<p>SCHEDULE F, PART II, LINE 1 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS</p>	<p>NORTH AMERICA (CANADA & MEXICO ONLY) - ACCRUAL</p>

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

THE URBAN INSTITUTE

Employer identification number

52-0880375

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ADEPT ID, INC. 184 HIGH STREET, SUITE 602, BOSTON, MA 02110	85-2665902		33,514				GRANT SUB-AWARD
(2) AMERICAN INDIAN COLLEGE FUND 8333 GREENWOOD BLVD, DENVER, CO 80221	52-1573446	501(C)(3)	22,000				GRANT SUB-AWARD
(3) AMERICAN INSTITUTES FOR RESEARCH 1400 CRYSTAL DR, ARLINGTON, VA 22202	25-0965219	501(C)(3)	272,775				GRANT SUB-AWARD
(4) ARAB-AMERICAN FAMILY SUPPORT CTR INC. 150 COURT ST, FL 3, BROOKLYN, NY 11201	11-3167245	501(C)(3)	39,728				GRANT SUB-AWARD
(5) ASIAN COMMUNITY & CULTURAL CENTER 144 NORTH 44TH STREET, LINCOLN, NE 68503	47-0807501	501(C)(3)	25,921				GRANT SUB-AWARD
(6) ASSOCIATION FOR ENTERPRISE OPP, INC 1310 L ST NW, WASHINGTON, DC 20005	36-3834357	501(C)(3)	100,550				GRANT SUB-AWARD
(7) BAY AREA WOMEN COALITION INC. 1717 JESSIE STREET, MOBILE, AL 36617	63-1195628	501(C)(3)	33,144				GRANT SUB-AWARD
(8) BIRMINGHAM AIDS OUTREACH 205 32ND STREET SOUTH, BIRMINGHAM, AL 35233	63-0948495	501(C)(3)	56,023				GRANT SUB-AWARD
(9) BOARD OF REGENTS OF THE UNI OF WI SYS 21 N. PARK ST, MADISON, WI 53715-1218	39-6006492		126,013				GRANT SUB-AWARD
(10) BRANDEIS UNIVERSITY 415 SOUTH STREET, WALTHAM, MA 02453	04-2103552	501(C)(3)	78,082				GRANT SUB-AWARD
(11) CAL POLY CORPORATION 1 GRAND AVENUE, SAN LUIS OBISPO, CA 93407	95-1648180	501(C)(3)	10,000				GRANT SUB-AWARD
(12) (SEE STATEMENT)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 88

3 Enter total number of other organizations listed in the line 1 table 23

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) CALIFORNIA PARTNERSHIP FOR SAFE COMMUNITIES 1301 CLAY ST, #72346, OAKLAND, CA 94612	45-3127566	501(C)(3)	39,924				GRANT SUB-AWARD
(13) CALIFORNIA STATE UNIVERSITY, CHANNEL ISLANDS 1 UNIVERSITY DRIVE, CAMARILLO, CA 93012	91-2153805		30,000				GRANT SUB-AWARD
(14) CASA SAN JOSE 2116 BROADWAY AVENUE, PITTSBURGH, PA 15216	46-4729004	501(C)(3)	32,467				GRANT SUB-AWARD
(15) CHAPIN HALL CENTER FOR CHILDREN 1313 EAST 60TH STREET, CHICAGO, IL 60637	36-2167012	501(C)(3)	9,941				GRANT SUB-AWARD
(16) CHILD TRENDS, INC. 12300 TWINBROOK PARKWAY, SUITE 235, ROCKVILLE, MD 20852	13-2982969	501(C)(3)	68,503				GRANT SUB-AWARD
(17) CHIPPEWA VALLEY TECHNICAL COLLEGE 620 W. CLAIREMONT AVENUE, EAU CLAIRE, WI 54701	39-1096972		17,500				GRANT SUB-AWARD
(18) CITY COLLEGES OF CHICAGO FOUNDATION 180 N. WABASH AVE., SUITE 200, CHICAGO, IL 60601	36-3157624	501(C)(3)	45,000				GRANT SUB-AWARD
(19) CITY OF PHILADELPHIA 1617 J.F.K. BLVD SUITE 1800, PHILADELPHIA, PA 19103	23-6003047	GOVERNMENT	111,108				GRANT SUB-AWARD
(20) CLEAR CREEK CREATIVE PO BOX 195, BIGHILL, KY 40405	46-4324070		381,625				GRANT SUB-AWARD
(21) COLORADO DEPARTMENT OF CORRECTIONS PO BOX 1010, CANON CITY, CO 81215-1010	84-0644739	GOVERNMENT	40,000				GRANT SUB-AWARD
(22) COMMON FUTURE 2323 BROADWAY, OAKLAND, CA 94612	20-1544255	501(C)(3)	69,429				GRANT SUB-AWARD
(23) COMMUNICATIONS WORKERS OF AMERICA 501 3RD STREET, NW, WASHINGTON, DC 20001	53-0246709	501(C)(5)	34,191				GRANT SUB-AWARD
(24) COMMUNITY INFORMATION NOW 7411 JOHN SMITH DR, SUITE 1100, SAN ANTONIO, TX 78229	81-5286030	501(C)(3)	50,000				GRANT SUB-AWARD
(25) COMMUNITY OF HOPE, INC. 4 ATLANTIC STREET SW, WASHINGTON, DC 20032	52-1184749	501(C)(3)	32,770				GRANT SUB-AWARD
(26) COMMUNITY PARTNERS 1000 NORTH ALAMEDA STREET, LOS ANGELES, CA 90012	95-4302067	501(C)(3)	123,501				GRANT SUB-AWARD
(27) CORRECTIONAL LEADERS ASSOCIATION P.O. BOX 102, IONA, ID 83437	84-3333378	501(C)(3)	6,285				GRANT SUB-AWARD

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(28) COUNCIL OF STATE GOVERNMENTS 1776 AVENUE OF THE STATES, LEXINGTON, KY 40511	36-6000818	501(C)(3)	100,841				GRANT SUB-AWARD
(29) COUNTY OF ALLEGHENY 1 SMITHFIELD STREET, PITTSBURGH, PA 15222	25-6001017	GOVERNMENT	26,724				GRANT SUB-AWARD
(30) COUNTY OF CHARLESTON 5010 LAWYERS LANE, NORTH CHARLESTON, SC 29418-7609	57-6001289	GOVERNMENT	278,316				GRANT SUB-AWARD
(31) COUNTY OF MILWAUKEE 600 W. WALNUT ST., SUITE 100, MILWAUKEE, WI 53212	39-6005720	GOVERNMENT	29,330				GRANT SUB-AWARD
(32) COUNTY OF MINNEHAHA SOUTH DAKOTA 231 N. DAKOTA AVENUE, SIOUX FALLS, ND 57117	46-6000426	GOVERNMENT	400,000				GRANT SUB-AWARD
(33) CURATORS OF THE UNIVERSITY OF MISSOURI P.O. 807012, KANSAS CITY, MO 64180-7012	26-6440629	501(C)(3)	103,160				GRANT SUB-AWARD
(34) DC POLICY CENTER 1310 L ST NW , SUITE 325, WASHINGTON, DC 20005	82-2380479	501(C)(3)	85,752				GRANT SUB-AWARD
(35) DIABLO VALLEY COLLEGE 321 GOLF CLUB ROAD, PLEASANT HILL, CA 94523	68-0342035		17,500				GRANT SUB-AWARD
(36) EAST HARRIS COUNTY EMPOWERMENT COUNCIL 11821 EAST FWY , SUITE 500, HOUSTON, TX 77029	27-0377576	501(C)(3)	34,360				GRANT SUB-AWARD
(37) EDEN YOUTH AND FAMILY CENTER 680 TENNYSON ROAD, HAYWARD, CA 94544	94-2442586	501(C)(3)	52,115				GRANT SUB-AWARD
(38) EDUCATION DESIGN LAB 1200 18TH ST NW , #710, WASHINGTON, DC 20036	46-4248042	501(C)(3)	52,499				GRANT SUB-AWARD
(39) EL BUEN SAMARITANO EPISCOPAL MISSION 7000 WOODHUE DRIVE, AUSTIN, TX 78745	74-2488682	501(C)(3)	64,035				GRANT SUB-AWARD
(40) ETHIOPIAN AND ERITREAN CULTURAL AND RESOURCE CENTER 1515 SE 122ND AVENUE, SUITE 1509A, PORTLAND, OR 97233	52-2848405	501(C)(3)	34,521				GRANT SUB-AWARD
(41) FRESNO INTERDENOMINATIONAL REFUGEE MINISTRIES 1940 NORTH FRESNO STREET, FRESNO, CA 93703	77-0357297	501(C)(3)	33,241				GRANT SUB-AWARD
(42) GEORGE WASHINGTON UNIVERSITY 44983 KNOLL SQUARE, SUITE 290, ASHBURN, VA 20147	53-0196584	501(C)(3)	115,181				GRANT SUB-AWARD
(43) GEORGIA PUBLIC DEFENSE FOUNDATION INC 270 WASHINGTON ST. SW, SUITE 6079, ATLANTA, GA 30334	82-1697389	501(C)(3)	30,000				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
(44) THE GREATER LOUISVILLE WORKFORCE DEVELOPMENT BOARD 410 WEST CHESTNUT STREET, SUITE 200, LOUISVILLE, KY 40202	46-4856936		109,928				GRANT SUB-AWARD
(45) GUIDING RIGHT, INC. 1420 NORTHEAST 23RD STREET, OKLAHOMA CITY, OK 73111	73-1572221	501(C)(3)	53,978				GRANT SUB-AWARD
(46) HISPANIC UNITY OF FLORIDA, INC. 5840 JOHNSON STREET, HOLLYWOOD, FL 33021	59-2230272	501(C)(3)	24,200				GRANT SUB-AWARD
(47) HOMEWORD, INC. 1535 LIBERTY LANE, SUITE 116A, MISSOULA, MT 59808	81-0522626	510(C)(3)	90,380				GRANT SUB-AWARD
(48) IMMUNIZE COLORADO 13123 EAST 16TH AVENUE, BOX 281, AURORA, CO 80011	84-1479975	501(C)(3)	37,989				GRANT SUB-AWARD
(49) INLAND CONGREGATIONS UNITED FOR CHANGE 1441 N. D. STREET #208, SAN BERNARDINO, CA 92405	33-0480298	501(C)(3)	48,200				GRANT SUB-AWARD
(50) INTERSTATE RENEWABLE ENERGY COUNCIL, INC. 125 WOLF ROAD, SUITE 100, ALBANY, NY 12205	59-2201374	501(C)(3)	11,976				GRANT SUB-AWARD
(51) IOWA DEPARTMENT OF HEALTH AND HUMAN SERVICES 321 E 12TH ST, 1ST FL, DES MOINES, IA 50319	92-2490034	GOVERNMENT	150,000				GRANT SUB-AWARD
(52) JOBS WITH JUSTICE EDUCATION FUND 1150 CONNECTICUT AVE NW, SUITE 200, WASHINGTON DC, DC 20036	52-1865575	510(C)(3)	381,640				GRANT SUB-AWARD
(53) JOHNS HOPKINS UNIVERSITY 12529 COLLECTIONS CENTER DRIVE, CHICAGO, IL 60693	52-0595110	501(C)(3)	35,931				GRANT SUB-AWARD
(54) KERN COMMUNITY COLLEGE DISTRICT 2100 CHESTER AVENUE, BAKERSFIELD, CA 93301	95-6006644		30,000				GRANT SUB-AWARD
(55) KLAMATH COMMUNITY COLLEGE 7390 SOUTH 6TH STREET, KLAMATH FALLS, OR 97603	93-1211933		20,000				GRANT SUB-AWARD
(56) LANE COMMUNITY COLLEGE 4000 EAST 30TH AVENUE, EUGENE, OR 97405	93-0546223		10,000				GRANT SUB-AWARD
(57) LEGACY FOUNDATION 370 EAST 84TH DRIVE, MERRILLVILLE, IN 46410	35-1872803	501(C)(3)	37,559				GRANT SUB-AWARD
(58) LUKE'S HOUSE: A CLINIC FOR HEALING AND HOPE 2023 SIMON BOLIVAR AVENUE, NEW ORLEANS, LA 70113	26-0332262	501(C)(3)	28,688				GRANT SUB-AWARD
(59) MANUFACTURING ADVOCACY AND GROWTH NETWORK 1800 63RD STREET, CLEVELAND, OH 44103	34-1455043	501(C)(3)	74,651				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
(60) MARY'S CENTER FOR MATERNAL AND CHILD CARE, INC. 2333 ONTARIO ROAD NW, WASHINGTON, DC 20009	52-1594116	501(C)(3)	38,630				GRANT SUB-AWARD
(61) MDRC 16 EAST 34TH STREET, NEW YORK, NY 10016-4326	23-7379473	501(C)(3)	304,424				GRANT SUB-AWARD
(62) METROPOLITAN AREA PLANNING 60 TEMPLE PLACE, BOSTON, MA 02111	04-2472296		45,000				GRANT SUB-AWARD
(63) MISSISSIPPI IMMIGRANT RIGHTS ALLIANCE 4436 N. STATE STREET, A1, JACKSON, MS 39206	94-3428290	501(C)(3)	38,023				GRANT SUB-AWARD
(64) MULTIPLIER 548 MARKET STREET, PMB 81178, SAN FRANCISCO, CA 94014	91-2166435		158,895				GRANT SUB-AWARD
(65) NATIONAL AMERICAN INDIAN HOUSING COUNCIL 122 C STREET NW, SUITE 505, WASHINGTON, DC 20001	22-2096315	501(C)(3)	59,053				GRANT SUB-AWARD
(66) NATIONAL CENTER FOR VICTIMS OF CRIME 3434 N WASHINGTON BLVD, SUITE 1100, ARLINGTON, VA 22201	30-0022798	501(C)(3)	7,088				GRANT SUB-AWARD
(67) NATIONAL DOMESTIC WORKERS ALLIANCE 45 BROADWAY, SUITE 320, NEW YORK, NY 10006	35-2420942	501(C)(3)	125,000				GRANT SUB-AWARD
(68) NATIONAL HOUSING & COMMUNITY DEVELOPMENT LAW PROJECT 90 NEW MONTGOMERY STREET, SUITE 101, SAN FRANCISCO, CA 94105	94-2400-196	501(C)(3)	80,000				GRANT SUB-AWARD
(69) NATIONAL INSTITUTE FOR CRIMINAL JUSTICE REFORM 4900 SHATTUCK AVE, UNIT 3817, OAKLAND, CA 94609-2031	81-5269212	501(C)(3)	26,667				GRANT SUB-AWARD
(70) NATIONAL OPINION RESEARCH CENTER 20TH FLR 55 E MONROE STREET, CHICAGO, IL 60603	36-2167808	501(C)(3)	143,360				GRANT SUB-AWARD
(71) NEIGHBORHOOD DATA WORKS P.O. BOX 1341, DURHAM, NC 27702	47-2579302	501(C)(3)	50,000				GRANT SUB-AWARD
(72) NEW IMMIGRANT COMMUNITY EMPOWERMENT 7129 ROOSEVELT AVENUE 2ND FLOOR, QUEENS, NY 11372	11-3560625	501(C)(3)	39,627				GRANT SUB-AWARD
(73) NEW YORK UNIVERSITY 105 E 17TH ST, 4TH FL 411, NEW YORK, NY 10003-9580	13-5562308	501(C)(3)	41,868				GRANT SUB-AWARD
(74) NORTH ALABAMA AHEC PO BOX 177454, HUNTSVILLE, AL 35810	47-3017416	501(C)(3)	31,949				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
(75) PARTNERSHIP FOR SAFETY AND JUSTICE 221 NW 2ND AVE, SUITE 209, PORTLAND, OR 97209	93-1277774	501(C)(3)	49,985				GRANT SUB-AWARD
(76) PER SCHOLAS, INC. 804 E 138TH STREET, 2ND FLOOR, BRONX, NY 10454	04-3252955	501(C)(3)	487,020				GRANT SUB-AWARD
(77) PRESIDENT AND FELLOWS OF HARVARD COLLEGE P.O. BOX 415649, BOSTON, MA 02241-5649	04-2103580	501(C)(3)	253,401				GRANT SUB-AWARD
(78) PUBLIC POLICY INSTITUTE OF CALIFORNIA 500 WASHINGTON STREET, SUITE 600, SAN FRANCISCO, CA 94111	94-3207299	501(C)(3)	120,000				GRANT SUB-AWARD
(79) PURSUIT TRANSFORMATION COMPANY, INC. 47-10 AUSTELL PLACE, 2ND FLOOR, LONG ISLAND CITY, NY 11101	61-1652332	501(C)(3)	239,561				GRANT SUB-AWARD
(80) RAND CORPORATION 1776 MAIN STREET, SANTA MONICA, CA 90401	95-1958142	501(C)(3)	120,954				GRANT SUB-AWARD
(81) REFUGEE WOMEN'S NETWORK, INC. 2900 CHAMBLEE TUCKER RD BLDG3, ST #300, ATLANTA, GA 30341	58-2369796	501(C)(3)	36,563				GRANT SUB-AWARD
(82) REGENTS OF THE UNIVERSITY OF CALIFORNIA-BERKELEY 9500 GILMAN DRIVE, LA JOLLA, CA 92093-0009	94-6002123		171,867				GRANT SUB-AWARD
(83) REGENTS OF THE UNIVERSITY OF MICHIGAN BOX 223131, PITTSBURGH, PA 15251-2131	38-6006309		19,836				GRANT SUB-AWARD
(84) REGIONAL DATA COOPERATIVE FOR GREATER NEW HAVEN, INC. 1146 CHAPEL ST, SUITE 202, NEW HAVEN, CT 06511	06-1567201	501(C)(3)	45,000				GRANT SUB-AWARD
(85) RESEARCH FOUNDATION OF CUNY 230 WEST 41ST STREET, 7TH FLOOR, NEW YORK, NY 10036	13-1988190	501(C)(3)	89,220				GRANT SUB-AWARD
(86) RESPECT TOGETHER 2101 N FRONT STREET, GOVERNOR'S PLAZA NORTH BUILDING #2, HARRISBURG, PA 17110	23-2067636	501(C)(3)	28,101				GRANT SUB-AWARD
(87) ROGUE COMMUNITY COLLEGE DISTRICT 3345 REDWOOD HIGHWAY, GRANTS PASS, OR 97527	93-0591783		40,000				GRANT SUB-AWARD
(88) RUTGERS UNIVERSITY PO BOX 2021, NEW BRUNSWICK, NJ 08903-2021	22-3001086		218,752				GRANT SUB-AWARD
(89) CITY AND COUNTY OF SAN FRANCISCO, DEPT. OF HOMELESSNESS AND SUPPORTIVE HOUSING 440 TURK STREET, SAN FRANCISCO, CA 94102	94-6000417	GOVERNMENT	53,540				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
(90) SANDRA GRACE LLC 10343 FEDERAL BLVD UNIT J436, WESTMINSTER, CO 80260	83-4450981		31,232				GRANT SUB-AWARD
(91) SCHOOL READINESS CONSULTING, LLC 912 THAYER AVENUE, SUITE 209, SILVER SPRING, MD 20910	45-0949314		15,124				GRANT SUB-AWARD
(92) SEEDING SUCCESS 411 MONROE AVENUE, SUITE 200, MEMPHIS, TN 38103	45-2464843	501(C)(3)	249,700				GRANT SUB-AWARD
(93) SISTERSONG 1237 RALPH DAVID ABERNATHY BLVD SW, ATLANTA, GA 30310	51-0544927	501(C)(3)	154,775				GRANT SUB-AWARD
(94) SOUTHWESTERN OREGON COMMUNITY COLLEGE 1988 NEWMARK AVE, COOS BAY, OR 97459	93-6015621		20,000				GRANT SUB-AWARD
(95) THAI COMMUNITY DEVELOPMENT CENTER 6376 YUCCA STREET, LOS ANGELES, CA 90028	95-4531770	501(C)(3)	48,540				GRANT SUB-AWARD
(96) THE CNA CORPORATION 3003 WASHINGTON BOULEVARD, ARLINGTON, VA 22201	54-1558882	501(C)(3)	105,574				GRANT SUB-AWARD
(97) THE RESEARCH FOUNDATION FOR THE STATE UNIVERSITY OF NEW YORK PO BOX 9, ALBANY, NY 12201-0009	14-1368361	501(C)(3)	25,665				GRANT SUB-AWARD
(98) THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK 615 WEST 131ST STREET, MC 8741, NEW YORK, NY 10027	13-5598093	501(C)(3)	131,698				GRANT SUB-AWARD
(99) THE UNIVERSITY OF CHICAGO 6030 S. ELLIS AVENUE, CHICAGO, IL 60637	36-2177139	501(C)(3)	65,619				GRANT SUB-AWARD
(100) THE UNIVERSITY OF VERMONT PO BOX 1389, WILLSTON, VT 05495-1389	03-0179440	501(C)(3)	100,000				GRANT SUB-AWARD
(101) THE URBAN LEAGUE OF GREATER ATLANTA, INC. 230 PEACHTREE STREET NW, SUITE 2600, ATLANTA, GA 30303	58-0593386	501(C)(3)	10,000				GRANT SUB-AWARD
(102) TRAILHEAD INSTITUTE 1999 BROADWAY, SUITE 600, DENVER, CO 80202	84-1267213	501(C)(3)	144,839				GRANT SUB-AWARD
(103) UNIVERSITY OF DELAWARE 116 STUDENT SERVICES BUILDING, NEWARK, DE 19716	51-6000297	501(C)(3)	100,000				GRANT SUB-AWARD
(104) UNIVERSITY OF DENVER PO BOX 911811, DENVER, CO 80291-1811	84-0404231	501(C)(3)	90,000				GRANT SUB-AWARD
(105) UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVE NW, SEATTLE, WA 98195	91-6001537		216,022				GRANT SUB-AWARD
(106) WAKE TECHNICAL COMMUNITY COLLEGE 9101 FAYETTEVILLE ROAD, RALEIGH, NC 27603-5696	56-0792775		17,500				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
(107) WHY NOT PROSPER 717 E CHELTEN AVE, PHILADELPHIA, PA 19144	23-3089308	501(C)(3)	24,556				GRANT SUB-AWARD
(108) WICHITA STATE UNIVERSITY CAMPUS OF APPLIED SCIENCES & TECHNOLOGY 4004 NORTH WEBB ROAD, WICHITA, KS 67226	20-1027060		17,500				GRANT SUB-AWARD
(109) WINDWARD FUND 1828 L ST. NW, WASHINGTON, DC 20036	47-3522162	501(C)(3)	150,000				GRANT SUB-AWARD
(110) WORKHANDS, INC. 224 TARA ST., SAN FRANCISCO, CA 94112	46-1939119		491,727				GRANT SUB-AWARD
(111) YALE UNIVERSITY P.O. BOX 1873, NEW HAVEN, CT 06508-1873	06-0646973	501(C)(3)	154,213				GRANT SUB-AWARD

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS	<p data-bbox="386 220 1526 310">URBAN ENGAGES IN GRANTMAKING TO SUPPORT EXTERNAL PROJECTS THAT ALIGN WITH FUNDER INITIATIVES AND TO FUND PARTNERS WHO CONTRIBUTE TO URBAN'S PROGRAMMATIC WORK. THE TYPE OF GRANT AGREEMENT ISSUED DEPENDS ON FACTORS SUCH AS THE NATURE OF THE WORK, PROPOSED COSTS, AND PERIOD OF PERFORMANCE.</p> <p data-bbox="386 327 1526 420">ALL GRANTEEES ARE REQUIRED TO SUBMIT A PROPOSED BUDGET AND JUSTIFICATION, WHICH ARE REVIEWED TO ENSURE THAT COSTS ARE NECESSARY, REASONABLE, ALLOWABLE, AND ALLOCABLE UNDER APPLICABLE GUIDELINES. EACH GRANT AGREEMENT CLEARLY DEFINES THE FUNDED PROJECT OR SCOPE OF WORK TO BE PERFORMED, INCLUDING EXPECTED DELIVERABLES WHERE APPROPRIATE.</p> <p data-bbox="386 436 1526 554">THROUGHOUT THE GRANT PERIOD, URBAN MONITORS GRANTEE PERFORMANCE USING TAILORED PROCEDURES, WHICH MAY INCLUDE NARRATIVE PROGRESS REPORTS, FINANCIAL REPORTING, MILESTONE TRACKING, AND OTHER OVERSIGHT ACTIVITIES AS APPROPRIATE. MONITORING IS CONDUCTED BY PROJECT DIRECTORS, WITH SUPPORT FROM ADMINISTRATIVE STAFF ACROSS DEPARTMENTS, TO ENSURE COMPLIANCE WITH GRANT TERMS AND SATISFACTORY PROGRESS TOWARD PROGRAM GOALS.</p>

**SCHEDULE J
(Form 990)**

(Rev. January 2025)

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

Open to Public Inspection

Employer identification number

52-0880375

Part I Questions Regarding Compensation

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

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC 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	(i)	725,046	175,500	70,517	282,820	8,741	1,262,624	0
	PRESIDENT AND CHIEF EXECUTIVE OFFICER	(ii)	0	0	0	0	0	0	0
2	MARY CUNNINGHAM	(i)	390,393	0	17,433	32,820	22,632	463,278	0
	SENIOR VICE PRESIDENT FOR RESEARCH AND PROGRAMS	(ii)	0	0	0	0	0	0	0
3	MYRA JONES-TAYLOR	(i)	374,416	0	2,156	32,820	36,831	446,223	0
	SENIOR VICE PRESIDENT, IMPACT AND EXTERNAL AFFAIRS	(ii)	0	0	0	0	0	0	0
4	YASMIN KAZZAZ	(i)	361,576	0	16,339	32,820	33,202	443,937	0
	CHIEF OPERATIONS OFFICER	(ii)	0	0	0	0	0	0	0
5	GENEVIEVE KENNEY	(i)	337,155	0	12,784	32,820	36,069	418,828	0
	INSTITUTE FELLOW, RESEARCH	(ii)	0	0	0	0	0	0	0
6	TODD GREENE	(i)	349,425	30,000	18,036	32,820	16,848	447,129	0
	VICE PRESIDENT AND EXECUTIVE DIRECTOR, WORKRISE	(ii)	0	0	0	0	0	0	0
7	ROBERT BUCHANAN	(i)	279,354	0	13,222	26,575	6,457	325,608	0
	VICE PRESIDENT, CONTROLLER & TREASURER	(ii)	0	0	0	0	0	0	0
8	MATT ROGERS	(i)	207,122	0	406	19,596	14,228	241,352	0
	CHIEF OF STAFF, SR. DIRECTOR OF STRATEGY & CORPORATE SECRETARY (EFFECTIVE 03/2024)	(ii)	0	0	0	0	0	0	0
9		(i)							
		(ii)							
10		(i)							
		(ii)							
11		(i)							
		(ii)							
12		(i)							
		(ii)							
13		(i)							
		(ii)							
14		(i)							
		(ii)							
15		(i)							
		(ii)							
16		(i)							
		(ii)							

Part III

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

Return Reference - Identifier	Explanation
SCHEDULE J, PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	IN FEBRUARY 2024, THE ORGANIZATION ESTABLISHED A NON-QUALIFIED DEFERRED COMPENSATION PLAN PURSUANT TO CODE SECTION 457(F) OF THE INTERNAL REVENUE CODE. THE PLAN AMOUNTS ARE SUBJECT TO SUBSTANTIAL FUTURE SERVICE REQUIREMENTS TO THE ORGANIZATION AND ARE SUBJECT TO SUBSTANTIAL RISK OF FORFEITURE. CONTRIBUTIONS WERE MADE TO THE NONQUALIFIED PLAN ON BEHALF OF THE FOLLOWING LISTED PERSONS IN PART VII: SARAH ROSEN WARTELL: \$250,000.
SCHEDULE J, PART I, LINE 7 - NON-FIXED PAYMENTS	THE BOARD OF TRUSTEES MAY USE VARIABLE COMPENSATION TO RECOGNIZE THE PRESIDENT'S EXCEPTIONAL CONTRIBUTION TO OVERALL ORGANIZATIONAL PERFORMANCE. IN FEBRUARY 2024, THE PRESIDENT RECEIVED A NON-FIXED DISCRETIONARY BONUS FOR PERFORMANCE IN THE PRIOR YEAR IN THE AMOUNT PRESENTED IN SCHEDULE J, PART II, COLUMN B(II).

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

**Open to Public
Inspection**

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.
Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

THE URBAN INSTITUTE

Employer identification number

52-0880375

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
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29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement

29	
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30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

31		
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32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a		
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b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

33		
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**SCHEDULE O
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

THE URBAN INSTITUTE

Employer identification number

52-0880375

Return Reference - Identifier	Explanation
FORM 990, PART I, LINE 1 - BRIEF MISSION	THE URBAN INSTITUTE IS A NONPROFIT RESEARCH ORGANIZATION THAT APPLIES A RANGE OF APPROACHES TO EXAMINE TODAY'S CHALLENGES AND IDENTIFY POLICY SOLUTIONS THAT WORK FOR PEOPLE, INCLUDING RESEARCH AND DATA ANALYSIS, CONVENING, DATA TOOLS AND MODELING, STRATEGIC ADVISING, PROGRAM EVALUATION, AND COMMUNITY ENGAGEMENT.
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	(EXPENSES \$64,438,985 INCLUDING GRANTS OF \$5,372,987)(REVENUE \$46,571) URBAN CONDUCTED ADDITIONAL PROGRAMMATIC ACTIVITIES INCLUDING RESEARCH AND DATA ANALYSIS, CONVENINGS, DATA TOOLS AND MODELING, STRATEGIC ADVISING, PROGRAM EVALUATION, AND COMMUNITY ENGAGEMENT, THAT FOCUSED ON ECONOMIC AND SOCIAL POLICY ISSUES THAT AFFECT THE WELL-BEING OF PEOPLE AND COMMUNITIES.
FORM 990, PART VI, LINE 2 - FAMILY/BUSINESS RELATIONSHIPS AMONGST INTERESTED PERSONS	SHAUN DONOVAN, A TRUSTEE OF THE URBAN INSTITUTE, IS THE CEO AND PRESIDENT OF ENTERPRISE COMMUNITY PARTNERS. SARAH ROSEN WARTELL, PRESIDENT OF THE URBAN INSTITUTE, ALSO SERVES ON THE BOARD OF DIRECTORS OF ENTERPRISE COMMUNITY PARTNERS. - BUSINESS RELATIONSHIP
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	A DRAFT OF THE FORM 990 IS PROVIDED TO ACCOUNTING LEADERSHIP, 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 PRESIDENTS/CEOS OF SIMILAR ORGANIZATIONS INCLUDING MANY 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 THE PERFORMANCE OF THE PRESIDENT BY OTHER SENIOR STAFF. THE EXECUTIVE COMMITTEE MEETS IN PRIVATE SESSION WITHOUT THE PRESIDENT TO REVIEW AND DISCUSS THESE MATERIALS AND APPROVES 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 OPERATIONS OFFICER.
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	THE SALARIES FOR URBAN'S FIVE NEXT HIGHEST PAID EMPLOYEES ARE SET BY THE PRESIDENT AND REVIEWED AND APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES. EACH YEAR THE MEMBERS OF THE EXECUTIVE COMMITTEE ARE PROVIDED WITH RELEVANT MARKET SALARY SURVEY INFORMATION AS COMPARABILITY DATA TO ASSIST IN ASSESSING THE SALARIES PAID TO EMPLOYEES IN SIMILAR POSITIONS BY SIMILAR ORGANIZATIONS INCLUDING MANY IN THE SAME GEOGRAPHIC AREA. THE PRESIDENT CONSULTS WITH SENIOR STAFF OF THE INSTITUTE TO DISCUSS THE PERFORMANCE OF THE FIVE INDIVIDUALS. BASED ON THESE DISCUSSIONS AND THE SALARY SURVEYS MENTIONED ABOVE, THE PRESIDENT MAKES SALARY RECOMMENDATIONS TO THE EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE REVIEWS THESE RECOMMENDATIONS, AS WELL AS THE SALARY SURVEY INFORMATION, TO APPROVE THE COMPENSATION OF URBAN'S FIVE HIGHEST PAID INDIVIDUALS. THE CHAIR PROVIDES A WRITTEN SUMMARY OF THE DISCUSSION AND THE APPROVED SALARY IN A MEMO TO THE CHIEF OPERATIONS OFFICER AND VICE PRESIDENT OF HUMAN RESOURCES. SALARIES OF OTHER OFFICERS ARE DETERMINED BY THE PRESIDENT IN CONSULTATION WITH THE CHIEF OPERATIONS OFFICER AND VICE PRESIDENT OF HUMAN RESOURCES 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.

**SCHEDULE O
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

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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, VA, WI, WV																																			
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	THE URBAN INSTITUTE MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. SUCH REQUESTS ARE GENERALLY FROM POTENTIAL GRANTORS AND FUNDERS IN RESPONSE TO A GRANT APPLICATION OR REQUEST FOR FUNDING FOR SPECIFIC PROJECTS.																																			
FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES	<table border="1"> <thead> <tr> <th>(a) Description</th> <th>(b) Total Expenses</th> <th>(c) Program Service Expenses</th> <th>(d) Management and General Expenses</th> <th>(e) Fundraising Expenses</th> </tr> </thead> <tbody> <tr> <td>OTHER</td> <td>6,215,802</td> <td>4,074,020</td> <td>2,141,782</td> <td></td> </tr> <tr> <td>SUBCONTRACTORS</td> <td>9,499,222</td> <td>9,499,222</td> <td></td> <td></td> </tr> <tr> <td>CONSULTANT FEES AND EXPENSES</td> <td>3,189,695</td> <td>3,041,116</td> <td>128,158</td> <td>20,421</td> </tr> <tr> <td>PURCHASE ORDER CONTRACTS</td> <td>50,380</td> <td>46,823</td> <td>2,807</td> <td>750</td> </tr> <tr> <td>TEMPORARY HELP</td> <td>59,249</td> <td>43,828</td> <td>12,670</td> <td>2,751</td> </tr> <tr> <td>Total</td> <td>19,014,348</td> <td>16,705,009</td> <td>2,285,417</td> <td>23,922</td> </tr> </tbody> </table>	(a) Description	(b) Total Expenses	(c) Program Service Expenses	(d) Management and General Expenses	(e) Fundraising Expenses	OTHER	6,215,802	4,074,020	2,141,782		SUBCONTRACTORS	9,499,222	9,499,222			CONSULTANT FEES AND EXPENSES	3,189,695	3,041,116	128,158	20,421	PURCHASE ORDER CONTRACTS	50,380	46,823	2,807	750	TEMPORARY HELP	59,249	43,828	12,670	2,751	Total	19,014,348	16,705,009	2,285,417	23,922
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