

PUBLIC DISCLOSURE COPY

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2018

Open to Public Inspection

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

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

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

Department of the Treasury
Internal Revenue Service

A For the 2018 calendar year, or tax year beginning **2018**, and ending **20**

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

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

D Employer identification number
52-0880375

E Telephone number
(202) 833-7200

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

G Gross receipts \$ **98,455,589**

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

H(c) Group exemption number ▶

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

J Website: ▶ **WWW.URBAN.ORG**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **1968**

M State of legal domicile: **DE**

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>THE URBAN INSTITUTE IS DEDICATED TO ELEVATING THE DEBATE ON SOCIAL AND ECONOMIC POLICY. FOR FIVE DECADES, URBAN SCHOLARS HAVE (CONTINUED ON SCHEDULE O)</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	25
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	24
	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	617
	6	Total number of volunteers (estimate if necessary)	6	50
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 38	7b	337,653	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 82,306,969	Current Year 84,759,955
	9	Program service revenue (Part VIII, line 2g)	0	0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,729,129	4,238,206
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	64,909	46,539
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	86,101,007	89,044,700
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	56,987,994	59,588,610
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,446,135		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	36,220,025	31,635,969
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	93,208,019	91,224,579	
19	Revenue less expenses. Subtract line 18 from line 12	(7,107,012)	(2,179,879)	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 179,677,755	End of Year 169,843,928
	21	Total liabilities (Part X, line 26)	21,631,514	23,042,606
	22	Net assets or fund balances. Subtract line 21 from line 20	158,046,241	146,801,322

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 _____ Date _____

Type or print name and title **ROBERT M. BUCHANAN, VP, CONTROLLER & ASSISTANT TREASURER**

Paid Preparer Use Only

Print/Type preparer's name _____ Preparer's signature _____ Date _____ Check if self-employed PTIN _____

Firm's name ▶ _____ Firm's EIN ▶ _____

Firm's address ▶ _____ Phone no. _____

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2018)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 15,700,868 including grants of \$) (Revenue \$)

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

4b (Code:) (Expenses \$ 10,397,923 including grants of \$ 495,633) (Revenue \$)

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

4c (Code:) (Expenses \$ 8,132,027 including grants of \$ 356,171) (Revenue \$)

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

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

(Expenses \$ 0 including grants of \$ 776,138) (Revenue \$ 0)

4e Total program service expenses ▶ 34,230,818

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 <i>Schedule B, Schedule of Contributors</i> (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 Revenue Procedure 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 temporarily restricted endowments, permanent endowments, or 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 type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<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 type="checkbox"/>	<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	<input 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"/>
20 a 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>	22	✓
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	✓
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	✓
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	✓
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	✓
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	✓
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	✓
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	✓
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	✓
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	✓
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	✓
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	✓
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>	32	✓
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	✓
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>	34	✓
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	✓
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	✓
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>	36	✓
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	✓
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	✓

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	1a	210
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	✓

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 16 regarding employee reporting, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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 in 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 in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		<input checked="" type="checkbox"/>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		<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 in Schedule O		<input checked="" type="checkbox"/>

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

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

Section C. Disclosure

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

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

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

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

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

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

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

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SARAH ROSEN WARTELL PRESIDENT	40.0	✓		✓				581,352	0	26,494
(2) JAMIE S. GORELICK CHAIR	2.0	✓						0	0	0
(3) FREEMAN A. HRABOWSKI, III VICE CHAIR	2.0	✓						0	0	0
(4) N. GREGORY MANKIW VICE CHAIR	2.0	✓						0	0	0
(5) J. ADAM ABRAM	2.0	✓						0	0	0
(6) DAVID AUTOR	2.0	✓						0	0	0
(7) DONALD A. BAER	2.0	✓						0	0	0
(8) ERSKINE BOWLES	2.0	✓						0	0	0
(9) HENRY CISNEROS	2.0	✓						0	0	0
(10) ARMANDO CODINA	2.0	✓						0	0	0
(11) MITCHELL E. DANIELS JR.	2.0	✓						0	0	0
(12) SHAUN DONOVAN	2.0	✓						0	0	0
(13) DIANA FARRELL	2.0	✓						0	0	0
(14) MARGARET A. HAMBURG	2.0	✓						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) TERRENCE P. LAUGHLIN	2.0	<input checked="" type="checkbox"/>						0	0	0
(16) MARNE L. LEVINE	2.0	<input checked="" type="checkbox"/>						0	0	0
(17) MARY J. MILLER	2.0	<input checked="" type="checkbox"/>						0	0	0
(18) ANNETTE L. NAZARETH	2.0	<input checked="" type="checkbox"/>						0	0	0
(19) DEVAL PATRICK	2.0	<input checked="" type="checkbox"/>						0	0	0
(20) EDUARDO PADRON	2.0	<input checked="" type="checkbox"/>						0	0	0
(21) CHARLES H. RAMSEY	2.0	<input checked="" type="checkbox"/>						0	0	0
(22) JOHN WALLIS ROWE	2.0	<input checked="" type="checkbox"/>						0	0	0
(23) ARTHUR I. SEGEL	2.0	<input checked="" type="checkbox"/>						0	0	0
(24) J. RON TERWILLIGER	2.0	<input checked="" type="checkbox"/>						0	0	0
(25) (SEE STATEMENT)		<input checked="" type="checkbox"/>						0	0	0
1b Sub-total							581,352	0	26,494	
c Total from continuation sheets to Part VII, Section A							3,378,640	0	485,871	
d Total (add lines 1b and 1c)							3,959,992	0	512,365	

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 **▶** 188

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
LIBERTY PROPERTY LIMITED, P.O BOX 828438, PHILADELPHIA, PA 19182	RENT	8,874,305
HEALTHTECH SOLUTIONS LLC, 2030 HOOVER BOULEVARD, FRANKFORT, KY 40601	SUBCONTRACT/CONSULTING	2,130,541
HEALTH MANAGEMENT ASSOCIATES, 2000 M ST NW SUITE 700, WASHINGTON, DC 20036	SUBCONTRACT/CONSULTING	752,426
SSRS, 155 GAITHER DRIVE, SUITE A, MT. LAUREL, NJ 08054	SUBCONTRACT/CONSULTING	728,527
AMERICAN INSTITUTES FOR RESEARCH, 1000 THOMAS JEFFERSON STREET, NW, WASHINGTON, DC 20007	SUBCONTRACT/CONSULTING	723,288

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 **▶** 43

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	37,118,316			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	47,641,639			
	g Noncash contributions included in lines 1a-1f: \$		290,650			
	h Total. Add lines 1a-1f		84,759,955			
Program Service Revenue	2a Business Code					
	b -----					
	c -----					
	d -----					
	e -----					
	f All other program service revenue .		0	0	0	0
	g Total. Add lines 2a-2f		0			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,537,620			1,537,620
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties		24,154	24,154		
	6a Gross rents	(i) Real				
	b Less: rental expenses	(ii) Personal				
	c Rental income or (loss)		0	0		
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	12,111,475			
	b Less: cost or other basis and sales expenses	(ii) Other	9,410,889			
	c Gain or (loss)		2,700,586	0		
	d Net gain or (loss)		2,700,586			2,700,586
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a	1,420				
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory		1,420	1,420			
Miscellaneous Revenue		Business Code				
11a MISCELLANEOUS		900099	20,965	20,965		
b -----						
c -----						
d All other revenue			0	0	0	
e Total. Add lines 11a-11d			20,965			
12 Total revenue. See instructions			89,044,700	46,539	0	4,238,206

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,375,410	1,287,981	1,927,588	159,841
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	41,181,914	34,442,845	6,011,731	727,338
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,621,879	3,012,586	540,315	68,978
9 Other employee benefits	8,146,389	6,778,224	1,220,052	148,113
10 Payroll taxes	3,263,018	2,635,297	563,424	64,297
11 Fees for services (non-employees):				
a Management				
b Legal	105,250	12,780	92,470	
c Accounting	135,114		135,114	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	945,375		945,375	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	16,295,047	15,505,878	776,665	12,504
12 Advertising and promotion				
13 Office expenses	1,049,804	896,048	121,287	32,469
14 Information technology	1,498,214	1,011,705	468,389	18,120
15 Royalties				
16 Occupancy	7,547,692	6,099,717	1,299,961	148,014
17 Travel	1,158,946	1,088,479	52,450	18,017
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	437,621	366,571	68,001	3,049
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,448,353	1,164,658	262,192	21,503
23 Insurance	252,492	204,355	44,722	3,415
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>RECRUITING, INTERVIEW, AND SURVEY INCENTIVES</u>	135,661	99,404	36,106	151
b <u>MISCELLANEOUS BUSINESS EXPENSES</u>	92,309	53,835	32,216	6,258
c -----				
d -----				
e All other expenses	534,091	50,292	469,731	14,068
25 Total functional expenses. Add lines 1 through 24e	91,224,579	74,710,655	15,067,789	1,446,135
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	12,693	1	1,050
	2 Savings and temporary cash investments	12,326,225	2	21,059,756
	3 Pledges and grants receivable, net	18,886,729	3	11,106,153
	4 Accounts receivable, net	21,013,046	4	15,069,570
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	0
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,015,240	9	1,218,610
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	20,069,394		
	b Less: accumulated depreciation	13,350,216	10c	6,719,178
	11 Investments—publicly traded securities	87,202,780	11	78,596,261
	12 Investments—other securities. See Part IV, line 11	34,502,428	12	36,073,350
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	0	15	0
16 Total assets. Add lines 1 through 15 (must equal line 34)	179,677,755	16	169,843,928	
Liabilities	17 Accounts payable and accrued expenses	8,974,644	17	9,304,310
	18 Grants payable		18	
	19 Deferred revenue	11,139,564	19	13,344,403
	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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		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	1,517,306	25	393,893
	26 Total liabilities. Add lines 17 through 25	21,631,514	26	23,042,606
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	124,192,932	27	115,928,103
	28 Temporarily restricted net assets	33,853,309	28	30,873,218
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	158,046,241	33	146,801,321	
34 Total liabilities and net assets/fund balances	179,677,755	34	169,843,927	

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	89,044,700
2	Total expenses (must equal Part IX, column (A), line 25)	2	91,224,579
3	Revenue less expenses. Subtract line 2 from line 1	3	(2,179,879)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	158,046,241
5	Net unrealized gains (losses) on investments	5	(9,065,041)
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	146,801,321

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		✓
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	✓	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	✓	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	✓	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in 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) ANTHONY A. WILLIAMS ----- -----	2.0 -----	<input checked="" type="checkbox"/>						0	0	0
(26) JOHN ROGERS ----- EXECUTIVE VICE PRESIDENT	40.0 -----			<input checked="" type="checkbox"/>				414,719	0	43,094
(27) NANI COLORETTI ----- SENIOR VICE PRESIDENT, FINANCIAL & BUSINESS STRATEGY & TREASURER	40.0 -----			<input checked="" type="checkbox"/>				292,129	0	49,926
(28) ROBERT BUCHANAN ----- VICE PRESIDENT, CONTROLLER & ASSISTANT TREASURER	40.0 -----			<input checked="" type="checkbox"/>				207,124	0	26,698
(29) LIZA GETSINGER ----- CHIEF OF STAFF	40.0 -----			<input checked="" type="checkbox"/>				135,897	0	21,613
(30) JOHN HOLAHAN ----- INSTITUTE FELLOW	40.0 -----					<input checked="" type="checkbox"/>		284,374	0	50,294
(31) GENEVIEVE KENNEY ----- VICE PRESIDENT, HEALTH POLICY	40.0 -----					<input checked="" type="checkbox"/>		267,812	0	47,094
(32) STEPHEN ZUCKERMAN ----- VICE PRESIDENT, HEALTH POLICY	40.0 -----					<input checked="" type="checkbox"/>		266,012	0	49,148
(33) SHARON LONG ----- SENIOR FELLOW	40.0 -----					<input checked="" type="checkbox"/>		262,543	0	32,552
(34) LINDA BLUMBERG ----- INSTITUTE FELLOW	40.0 -----					<input checked="" type="checkbox"/>		252,888	0	28,793
(35) MARGERY TURNER ----- SENIOR VICE PRESIDENT, PROGRAM PLANNING & MANAGEMENT	40.0 -----						<input checked="" type="checkbox"/>	332,759	0	46,686
(36) BRIDGET LOWELL ----- VICE PRESIDENT, COMMUNICATIONS & OUTREACH & CHIEF COMMUNICATIONS OFFICER	40.0 -----						<input checked="" type="checkbox"/>	240,549	0	21,960
(37) MONICA WOODS ----- VICE PRESIDENT, HUMAN RESOURCES & CHIEF ADMINISTRATIVE OFFICER	40.0 -----						<input checked="" type="checkbox"/>	213,150	0	23,627
(38) KHULOUD ODEH ----- VICE PRESIDENT, TECHNOLOGY & DATA SCIENCE & CHIEF INFORMATION OFFICE	40.0 -----						<input checked="" type="checkbox"/>	208,684	0	44,386

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

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

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2018. 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—2017. 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—2018. 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—2017. 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	88,254,533	91,456,947	88,195,445	82,306,969	84,759,955	434,973,849
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	616,328	629,273	270,301	41,765	25,574	1,583,241
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	88,870,861	92,086,220	88,465,746	82,348,734	84,785,529	436,557,090
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	5,290,000	2,950,000	911,678	262,500	313,500	9,727,678
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	5,290,000	2,950,000	911,678	262,500	313,500	9,727,678
8 Public support. (Subtract line 7c from line 6.)						426,829,412

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6	88,870,861	92,086,220	88,465,746	82,348,734	84,785,529	436,557,090
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,286,241	1,699,317	1,393,892	1,389,800	1,537,620	8,306,870
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	2,286,241	1,699,317	1,393,892	1,389,800	1,537,620	8,306,870
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	55,701	44,583				100,284
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	11,839	28	10,936	23,144	20,965	66,912
13 Total support. (Add lines 9, 10c, 11, and 12.)	91,224,642	93,830,148	89,870,574	83,761,678	86,344,114	445,031,156
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	95.91 %
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	93.87 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	1.87 %
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	2.07 %
19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		<input type="checkbox"/>

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
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 or 990-EZ).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
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 in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c	

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2018

Part VI

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

Return Reference - Identifier	Explanation						
SCHEDULE A, PART III, LINE 12 - OTHER INCOME	Other Income Type	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	(1)ADJUSTMENT TO UNCOLLECTIBLE ALLOWANCE & OTHER MISCELLANEOUS	11,839	28	10,936	23,144	20,965	66,912

Schedule of Contributors

2018

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

Name of the organization
THE URBAN INSTITUTE

Employer identification number
52-0880375

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (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, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization THE URBAN INSTITUTE	Employer identification number 52-0880375
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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	----- ----- -----	\$ 15,204,407	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ 9,413,119	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ 9,049,468	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	----- ----- -----	\$ 4,963,740	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	----- ----- -----	\$ 3,937,363	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	----- ----- -----	\$ 3,311,402	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	----- ----- -----	\$ ----- 2,667,731	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	----- ----- -----	\$ ----- 2,478,717	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	----- ----- -----	\$ ----- 2,050,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	----- ----- -----	\$ ----- 2,000,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	----- ----- -----	\$ ----- 1,828,229	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	----- ----- -----	\$ ----- 1,822,072	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 II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

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
-----	----- ----- -----	----- ----- -----	----- ----- -----

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

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

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

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

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

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

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

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

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

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

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

Form with multiple rows for questions 1-9 regarding conservation easements, including checkboxes and a table for line 2.

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

Form with rows for questions 1a, 1b, 2, 2a, 2b regarding art and historical treasures collections.

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 are a 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 programs
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? **Yes** **No**

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	126,124,224	116,199,528	115,193,355	114,092,222	123,881,785
b Contributions	48,684	29,823	510,078	771,001	20,998
c Net investment earnings, gains, and losses	(745,916)	15,816,908	6,567,969	6,696,413	(5,396,123)
d Grants or scholarships					
e Other expenditures for facilities and programs	5,247,784	5,101,645	5,424,291	5,552,738	3,582,861
f Administrative expenses	945,375	820,390	647,583	813,543	831,577
g End of year balance	119,233,833	126,124,224	116,199,528	115,193,355	114,092,222

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment 95.00 %
 - b** Permanent endowment 3.00 %
 - c** Temporarily restricted endowment 2.00 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | 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	9,257,951		5,106,968	4,150,983
d Equipment	6,164,822		5,327,787	837,035
e Other	4,646,621		2,915,461	1,731,160
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				6,719,178

Part VII Investments—Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) ALTERNATIVE INVESTMENT	36,073,350	END OF YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	36,073,350	

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) DEFERRED RENT	393,893	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	393,893	

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XIII

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

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

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2018

Open to Public Inspection

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

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

THE URBAN INSTITUTE

Employer identification number

52-0880375

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) EAST ASIA AND THE PACIFIC	0	2	PROGRAM SERVICES	PUBLIC POLICY RESEARCH	19,358
(2) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	PROGRAM SERVICES	PUBLIC POLICY RESEARCH	76,784
(3) MIDDLE EAST AND NORTH AFRICA	0	1	PROGRAM SERVICES	PUBLIC POLICY RESEARCH	9,871
(4) NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	PROGRAM SERVICES	PUBLIC POLICY RESEARCH	55,706
(5) RUSSIA AND NEIGHBORING STATES	0	1	PROGRAM SERVICES	PUBLIC POLICY RESEARCH	13,940
(6) SOUTH AMERICA	0	1	PROGRAM SERVICES	PUBLIC POLICY RESEARCH	3,581
(7) SOUTH ASIA	0	1	PROGRAM SERVICES	PUBLIC POLICY RESEARCH	99,083
(8) SUB-SAHARAN AFRICA	0	7	PROGRAM SERVICES	PUBLIC POLICY RESEARCH	916,117
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal	0	13			1,194,440
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	13			1,194,440

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

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

Part IV Foreign Forms

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

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

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

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

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

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

Part V

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

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

**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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) AIR ALLIANCE HOUSTON 3914 LEELAND AVENUE, HOUSTON, TX 77003	76-0461030	501(C)(3)	49,960				GRANT SUB-AWARD
(2) AREA AGENCY ON AGING 1366 EAST THOMAS ROAD, PHOENIX, AZ 85014	74-2371957	501(C)(3)	70,466				GRANT SUB-AWARD
(3) ASCA PO BOX 102, IONA, ID 83427	13-3462632	501(C)(3)	9,368				GRANT SUB-AWARD
(4) READ FOR THE CITY, INC. 1525 7TH STREET NW, WASHINGTON, DC 20001	52-1138207	501(C)(3)	32,000				GRANT SUB-AWARD
(5) BRITPATHS, INC. 3959 PENDER DRIVE, FAIRFAX, VA 22030	52-1596259	501(C)(3)	32,000				GRANT SUB-AWARD
(6) BROOKINGS INSTITUTION 1775 MASS AVE NW, WASHINGTON, DC 20037	53-0196577	501(C)(3)	65,000				GRANT SUB-AWARD
(7) CENTER FOR EFFECTIVE PUBLIC POLICY 10605 CONCORD STREET, KENSINGTON, MD 20895	23-2188609	501(C)(3)	1,510				GRANT SUB-AWARD
(8) CHILD TRENDS, INC. 7315 WISCONSIN AVENUE, BETHESDA, MD 20814	13-2982969	501(C)(3)	24,903				GRANT SUB-AWARD
(9) (SEE STATEMENT)	58-1344646	501(C)(3)	50,000				GRANT SUB-AWARD
(10) COMMUNITY RESOURCES FOR JUSTICE 355 BOYLSTON STREET, BOSTON, MA 02116	04-3461434	501(C)(3)	25,000				GRANT SUB-AWARD
(11) COMMUNITY WORKS WEST 110 BROADWAY, OAKLAND, CA 94607	20-5278030	501(C)(3)	81,730				GRANT SUB-AWARD
(12) (SEE STATEMENT)							

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 29
- 3** Enter total number of other organizations listed in the line 1 table ▶ 4

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

Cat. No. 50055P

Schedule I (Form 990) (2018)

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) DANE COUNTY DEPT OF HUMAN SERVICES 210 MARTIN LUTHER KING, JR. BLVD, MADISON, WI 53703	39-6005684	501(C)(3)	15,000				GRANT SUB-AWARD
(13) ELEVATE ENERGY 322 S. GREEN STREET, CHICAGO, IL 60607	36-4443093	501(C)(3)	67,500				GRANT SUB-AWARD
(14) FRIENDSHIP PLACE 4713 WISCONSIN AVE NW, WASHINGTON, DC 20016	52-1925494	501(C)(3)	32,000				GRANT SUB-AWARD
(15) I SQUARED COMMUNITY DEVELOPMENT LLC 1779 DANBY HILL ROAD, DANBY, VT 05739	11-3705624		30,726				GRANT SUB-AWARD
(16) INFORMCT, INC. 805 BROOK STREET, ROCKY HILL, CT 06067	45-2841472	501(C)(3)	133,317				GRANT SUB-AWARD
(17) LA CLINICA DE LA RAZA, INC. 1450 FRUITVALE AVENUE, OAKLAND, CA 94623	94-1744108	501(C)(3)	37,266				GRANT SUB-AWARD
(18) LAF 120 S. LASALLE STREET, CHICAGO, IL 60603	36-2754650	501(C)(3)	10,000				GRANT SUB-AWARD
(19) LOUISIANA PUBLIC HEALTH INSTITUTE 1515 POYDRAS STREET, NEW ORLEANS, LA 70112	72-1379921	501(C)(3)	50,000				GRANT SUB-AWARD
(20) MAINE PRETRIAL SERVICES P. O. BOX 1042, PORTLAND, ME 04104	01-0461120	501(C)(3)	25,000				GRANT SUB-AWARD
(21) MICHIGAN STATE UNIVERSITY 426 AUDITORIUM RD., EAST LANSING, MI 48824	38-6005984		75,577				GRANT SUB-AWARD
(22) MINNESOTA DEPARTMENT OF CORRECTIONS PO BOX 4719, ST. PAUL, MN 55101	41-6007162		54,325				GRANT SUB-AWARD
(23) N STREET VILLAGE, INC. 1333 N STREET NW, WASHINGTON, DC 20005	52-1007373	501(C)(3)	32,000				GRANT SUB-AWARD
(24) NATIONAL ASSOCIATION FOR PUBLIC DEFENSE PO BOX 211, FRANKFORT, KY 40602	46-4056944	501(C)(6)	48,332				GRANT SUB-AWARD
(25) NATIONAL CENTER FOR VICTIMS OF CRIME 3434 WASHINGTON BLVD, NO 1100, ARLINGTON, VA 22014	30-0022798	501(C)(3)	1,076				GRANT SUB-AWARD
(26) NATIONAL COUNCIL OF JUVENILE AND FAMILY COURT JUDGES PO BOX 8970, RENO, NV 89507	36-2486896	501(C)(3)	780				GRANT SUB-AWARD
(27) PHILADELPHIA DEPARTMENT OF PUBLIC HEALTH 1101 MARKET STREET, 10TH FLOOR, PHILADELPHIA, PA 19107	23-6003047		112,500				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
(28) POLICE FOUNDATION 1201 CONNECTICUT AVENUE NW, WASHINGTON, DC 20036	52-0906599	501(C)(3)	5,585				GRANT SUB-AWARD
(29) REGENTS OF THE UNIVERSITY OF CALIFORNIA 9500 GILMAN DRIVE, MC 0857, BERKELEY, CA 92093	94-6002123		49,757				GRANT SUB-AWARD
(30) SASHA BRUCE YOUTHWORK 741 8TH STREET SE, WASHINGTON, DC 20003	52-1006486	501(C)(3)	349,533				GRANT SUB-AWARD
(31) THE LOVE MORE MOVEMENT, INC. 5536 TUXEDO ROAD, HYATTSVILLE, MD 20781	82-0871966	501(C)(3)	18,100				GRANT SUB-AWARD
(32) TREASURER, STATE OF CONNECTICUT 24 WOLCOTT HILL ROAD, WETHERSFIELD, CT 06109	06-1277236		8,000				GRANT SUB-AWARD
(33) UNIVERSITY OF ALASKA, ANCHORAGE 3211 PROVIDENCE DR, ANCHORAGE, AK 99508	92-6000147		29,632				GRANT SUB-AWARD

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.	URBAN ISSUES SEVERAL DIFFERENT GRANT AGREEMENT TYPES BASED ON VARYING FACTORS TO INCLUDE THE NATURE OF THE WORK TO BE CARRIED OUT BY THE GRANTEE, AMOUNT AND/OR PROPOSED COSTS, AND PERIOD OF PERFORMANCE. REGARDLESS OF GRANT TYPE, ALL GRANTEES ARE REQUIRED TO SUBMIT A PROGRAM DESCRIPTION AND CORRESPONDING BUDGET, WHICH ARE EVALUATED BY URBAN BEFORE GRANT EXECUTION TO ENSURE THE GOALS OF THE PROGRAM ARE APPROPRIATE AND COSTS ARE NECESSARY, REASONABLE, ALLOWABLE, AND ALLOCABLE. DURING IMPLEMENTATION, MONITORING PROCEDURES VARY DEPENDING ON THE AGREEMENT TYPE ISSUED, AS GRANTEES MAY BE REQUIRED TO SUBMIT REGULAR PROGRESS REPORTS, FINANCIAL REPORTS, OR DEMONSTRATE THAT THEY HAVE MET VARIOUS MILESTONES AND/OR SUBMITTED DELIVERABLES. THE PROJECT DIRECTOR IS RESPONSIBLE FOR REGULARLY MONITORING TO ENSURE THERE IS SATISFACTORY PROGRESS AND ADHERENCE TO THE TERMS AND CONDITIONS OUTLINED IN THE INDIVIDUAL GRANT AGREEMENT. FOR COST REIMBURSEMENT AGREEMENTS, FINANCIAL REPORTS ARE REVIEWED TO ENSURE EXPENDITURES ARE IN ACCORDANCE WITH APPROVED LINE-ITEM BUDGETS AND OTHER RELATED TERMS INCLUDED IN THE AGREEMENT. ONCE THE PROJECT DIRECTOR DETERMINES THAT RECIPIENTS HAVE SATISFACTORY MET ALL REQUIRED CONDITIONS, APPROVAL IS DOCUMENTED AND INFORMATION FORWARDED TO ACCOUNTS PAYABLE FOR FURTHER REVIEW, APPROVAL, AND PAYMENT AS APPROPRIATE. AT THE CLOSE OF THE GRANT, THE GRANTEE WILL SUBMIT ALL FINAL MATERIALS, AND THE PROJECT DIRECTOR WILL REVIEW, AND CONFIRM ACCEPTANCE, AND URBAN WILL PROCEED TO FORMALLY CLOSEOUT THE GRANT.
SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	COMMUNITY FOUNDATION FOR GREATER ATLANTA 191 PEACHTREE ST, NE, ATLANTA, GA 30303

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

THE URBAN INSTITUTE

Compensation Information

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

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 filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <p> <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Written employment contract <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Approval by the board or compensation committee </p>		
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p>		
<p>a Receive a severance payment or change-of-control payment?</p>	4a	✓
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	✓
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c	✓
<p>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</p>		
<p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p>		
<p>a The organization?</p>	5a	✓
<p>b Any related organization?</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>	5b	✓
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p>		
<p>a The organization?</p>	6a	✓
<p>b Any related organization?</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>	6b	✓
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III</p>	7	✓
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8	✓
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9	

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 SARAH ROSEN WARTELL PRESIDENT	(i)	581,352	0	0	26,204	290	607,846	0
	(ii)	0	0	0	0	0	0	0
2 JOHN ROGERS EXECUTIVE VICE PRESIDENT	(i)	414,719	0	0	26,204	16,890	457,813	0
	(ii)	0	0	0	0	0	0	0
3 NANI COLORETTI SENIOR VICE PRESIDENT, FINANCIAL & BUSINESS STRATEGY & TREASURER	(i)	292,129	0	0	26,204	23,722	342,055	0
	(ii)	0	0	0	0	0	0	0
4 ROBERT BUCHANAN VICE PRESIDENT, CONTROLLER & ASSISTANT TREASURER	(i)	207,124	0	0	18,125	8,573	233,822	0
	(ii)	0	0	0	0	0	0	0
5 LIZA GETSINGER CHIEF OF STAFF	(i)	135,897	0	0	12,557	9,056	157,510	0
	(ii)	0	0	0	0	0	0	0
6 JOHN HOLAHAN INSTITUTE FELLOW	(i)	284,374	0	0	26,204	24,090	334,668	0
	(ii)	0	0	0	0	0	0	0
7 GENEVIEVE KENNEY VICE PRESIDENT, HEALTH POLICY	(i)	267,812	0	0	24,704	22,390	314,906	0
	(ii)	0	0	0	0	0	0	0
8 STEPHEN ZUCKERMAN VICE PRESIDENT, HEALTH POLICY	(i)	266,012	0	0	24,704	24,444	315,160	0
	(ii)	0	0	0	0	0	0	0
9 SHARON LONG SENIOR FELLOW	(i)	262,543	0	0	24,049	8,503	295,095	0
	(ii)	0	0	0	0	0	0	0
10 LINDA BLUMBERG INSTITUTE FELLOW	(i)	252,888	0	0	23,773	5,020	281,681	0
	(ii)	0	0	0	0	0	0	0
11 MARGERY TURNER SENIOR VICE PRESIDENT, PROGRAM PLANNING & MANAGEMENT	(i)	332,759	0	0	26,204	20,482	379,445	0
	(ii)	0	0	0	0	0	0	0
12 BRIDGET LOWELL VICE PRESIDENT, COMMUNICATIONS & OUTREACH & CHIEF COMMUNICATIONS OFFICER	(i)	240,549	0	0	21,747	213	262,509	0
	(ii)	0	0	0	0	0	0	0
13 MONICA WOODS VICE PRESIDENT, HUMAN RESOURCES & CHIEF ADMINISTRATIVE OFFICER	(i)	213,150	0	0	19,118	4,509	236,777	0
	(ii)	0	0	0	0	0	0	0
14 KHULOUD ODEH VICE PRESIDENT, TECHNOLOGY & DATA SCIENCE & CHIEF INFORMATION OFFICE	(i)	208,684	0	0	20,630	23,756	253,070	0
	(ii)	0	0	0	0	0	0	0
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization
THE URBAN INSTITUTE

Employer identification number
52-0880375

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	✓	5	290,650	MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (.)				
26 Other ▶ (.)				
27 Other ▶ (.)				
28 Other ▶ (.)				

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

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

Part II

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

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

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

Department of Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the Organization
THE URBAN INSTITUTE

Employer Identification Number
52-0880375

Return Reference - Identifier	Explanation
FORM 990, PART I, LINE 1 - BRIEF MISSION	CONDUCTED RESEARCH AND OFFERED EVIDENCE-BASED SOLUTIONS THAT IMPROVE LIVES AND STRENGTHEN COMMUNITIES
FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION	EXPAND OPPORTUNITIES FOR ALL, REDUCE HARDSHIP AMONG THE MOST VULNERABLE, AND STRENGTHEN THE EFFECTIVENESS OF THE PUBLIC SECTOR.
FORM 990, PART III, LINE 4C - PROGRAM SERVICE DESCRIPTION	PRACTITIONERS WHO INTERACT WITH THESE GROUPS. THIS HANDS-ON WORK ALLOWS US TO HEAR FROM THE PEOPLE MOST AFFECTED BY JUSTICE POLICY DECISIONS AND MAKES OUR FINDINGS MORE RELEVANT AND USEFUL. WE USE OUR KNOWLEDGE OF THE FEDERAL, STATE, AND LOCAL CORRECTIONAL SYSTEMS TO GUIDE CONCRETE, REAL-WORLD SOLUTIONS AND PRODUCE REPORTS AND PROVIDE TECHNICAL ASSISTANCE THAT TRANSLATE COMPLEX RESEARCH INTO ACTIONABLE STRATEGIES TO ENHANCE THE SAFETY AND WELL-BEING OF INDIVIDUALS AND COMMUNITIES.
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	(EXPENSES INCLUDING GRANTS OF \$776,138)(REVENUE) CENTER ON NONPROFITS AND PHILANTHROPY CENTER ON EDUCATION DATA AND POLICY EXECUTIVE OFFICE RESEARCH HOUSING FINANCE POLICY CENTER INTERNATIONAL DEVELOPMENT AND GOVERNANCE CENTER INCOME AND BENEFITS POLICY CENTER LABOR, HUMAN SERVICES, AND POPULATION RESEARCH TO ACTION LAB STATISTICAL METHODS GROUP TAX POLICY CENTER
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	A DRAFT OF THE FORM 990 IS PROVIDED TO THE SENIOR VICE PRESIDENT FOR FINANCIAL AND BUSINESS STRATEGY AND THE CONTROLLER. EACH PERFORMS AN INDEPENDENT REVIEW OF THE DRAFT. CHANGES ARE INCORPORATED INTO A SECOND DRAFT, WHICH IS PROVIDED TO THE PRESIDENT AND CHIEF COMMUNICATIONS OFFICER FOR REVIEW. A FINAL DRAFT IS THEN PREPARED AND PROVIDED TO THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES. ONCE THE AUDIT COMMITTEE'S REVIEW IS COMPLETE, THE FORM 990 IS PROVIDED TO ALL MEMBERS OF THE BOARD OF TRUSTEES PRIOR TO FILING.
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	THE INSTITUTE MAKES AVAILABLE AN ORIENTATION PROGRAM AND TRUSTEE HANDBOOK TO NEW TRUSTEES TO FAMILIARIZE THEM WITH INSTITUTE POLICIES. ON AN ANNUAL BASIS TRUSTEES AND OFFICERS COMPLETE A CONFLICT OF INTEREST STATEMENT DESIGNED TO IDENTIFY AND GUARD AGAINST POTENTIAL CONFLICTS OF INTEREST. THE STATEMENTS ARE REVIEWED BY THE CORPORATE SECRETARY AND TAKEN INTO CONSIDERATION IN THE CONDUCT OF THE INSTITUTE'S BUSINESS. THE INSTITUTE'S "STANDARDS OF ETHICAL CONDUCT" POLICY CONTAINS A SECTION ON CONFLICTS OF INTEREST. THE POLICY IS REQUIRED READING FOR ALL EMPLOYEES AND IS INCLUDED IN EMPLOYEE TRAINING ON ETHICAL CONDUCT. DETAILED REVIEW AND APPROVAL PROCEDURES EXIST FOR ALL EXPENDITURES, ENSURING STRONG INTERNAL CONTROL AND COMPLIANCE WITH ORGANIZATIONAL POLICIES.
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	THE SALARY FOR THE PRESIDENT IS SET BY THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES. EACH YEAR THE CHAIR OF THE EXECUTIVE COMMITTEE IS PROVIDED SALARY SURVEYS FOR THE PRESIDENT/CEO OF SIMILAR ORGANIZATIONS IN THE SAME GEOGRAPHIC AREA. THE CHAIR IS ALSO PROVIDED NATIONAL SALARY SURVEYS FOR COMPARABLE POSITIONS IN LIKE-SIZED ORGANIZATIONS AS WELL AS UPWARD ASSESSMENTS OF PERFORMANCE OF THE PRESIDENT BY OTHER SENIOR STAFF. THE EXECUTIVE COMMITTEE MEETS IN PRIVATE SESSION TO REVIEW AND DISCUSS THESE MATERIALS AND DETERMINE THE COMPENSATION OF THE PRESIDENT. THE EXECUTIVE COMMITTEE'S REVIEW OF THE PRESIDENT'S PERFORMANCE AND SALARY IS DISCUSSED WITH THE FULL BOARD OF TRUSTEES, WITH THE PRESIDENT RECUSING HERSELF. THE CHAIR PROVIDES A WRITTEN SUMMARY OF THE DISCUSSION AND THE APPROVED SALARY IN A MEMO TO THE VICE PRESIDENT FOR ADMINISTRATION AND CHIEF HUMAN RESOURCES OFFICER.
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	THE SALARY FOR THE EXECUTIVE VICE PRESIDENT IS SET BY THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES. EACH YEAR THE CHAIR OF THE EXECUTIVE COMMITTEE IS PROVIDED SALARY SURVEYS FOR THE EXECUTIVE VICE PRESIDENTS OF SIMILAR ORGANIZATIONS IN THE SAME GEOGRAPHIC AREA. THE PRESIDENT CONSULTS WITH SENIOR STAFF OF THE INSTITUTE TO DISCUSS THE PERFORMANCE OF THE EXECUTIVE VICE PRESIDENT. BASED ON THESE DISCUSSIONS AND THE SALARY SURVEYS MENTIONED ABOVE, THE PRESIDENT MAKES A SALARY RECOMMENDATION TO THE EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE MEETS IN PRIVATE SESSION TO REVIEW THIS RECOMMENDATION, AS WELL AS THE SALARY SURVEY INFORMATION, TO DETERMINE THE COMPENSATION OF THE EXECUTIVE VICE PRESIDENT. THE CHAIR PROVIDES A WRITTEN SUMMARY OF THE DISCUSSION AND THE APPROVED SALARY IN A MEMO TO THE CHIEF HUMAN RESOURCES OFFICER. SALARIES OF OTHER OFFICERS ARE DETERMINED BY THE PRESIDENT IN CONSULTATION WITH THE EXECUTIVE VICE PRESIDENT AND OTHERS WHO HAVE OBSERVED THE PERFORMANCE OF THESE INDIVIDUALS. THE SALARY INCREASES FOR THESE INDIVIDUALS MUST FALL WITHIN THE INSTITUTE'S ANNUAL BUDGET, WHICH IS APPROVED BY THE BOARD OF TRUSTEES.

Return Reference - Identifier	Explanation																																		
FORM 990, PART VI, LINE 17 - STATES WITH WHICH A COPY OF THIS FORM 990 IS REQUIRED TO BE FILED	CT, FL, GA, HI, IL, KS, KY, MA, MD, MN, MO, MS, NC, NH, NJ, NM, NY, OK, OR, PA, RI, SC, TN, UT, VA, WI, WV																																		
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	THE URBAN INSTITUTE MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. SUCH REQUESTS ARE GENERALLY FROM POTENTIAL GRANTORS AND FUNDERS IN RESPONSE TO A GRANT APPLICATION OR REQUEST FOR FUNDING FOR SPECIFIC PROJECTS.																																		
FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES	<table border="1"> <thead> <tr> <th data-bbox="467 359 751 432">(a) Description</th> <th data-bbox="760 359 943 432">(b) Total Expenses</th> <th data-bbox="951 359 1135 432">(c) Program Service Expenses</th> <th data-bbox="1143 359 1326 432">(d) Management and General Expenses</th> <th data-bbox="1334 359 1518 432">(e) Fundraising Expenses</th> </tr> </thead> <tbody> <tr> <td data-bbox="467 443 751 470">11G - SUBCONTRACTORS</td> <td data-bbox="760 443 943 470">11,062,289</td> <td data-bbox="951 443 1135 470">11,062,289</td> <td data-bbox="1143 443 1326 470"></td> <td data-bbox="1334 443 1518 470"></td> </tr> <tr> <td data-bbox="467 480 751 508">11G - CONSULTANT FEES AND EXPENSES</td> <td data-bbox="760 480 943 508">2,123,573</td> <td data-bbox="951 480 1135 508">1,925,115</td> <td data-bbox="1143 480 1326 508">192,549</td> <td data-bbox="1334 480 1518 508">5,909</td> </tr> <tr> <td data-bbox="467 518 751 546">11G - OTHER</td> <td data-bbox="760 518 943 546">1,828,514</td> <td data-bbox="951 518 1135 546">1,419,163</td> <td data-bbox="1143 518 1326 546">409,351</td> <td data-bbox="1334 518 1518 546"></td> </tr> <tr> <td data-bbox="467 556 751 583">11G - PURCHASE ORDER CONTRACTS</td> <td data-bbox="760 556 943 583">989,309</td> <td data-bbox="951 556 1135 583">921,603</td> <td data-bbox="1143 556 1326 583">64,353</td> <td data-bbox="1334 556 1518 583">3,353</td> </tr> <tr> <td data-bbox="467 594 751 621">11G - TEMPORARY HELP</td> <td data-bbox="760 594 943 621">291,362</td> <td data-bbox="951 594 1135 621">177,708</td> <td data-bbox="1143 594 1326 621">110,412</td> <td data-bbox="1334 594 1518 621">3,242</td> </tr> </tbody> </table>					(a) Description	(b) Total Expenses	(c) Program Service Expenses	(d) Management and General Expenses	(e) Fundraising Expenses	11G - SUBCONTRACTORS	11,062,289	11,062,289			11G - CONSULTANT FEES AND EXPENSES	2,123,573	1,925,115	192,549	5,909	11G - OTHER	1,828,514	1,419,163	409,351		11G - PURCHASE ORDER CONTRACTS	989,309	921,603	64,353	3,353	11G - TEMPORARY HELP	291,362	177,708	110,412	3,242
(a) Description	(b) Total Expenses	(c) Program Service Expenses	(d) Management and General Expenses	(e) Fundraising Expenses																															
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11G - TEMPORARY HELP	291,362	177,708	110,412	3,242																															

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

THE URBAN INSTITUTE

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number

52-0880375

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

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

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

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

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

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

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

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
THE URBAN INSTITUTE EMPLOYEE BENEFIT TRUST	R	3,339,287	CASH AMOUNT
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

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

Form **8453-EO**

Exempt Organization Declaration and Signature for Electronic Filing

OMB No. 1545-1879

For calendar year 2018, or tax year beginning _____, 2018, and ending _____, 20_____

2018

Department of the Treasury
Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

Name of exempt organization
THE URBAN INSTITUTE

Employer identification number
52-0880375

Part I Type of Return and Return Information (Whole Dollars Only)


Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b 89,044,700
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____

Part II Declaration of Officer

- 6** I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.
- If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign Here ▶  | 11/15/19 ▶ VP, CONTROLLER & ASSISTANT TREASURER

Signature of officer | Date | Title

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only	ERO's signature ▶ _____	Date _____	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN _____
	Firm's name (or yours if self-employed), address, and ZIP code ▶ _____				EIN _____
					Phone no. _____

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer Use Only	Print/Type preparer's name _____	Preparer's signature _____	Date _____	Check if self-employed <input type="checkbox"/>	PTIN _____
	Firm's name ▶ _____				Firm's EIN ▶ _____
	Firm's address ▶ _____				Phone no. _____