Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial 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
2100 M Street NW

City or town, state or country, and ZIP + 4
Washington, DC 20037

D Employer identification number
52-0880375

E Telephone number
(202) 833-7200

G Gross receipts $ 151,566,492

F Name and address of principal officer
SARAH ROSEN WARTELL
2100 M St NW
Washington, DC 20037

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) **Are all affiliates 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
GATHER AND ANALYZE DATA, CONDUCT POLICY RESEARCH, EVALUATE PROGRAMS AND SERVICES, AND EDUCATE AMERICANS ON CRITICAL ISSUES AND TRENDS TO PROMOTE SOUND SOCIAL POLICY AND PUBLIC DEBATE ON NATIONAL, STATE, AND LOCAL PRIORITIES

2 Check this box ▶☐ 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	19
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	18
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	408
6	Total number of volunteers (estimate if necessary)	6	0
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 34	7b	0

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	59,838,805	71,162,375
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,930,035	3,607,944
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	594,346	-8,939
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	64,363,186	74,761,380

Expenses

		Prior Year	Current Year
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	2,264,918
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	33,354,149	36,300,994
16a	Professional fundraising fees (Part IX, column (A), line 11e)	30,142	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶436,485		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	30,745,332	34,704,194
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	64,129,623	73,270,106
19	Revenue less expenses Subtract line 18 from line 12	233,563	1,491,274

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	128,377,939	128,700,848
21	Total liabilities (Part X, line 26)	23,313,524	26,466,382
22	Net assets or fund balances Subtract line 21 from line 20	105,064,415	102,234,466

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 2012-08-15

▶ JOHN R ROGERS EVP, TREASURER & CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed ▶ ☐	Preparer's taxpayer identification number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶			EIN ▶
			Phone no ▶

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . ☑

1 Briefly describe the organization's mission

GATHER AND ANALYZE DATA, CONDUCT POLICY RESEARCH, EVALUATE PROGRAMS AND SERVICES, AND EDUCATE AMERICANS ON CRITICAL ISSUES AND TRENDS TO PROMOTE SOUND SOCIAL POLICY AND PUBLIC DEBATE ON NATIONAL, STATE, AND LOCAL PRIORITIES

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 and section 4947(a)(1) trusts 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 $ 11,983,367 including grants of $) (Revenue $)

SOCIAL SCIENCES - RESEARCH AND PUBLIC POLICY ANALYSIS THE HEALTH POLICY CENTER PROMOTES SOCIAL WELFARE THROUGH IMPROVEMENT OF THE NATION'S HEALTH CARE SYSTEM PROGRAM STAFF ANALYZE ISSUES RELATED TO RESTRAINING THE RISE IN HEALTH CARE COSTS, IMPROVING THE QUALITY OF CARE, AND IMPROVING ACCESS TO CARE

4b (Code) (Expenses $ 10,999,717 including grants of $) (Revenue $)

SOCIAL SCIENCES - RESEARCH AND PUBLIC POLICY ANALYSIS THE METROPOLITAN HOUSING AND COMMUNITIES POLICY CENTER FOCUSES ON THE COMMUNITIES THAT MAKE UP AMERICA'S URBAN REGIONS PROGRAM STAFF INVESTIGATE THE DYNAMIC FORCES AFFECTING THE QUALITY OF LIFE IN THESE COMMUNITIES, THE ACCESS TO OPPORTUNITIES THEY OFFER THEIR RESIDENTS, AND THE IMPACTS OF FEDERAL, STATE, AND LOCAL PUBLIC POLICIES

4c (Code) (Expenses $ 10,501,176 including grants of $) (Revenue $)

SOCIAL SCIENCES - RESEARCH AND PUBLIC POLICY ANALYSIS THE CENTER ON INTERNATIONAL DEVELOPMENT AND GOVERNANCE PROVIDES RESEARCH AND TECHNICAL ASSISTANCE ON LOCAL GOVERNANCE IN VARIOUS DEVELOPING COUNTRIES AROUND THE WORLD PROGRAM STAFF FOCUS ON IMPROVING DELIVERY AND FINANCING OF PUBLIC SERVICES, STRENGTHENING PUBLIC MANAGEMENT AND PERFORMANCE MEASUREMENT, ENCOURAGING CIVIC ENGAGEMENT, COMBATING CORRUPTION THROUGH INCREASED TRANSPARENCY, AND ENHANCING LOCAL GOVERNMENTS' ROLE IN ECONOMIC DEVELOPMENT

(Code) (Expenses $ 8,480,563 including grants of $) (Revenue $)

LABOR, HUMAN SERVICES, & POPULATION CENTER

(Code) (Expenses $ 6,345,722 including grants of $) (Revenue $)

JUSTICE POLICY CENTER

(Code) (Expenses $ 5,653,885 including grants of $) (Revenue $)

INCOME AND BENEFITS POLICY CENTER

(Code) (Expenses $ 3,432,224 including grants of $) (Revenue $)

TAX POLICY CENTER

(Code) (Expenses $ 3,113,324 including grants of $) (Revenue $)

CENTER ON NONPROFITS AND PHILANTHROPY

(Code) (Expenses $ 2,297,143 including grants of $) (Revenue $)

EDUCATION POLICY CENTER

(Code) (Expenses $ 605,771 including grants of $) (Revenue $)

EXECUTIVE OFFICE RESEARCH

(Code) (Expenses $ 225,027 including grants of $) (Revenue $)

STATISTICAL METHODS GROUP

4d Other program services (Describe in Schedule O)
(Expenses $ 30,153,659 including grants of $) (Revenue $)

4e **Total program service expenses** ▶$ 63,637,919

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
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, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		No
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 owner? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . ☐

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	161			
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		
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	408			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?			4a	Yes	
b	If "Yes," enter the name of the foreign country ▶AL , AM , BK , ET , GG , KZ , KG , RW , RI See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the aggregate amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			14b		

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

Check if Schedule O contains a response to any question in this Part VI . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 19			
b	Enter the number of voting members included in line 1a, above, who are independent	1b 18			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		No
6	Did the organization have members or stockholders?		6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ CA , CT , DC , FL , IL , MD , MA , MI , NJ , NY , OH , PA , VA , WA

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☑ Another's website ☑ Upon request

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 See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

Robert Buchanan
2100 M Street NW
Washington, DC 20037
(202) 833-7200

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
(1) ROBERT D REISCHAUER PRESIDENT	40 00	X		X				361,572	0	42,430
(2) AFSANEH BESCHLOSS TRUSTEE	2 00	X						0	0	0
(3) ANNETTE L NAZARETH TRUSTEE	2 00	X						0	0	0
(4) ANTHONY A WILLIAMS TRUSTEE	2 00	X						0	0	0
(5) DONALD A BAER TRUSTEE	2 00	X						0	0	0
(6) ERSKINE B BOWLES TRUSTEE	2 00	X						0	0	0
(7) FERNANDO A GUERRA TRUSTEE	2 00	X						0	0	0
(8) FREEMAN A HRABOWSKI III TRUSTEE	2 00	X						0	0	0
(9) J ADAM ABRAM TRUSTEE	2 00	X						0	0	0
(10) JAMIE S GORELICK TRUSTEE	2 00	X						0	0	0
(11) JEREMY TRAVIS TRUSTEE	2 00	X						0	0	0
(12) JOEL L FLEISHMAN CHAIRMAN, BOARD OF TRUSTEES	2 00	X						0	0	0
(13) JOSHUA B RALES TRUSTEE	2 00	X						0	0	0
(14) JUDY WOODRUFF TRUSTEE	2 00	X						0	0	0
(15) MARNE L LEVINE TRUSTEE	2 00	X						0	0	0
(16) MELVIN L OLIVER TRUSTEE	2 00	X						0	0	0
(17) RICHARD C GREEN JR TRUSTEE	2 00	X						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 (describe hours for related organizations in Schedule O)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
(18) ROBERT M SOLOW VICE CHAIRMAN, BOARD OF TRUSTEES	2 00	X						0	0	0
(19) SARAH ROSEN WARTELL TRUSTEE	2 00	X						0	0	0
(20) ANGELA KEENAN ASSISTANT TREASURER	40 00			X				121,023	0	22,280
(21) EVERETT MADDEN ASSISTANT TREASURER	40 00			X				139,941	0	21,611
(22) JOHN ROGERS EXECUTIVE VP, TREASURER, AND CFO	40 00			X				275,678	0	43,830
(23) KATHLEEN COURRIER VP COMMUNICATIONS	40 00			X				203,658	0	20,161
(24) MAIDA SCHIFTER CORPORATE SECRETARY	40 00			X				108,373	0	14,342
(25) MARGERY TURNER VP RESEARCH	40 00			X				210,404	0	36,018
(26) EUGENE STEUERLE INSTITUTE FELLOW	40 00					X		215,574	0	29,566
(27) JOHN HOLAHAN DIRECTOR, HEALTH POLICY	40 00					X		267,030	0	46,155
(28) MARGARET SULVETTA CHIEF INFORMATION OFFICER	40 00					X		207,085	0	28,670
(29) ROBERT SANTOS INSTITUTE SENIOR METHODOLOGIST	40 00					X		204,685	0	23,202
(30) STEPHEN ZUCKERMAN SENIOR FELLOW	40 00					X		208,746	0	30,996

		(D)	(E)	(F)
1b	**Sub-Total** ▶			
c	**Total from continuation sheets to Part VII, Section A** ▶			
d	**Total (add lines 1b and 1c)** ▶	2,523,769	0	359,261

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 ▶95

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

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
AMERICAN INSTITUTES FOR RESEARCH 1000 THOMAS JEFFERSON STREET NW WASHINGTON, DC 20007	SUBCONTRACT/CONSULTING	1,006,650
HEALTH MANAGEMENT ASSOCIATES 5811 PELICAN BAY BLVD NAPLES, FL 34108	SUBCONTRACT/CONSULTING	903,485
NORTHWESTERN UNIVERSITY 633 CLARK STREET EVANSTON, IL 60208	SUBCONTRACT/CONSULTING	766,141
NATIONAL OPINION RESEARCH CENTER 1155 EAST 60TH STREET CHICAGO, IL 60637	SUBCONTRACT/CONSULTING	658,147
INTERNATIONAL CITYCOUNTY MGMT ASSOC 777 NORTH CAPITOL STREET NE WASHINGTON, DC 20002	SUBCONTRACT/CONSULTING	656,932

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 ▶59

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 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 44,451,348				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 26,711,027				
	g	Noncash contributions included in lines 1a-1f $ 63,510					
	h	**Total.** Add lines 1a-1f ▶		71,162,375			
Program Service Revenue			Business Code				
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue		0	0	0	0
	g	**Total.** Add lines 2a–2f ▶		0			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) ▶		1,515,621			1,515,621
	4	Income from investment of tax-exempt bond proceeds ▶		0			
	5	Royalties ▶		0			
			(i) Real / (ii) Personal				
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)	(i) 0 / (ii) 0				
	d	Net rental income or (loss) ▶		0			
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	(i) 78,290,778				
	b	Less cost or other basis and sales expenses	(i) 76,198,455				
	c	Gain or (loss)	(i) 2,092,323 / (ii) 0				
	d	Net gain or (loss) ▶		2,092,323			2,092,323
	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 ▶		0			
	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 ▶		0			
	10a	Gross sales of inventory, less returns and allowances	a 214,782				
	b	Less cost of goods sold	b 606,657				
	c	Net income or (loss) from sales of inventory ▶		-391,875			-391,875
		Miscellaneous Revenue	Business Code				
	11a	CNP ONLINE 990	518210	271,135	271,135		
	b	CNP DATA SALES	518210	109,232	109,232		
	c	MISCELLANEOUS	900099	2,569			2,569
	d	All other revenue		0	0	0	0
	e	**Total.** Add lines 11a–11d ▶		382,936			
	12	**Total revenue.** See Instructions ▶		74,761,380	380,367	0	3,218,638

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) but are not required to complete columns (B), (C), and (D)
Check if Schedule O contains a response to any question 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 governments and organizations in the United States See Part IV, line 21	2,264,918	2,264,918		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	1,602,665	603,427	991,210	8,028
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	25,746,913	21,881,926	3,617,905	247,082
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,268,997	1,923,071	323,773	22,153
9	Other employee benefits	4,761,004	4,010,723	704,190	46,091
10	Payroll taxes	1,921,415	1,584,715	318,450	18,250
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	54,587		54,587	
c	Accounting	113,796		113,796	
d	Lobbying	0			
e	Professional fundraising *See Part IV, line 17* . .	0			
f	Investment management fees	581,970		581,970	
g	Other	249,235	21,004	228,231	
12	Advertising and promotion	0			
13	Office expenses	724,429	573,307	142,472	8,650
14	Information technology	0			
15	Royalties . .	0			
16	Occupancy	6,683,443	5,415,766	1,226,498	41,179
17	Travel	1,156,505	1,086,262	64,399	5,844
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	425,806	335,201	80,791	9,814
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	523,407	454,563	65,532	3,312
23	Insurance	0			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	SUBCONTRACTORS	16,500,252	16,500,252		
b	CONSULTANT FEES AND EXPENSES	2,139,933	2,023,492	115,633	808
c	FIELD OFFICE EXPENSES	1,363,976	1,363,976		
d	FIELD OFFICE RESEARCH	1,010,798	1,010,798		
e					
f	All other expenses	3,176,057	2,584,518	566,265	25,274
25	**Total functional expenses.** Add lines 1 through 24f	73,270,106	63,637,919	9,195,702	436,485
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	0			

Part X Balance Sheet

Section	Line	Description			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			250,935	1	10,911,511
	2	Savings and temporary cash investments			15,446,925	2	3,713,450
	3	Pledges and grants receivable, net			1,138,375	3	45,100
	4	Accounts receivable, net			18,334,344	4	19,973,172
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			891,250	8	619,992
	9	Prepaid expenses and deferred charges			295,386	9	649,788
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a	10,756,098			
	b	Less accumulated depreciation	10b	8,469,456	1,700,783	10c	2,286,642
	11	Investments—publicly traded securities			60,138,742	11	59,848,982
	12	Investments—other securities See Part IV, line 11			30,181,199	12	30,652,211
	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)			128,377,939	16	128,700,848
Liabilities	17	Accounts payable and accrued expenses			5,844,795	17	6,722,793
	18	Grants payable				18	
	19	Deferred revenue			13,092,296	19	15,219,863
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*				22	
	23	Secured mortgages and notes payable to unrelated third parties				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			4,376,433	25	4,523,726
	26	**Total liabilities.** Add lines 17 through 25			23,313,524	26	26,466,382
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**					
	27	Unrestricted net assets			98,828,291	27	97,555,803
	28	Temporarily restricted net assets			5,236,124	28	3,678,663
	29	Permanently restricted net assets			1,000,000	29	1,000,000
		Organizations that do not follow SFAS 117, check here ▶ ☐ 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			105,064,415	33	102,234,466
	34	Total liabilities and net assets/fund balances			128,377,939	34	128,700,848

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	74,761,380
2	Total expenses (must equal Part IX, column (A), line 25)	2	73,270,106
3	Revenue less expenses Subtract line 2 from line 1	3	1,491,274
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	105,064,415
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-4,321,223
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	102,234,466

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ 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?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis			
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?	3a	Yes	
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	3b	Yes	

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SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
THE URBAN INSTITUTE

Employer identification number
52-0880375

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

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 organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?	**11g(i)**		
(ii) a family member of a person described in (i) above?	**11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above?	**11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II **Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
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 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f)) | 14 |

15 Public Support Percentage for 2010 Schedule A, Part II, line 14 | 15 |

16a **33 1/3% support test—2011.** 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 ▶☐

b **33 1/3% support test—2010.** If the organization did not check the 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 ▶☐

17a **10%-facts-and-circumstances test—2011.** 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2010.** 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

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 ▶☐

Part III **Support Schedule for Organizations Described in IRC 509(a)(2)**
(Complete only if you checked the box on line 9 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	65,224,028	64,450,681	66,690,052	59,838,805	71,162,375	327,365,941
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	198,511	196,595	480,132	592,907	595,148	2,063,293
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	65,422,539	64,647,276	67,170,184	60,431,712	71,757,523	329,429,234
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	532,075	613,000	1,593,000	4,146,144	4,792,634	11,676,853
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
c Add lines 7a and 7b	532,075	613,000	1,593,000	4,146,144	4,792,634	11,676,853
8 **Public Support** (Subtract line 7c from line 6)						317,752,381

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	65,422,539	64,647,276	67,170,184	60,431,712	71,757,523	329,429,234
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,048,056	2,058,609	1,569,689	1,758,309	1,515,621	8,950,284
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	2,048,056	2,058,609	1,569,689	1,758,309	1,515,621	8,950,284
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	80,428	324,856	17,311	132,191	2,570	557,356
13 **Total support** (Add lines 9, 10c, 11 and 12)	67,551,023	67,030,741	68,757,184	62,322,212	73,275,714	338,936,874

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	93 750 %
16	Public support percentage from 2010 Schedule A, Part III, line 15	16	95 380 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	2 640 %
18	Investment income percentage from **2010** Schedule A, Part III, line 17	18	2 410 %

19a **33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☑

b **33 1/3% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ☐

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation
OTHER INCOME, , REPRESENTS ADJUSTMENTS TO ALLOWANCE FOR UNCOLLECTIBLE RECEIVABLES AND OTHER MISCELLANEOUS INCOME ,
OTHER INCOME, SCHEDULE A, PART III, LINE 12, <OTHERINCOME> <INCOME> <DESCRIPTION /> <COLUMNA>80428</COLUMNA> <COLUMNB>324856</COLUMNB> <COLUMNC>17311</COLUMNC> <COLUMND>132191</COLUMND> <COLUMNE>2570</COLUMNE> <COLUMNF>557355</COLUMNF> </INCOME> </OTHERINCOME>,
OTHER INCOME, SCHEDULE A, PART III, LINE 12, DESCRIPTION - , COLUMN A - 80428, COLUMN B - 324856, COLUMN C - 17311, COLUMN D - 132191, COLUMN E - 2570, COLUMN F - 557355,,

Additional Data

Software ID: 11000230
Software Version: v2011.1.0
EIN: 52-0880375
Name: THE URBAN INSTITUTE

Form 990, Special Condition Description:

Special Condition Description

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses $ 8,480,563 including grants of $) (Revenue $)
LABOR, HUMAN SERVICES, & POPULATION CENTER

(Code) (Expenses $ 6,345,722 including grants of $) (Revenue $)
JUSTICE POLICY CENTER

(Code) (Expenses $ 5,653,885 including grants of $) (Revenue $)
INCOME AND BENEFITS POLICY CENTER

(Code) (Expenses $ 3,432,224 including grants of $) (Revenue $)
TAX POLICY CENTER

(Code) (Expenses $ 3,113,324 including grants of $) (Revenue $)
CENTER ON NONPROFITS AND PHILANTHROPY

(Code) (Expenses $ 2,297,143 including grants of $) (Revenue $)
EDUCATION POLICY CENTER

(Code) (Expenses $ 605,771 including grants of $) (Revenue $)
EXECUTIVE OFFICE RESEARCH

(Code) (Expenses $ 225,027 including grants of $) (Revenue $)
STATISTICAL METHODS GROUP

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
ROBERT D REISCHAUER PRESIDENT	40 00	X		X				361,572	0	42,430
AFSANEH BESCHLOSS TRUSTEE	2 00	X						0	0	0
ANNETTE L NAZARETH TRUSTEE	2 00	X						0	0	0
ANTHONY A WILLIAMS TRUSTEE	2 00	X						0	0	0
DONALD A BAER TRUSTEE	2 00	X						0	0	0
ERSKINE B BOWLES TRUSTEE	2 00	X						0	0	0
FERNANDO A GUERRA TRUSTEE	2 00	X						0	0	0
FREEMAN A HRABOWSKI III TRUSTEE	2 00	X						0	0	0
J ADAM ABRAM TRUSTEE	2 00	X						0	0	0
JAMIE S GORELICK TRUSTEE	2 00	X						0	0	0
JEREMY TRAVIS TRUSTEE	2 00	X						0	0	0
JOEL L FLEISHMAN CHAIRMAN, BOARD OF TRUSTEES	2 00	X						0	0	0
JOSHUA B RALES TRUSTEE	2 00	X						0	0	0
JUDY WOODRUFF TRUSTEE	2 00	X						0	0	0
MARNE L LEVINE TRUSTEE	2 00	X						0	0	0
MELVIN L OLIVER TRUSTEE	2 00	X						0	0	0
RICHARD C GREEN JR TRUSTEE	2 00	X						0	0	0
ROBERT M SOLOW VICE CHAIRMAN, BOARD OF TRUSTEES	2 00	X						0	0	0
SARAH ROSEN WARTELL TRUSTEE	2 00	X						0	0	0
ANGELA KEENAN ASSISTANT TREASURER	40 00			X				121,023	0	22,280
EVERETT MADDEN ASSISTANT TREASURER	40 00			X				139,941	0	21,611
JOHN ROGERS EXECUTIVE VP, TREASURER, AND CFO	40 00			X				275,678	0	43,830
KATHLEEN COURRIER VP COMMUNICATIONS	40 00			X				203,658	0	20,161
MAIDA SCHIFTER CORPORATE SECRETARY	40 00			X				108,373	0	14,342
MARGERY TURNER VP RESEARCH	40 00			X				210,404	0	36,018

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(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			
EUGENE STEUERLE INSTITUTE FELLOW	40 00					X		215,574	0	29,566
JOHN HOLAHAN DIRECTOR, HEALTH POLICY	40 00					X		267,030	0	46,155
MARGARET SULVETTA CHIEF INFORMATION OFFICER	40 00					X		207,085	0	28,670
ROBERT SANTOS INSTITUTE SENIOR METHODOLOGIST	40 00					X		204,685	0	23,202
STEPHEN ZUCKERMAN SENIOR FELLOW	40 00					X		208,746	0	30,996

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2011

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" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶______________

4 Number of states where property subject to conservation easement is located ▶______________

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶______________

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ ______________

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ ______________

(ii) Assets included in Form 990, Part X ▶ $ ______________

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ ______________

b Assets included in Form 990, Part X ▶ $ ______________

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

3 Using the organization's 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 XIV

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" to 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 XIV and complete the following table

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to 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	98,796,868	88,016,671	75,531,701	100,718,856	
b Contributions	38,025	65,011	69,694	2,891,702	
c Investment earnings or losses	-753,218	11,768,949	13,100,538	-27,776,842	
d Grants or scholarships					
e Other expenditures for facilities and programs	367,270	700,135	386,391		
f Administrative expenses	581,970	353,628	298,871	302,015	
g End of year balance	97,132,435	98,796,868	88,016,671	75,531,701	

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ▶ 98 000 %

b Permanent endowment ▶ 1 000 %

c Term endowment ▶ 1 000 %

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	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Land, Buildings, and Equipment. 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				0
b Buildings				0
c Leasehold improvements		4,104,555	2,678,920	1,425,635
d Equipment		3,944,882	3,262,166	682,716
e Other		2,706,661	2,528,370	178,291
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				2,286,642

Part VII Investments—Other Securities. 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	0	
(2) Closely-held equity interests	0	
(3) Other		
(A) ALTERNATIVE INVESTMENTS	30,652,211	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	30,652,211	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
DEFERRED RENT	4,523,726
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	4,523,726

2. Fin 48 (ASC 740) Footnote In Part XIV, 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 (ASC740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	74,761,380
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	73,270,106
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,491,274
4	Net unrealized gains (losses) on investments	4	-4,321,223
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	0
9	Total adjustments (net) Add lines 4 - 8	9	-4,321,223
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-2,829,949

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	70,464,844
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-4,321,223		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	0		
e	Add lines **2a** through **2d**			2e	-4,321,223
3	Subtract line **2e** from line **1**			3	74,786,067
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	581,970		
b	Other (Describe in Part XIV)	4b	-606,657		
c	Add lines **4a** and **4b**			4c	-24,687
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	74,761,380

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	73,294,793
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	606,657		
e	Add lines **2a** through **2d**			2e	606,657
3	Subtract line **2e** from line **1**			3	72,688,136
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	581,970		
b	Other (Describe in Part XIV)	4b	0		
c	Add lines **4a** and **4b**			4c	581,970
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	73,270,106

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Intended uses of endowment funds	Schedule D, Part V, Line 4	ENDOWMENT FUNDS ARE USED TO COVER A PORTION OF THE INSTITUTE'S EXPENSES NOT REIMBURSED BY EXTERNAL PROJECT FUNDING
FIN 48 (ASC 740) footnote	Schedule D, Part X, Line 2	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, 2007 AND PRIOR MANAGEMENT HAS EVALUATED THE INSTITUTE'S TAX POSITIONS AND HAS CONCLUDED THAT THE INSTITUTE HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
THE URBAN INSTITUTE

Employer identification number
52-0880375

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

1 **For grantmakers.** 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 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Part V if additional space is needed)

	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , 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 region	(f) Total expenditures for region/investments in region
	EUROPE (INCLUDING ICELAND AND GREENLAND)	2	76	PROGRAM SERVICES	INTERNATIONAL DEVELOPMENT AND GOVERNANCE RESEARCH	5,117,716
	RUSSIA AND THE NEWLY INDEPENDENT STATES		4	PROGRAM SERVICES	INTERNATIONAL DEVELOPMENT AND GOVERNANCE RESEARCH	68,042
	SOUTH ASIA		1	PROGRAM SERVICES	INTERNATIONAL DEVELOPMENT AND GOVERNANCE RESEARCH	136,486
	SUB SAHARAN AFRICA	3	43	PROGRAM SERVICES	INTERNATIONAL DEVELOPMENT AND GOVERNANCE RESEARCH	2,626,309
3a	Sub-total					
b	Total from continuation sheets to Part I					
c	**Totals** (add lines 3a and 3b)	5	124			7,948,553

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . ▶ ☐
Use Part V if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

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

3 Enter total number of other organizations or entities . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V 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 non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

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 (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 file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*	☐ 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, 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 file Form 5713, International Boycott Report (see instructions for Form 5713).*	☐ Yes	☑ No

Part V Supplemental Information

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

Identifier	ReturnReference	Explanation
Accounting Method For Regions Outside the United States	Schedule F, Part I, Line 3	EUROPE (INCLUDING ICELAND AND GREENLAND) ACCRUAL RUSSIA AND THE NEWLY INDEPENDENT STATES 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," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2011

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 Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
(1) COLORADO DEPT OF HUMAN SERVICES1575 SHERMAN ST DENVER,CO 80203	84-0644739		249,516				ANALYSIS OF SOCIAL WELFARE PROGRAMS
(2) IDAHO DEPT OF HEALTH AND WELFARE450 STATE ST BOISE,ID 83702	82-6000952		249,894				ANALYSIS OF SOCIAL WELFARE PROGRAMS
(3) ILLINOIS DEPT OF HUMAN SERVICES100 S GRAND AVE EAST SPRINGFIELD,IL 62762	36-4163567		254,120				ANALYSIS OF SOCIAL WELFARE PROGRAMS
(4) KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES275 E MAIN ST 3WA FRANKFORT,KY 40621	61-0600439		258,438				ANALYSIS OF SOCIAL WELFARE PROGRAMS
(5) NC DEPT OF HEALTH AND HUMAN SERVICES 325 N SALISBURY ST RALEIGH,NC 27603	56-1611588		249,950				ANALYSIS OF SOCIAL WELFARE PROGRAMS
(6) NEW MEXICO HUMAN SERVICES DEPT2009 S PACHECO POLLON PLAZA SANTA FE,NM 87504	85-6000565		249,761				ANALYSIS OF SOCIAL WELFARE PROGRAMS
(7) OREGON HEALTH AUTHORITY500 SUMMER ST NE E-40 SALEM,OR 97301	93-1070707		249,747				ANALYSIS OF SOCIAL WELFARE PROGRAMS
(8) SC DEPT OF HEALTH AND HUMAN SERVICES 1801 MAIN ST COLUMBIA,SC 29201	57-6000286		253,492				ANALYSIS OF SOCIAL WELFARE PROGRAMS
(9) RHODE ISLAND DEPT OF HUMAN SERVICES57 HOWARD AVE CRANSTON,RI 02920	05-6000522		250,000				ANALYSIS OF SOCIAL WELFARE PROGRAMS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . ▶ 9

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

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	**(b)** Number of recipients	**(c)** Amount of cash grant	**(d)** Amount of non-cash assistance	**(e)** Method of valuation (book, FMV, appraisal, other)	**(f)** Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	**Return Reference**	**Explanation**
Procedures for monitoring use of grant funds	Schedule I, Part I, Line 2	AS A PART OF THE PROPOSAL PROCESS, GRANTEES SUBMITTED PROPOSED BUDGETS WHICH WERE REVIEWED BY THE PROJECT MANAGEMENT TEAM FOR APPROPRIATENESS, AND NEGOTIATED AS NECESSARY THESE FINAL APPROVED BUDGETS WERE THEN INCORPORATED IN SUBGRANT AGREEMENTS WITH ADDITIONAL CLAUSES INCLUDED IN THE GENERAL TERMS AND CONDITIONS WHICH SPOKE TO PRIOR APPROVAL CONDITIONS FOR DEVIATIONS IN LINE-ITEM CATEGORIES GRANTEES SUBMITTED QUARTERLY FINANCIAL REPORTS, REPORTING ON EXPENDITURES ACCORDING TO APPROVED LINE-ITEM BUDGETS, WHICH WERE MONITORED BY PROJECT STAFF

Additional Data

Return to Form

Software ID: 11000230
Software Version: v2011.1.0
EIN: 52-0880375
Name: THE URBAN INSTITUTE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** 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
COLORADO DEPT OF HUMAN SERVICES1575 SHERMAN ST DENVER, CO 80203	84-0644739		249,516				ANALYSIS OF SOCIAL WELFARE PROGRAMS
IDAHO DEPT OF HEALTH AND WELFARE450 STATE ST BOISE, ID 83702	82-6000952		249,894				ANALYSIS OF SOCIAL WELFARE PROGRAMS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** 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
ILLINOIS DEPT OF HUMAN SERVICES 100 S GRAND AVE EAST SPRINGFIELD,IL 62762	36-4163567		254,120				ANALYSIS OF SOCIAL WELFARE PROGRAMS
KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES 275 E MAIN ST 3WA FRANKFORT,KY 40621	61-0600439		258,438				ANALYSIS OF SOCIAL WELFARE PROGRAMS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** 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
NC DEPT OF HEALTH AND HUMAN SERVICES 325 N SALISBURY ST RALEIGH, NC 27603	56-1611588		249,950				ANALYSIS OF SOCIAL WELFARE PROGRAMS
NEW MEXICO HUMAN SERVICES DEPT2009 S PACHECO POLLON PLAZA SANTA FE, NM 87504	85-6000565		249,761				ANALYSIS OF SOCIAL WELFARE PROGRAMS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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
OREGON HEALTH AUTHORITY500 SUMMER ST NE E-40 SALEM,OR 97301	93-1070707		249,747				ANALYSIS OF SOCIAL WELFARE PROGRAMS
SC DEPT OF HEALTH AND HUMAN SERVICES 1801 MAIN ST COLUMBIA,SC 29201	57-6000286		253,492				ANALYSIS OF SOCIAL WELFARE PROGRAMS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** 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
RHODE ISLAND DEPT OF HUMAN SERVICES57 HOWARD AVE CRANSTON,RI 02920	05-6000522		250,000				ANALYSIS OF SOCIAL WELFARE PROGRAMS

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
THE URBAN INSTITUTE

Employer identification number
52-0880375

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☑ Compensation survey or study ☑ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	**4c**		No
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization? If "Yes," to line 5a or 5b, describe in Part III	**5b**		No
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization? If "Yes," to line 6a or 6b, describe in Part III	**6b**		No
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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 are not 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, columns (D) and (E) for that individual

(A) Name		**(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 reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
(1) ROBERT D REISCHAUER	(i)	361,572	0	0	23,452	18,978	404,002	0
	(ii)	0	0	0	0	0	0	0
(2) JOHN ROGERS	(i)	275,678	0	0	23,452	20,378	319,508	0
	(ii)	0	0	0	0	0	0	0
(3) MARGERY TURNER	(i)	210,404	0	0	20,465	15,553	246,422	0
	(ii)	0	0	0	0	0	0	0
(4) KATHLEEN COURRIER	(i)	203,658	0	0	19,029	1,132	223,819	0
	(ii)	0	0	0	0	0	0	0
(5) EVERETT MADDEN	(i)	139,941	0	0	13,490	8,121	161,552	0
	(ii)	0	0	0	0	0	0	0
(6) JOHN HOLAHAN	(i)	267,030	0	0	23,452	22,703	313,185	0
	(ii)	0	0	0	0	0	0	0
(7) EUGENE STEUERLE	(i)	215,574	0	0	20,390	9,176	245,140	0
	(ii)	0	0	0	0	0	0	0
(8) STEPHEN ZUCKERMAN	(i)	208,746	0	0	19,909	11,087	239,742	0
	(ii)	0	0	0	0	0	0	0
(9) MARGARET SULVETTA	(i)	207,085	0	0	19,752	8,918	235,755	0
	(ii)	0	0	0	0	0	0	0
(10) ROBERT SANTOS	(i)	204,685	0	0	19,462	3,740	227,887	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No 1545-0047

2011

Open to Public Inspection

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) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining 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 .	X	4	63,510	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 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	**30a**		No
b If "Yes," describe the arrangement in Part II			
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	**31**		No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	**32a**	Yes	
b If "Yes," describe in Part II			
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
Explanations of reporting method for number of contributions	Schedule M, Part I	SECURITIES - PUBLICLY TRADED THE NUMBER OF CONTRIBUTIONS REFLECTS THE NUMBER OF SEPARATE CONTRIBUTIONS OF PUBLICLY TRADED SECURITIES RECEIVED DURING THE YEAR
Third parties used to solicit, process, or sell noncash contributions	Schedule M, Part I, Line 32b	CONTRIBUTIONS OF PUBLICLY TRADED SECURITIES ARE TRANSFERRED TO THE URBAN INSTITUTE'S BANKING INSTITUTION THE BANK IS UNDER AUTHORIZATION TO IMMEDIATELY LIQUIDATE THE SECURITIES AND TRANSFER THE FUNDS TO THE URBAN INSTITUTE'S GENERAL CHECKING ACCOUNT
Number of contributions or items contributed	Schedule M, part I, column (b), Line 9	THE NUMBER OF CONTRIBUTIONS REFLECTS THE NUMBER OF SEPARATE CONTRIBUTIONS OF PUBLICLY TRADED SECURITIES RECEIVED DURING THE YEAR

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
THE URBAN INSTITUTE

Employer identification number
52-0880375

Identifier	Return Reference	Explanation
Description of other program services	Form 990, Part III, Line 4d	LABOR, HUMAN SERVICES, & POPULATION CENTER JUSTICE POLICY CENTER INCOME AND BENEFITS POLICY CENTER TAX POLICY CENTER CENTER ON NONPROFITS AND PHILANTHROPY EDUCATION POLICY CENTER EXECUTIVE OFFICE RESEARCH STATISTICAL METHODS GROUP

Identifier	Return Reference	Explanation
Review of form 990 by governing body	Form 990, Part VI, Section B, Line 11b	A DRAFT OF THE FORM 990 IS PROVIDED TO THE EXECUTIVE VICE PRESIDENT/CFO AND THE CONTROLLER EACH PERFORMS AN INDEPENDENT REVIEW OF THE DRAFT FORM AND DISCUSS ANY NECESSARY CHANGES AGREED UPON CHANGES ARE PROVIDED TO THE PREPARER WHO PREPARES A FINAL DRAFT OF THE FORM 990 THE FINAL DRAFT IS 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 BEFORE THE FORM IS FILED

Identifier	Return Reference	Explanation
Conflict of interest policy	Form 990, Part VI, Section B, Line 12c	THE INSTITUTE PROVIDES AN ORIENTATION PROGRAM AND TRUSTEE HANDBOOK TO NEW TRUSTEES TO FAMILIARIZE THEM WITH INSTITUTE POLICIES ON AN ANNUAL BASIS TRUSTEES AND OFFICERS COMPLETE A "CONFLICTS STATEMENT" DESIGNED TO IDENTIFY, DOCUMENT, AND ENSURE AGAINST ANY POTENTIAL CONFLICTS OF INTEREST 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 MANDATORY EMPLOYEE TRAINING ON ETHICAL CONDUCT DETAILED REVIEW AND APPROVAL PROCEDURES EXIST FOR ALL EXPENDITURES, ENSURING STRONG INTERNAL CONTROL AND COMPLIANCE WITH ORGANIZATIONAL POLICIES

Identifier	Return Reference	Explanation
Process used to establish compensation of top management official	Form 990, Part VI, Section B, Line 15a	THE SALARY FOR THE PRESIDENT IS SET BY THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES EACH YEAR THE CHAIRMAN OF THE EXECUTIVE COMMITTEE IS PROVIDED SALARY SURVEYS FOR THE PRESIDENT/CEO OF SIMILAR ORGANIZATIONS IN THE SAME GEOGRAPHIC AREA THE CHAIRMAN IS ALSO PROVIDED NATIONAL SALARY SURVEYS FOR COMPARABLE POSITIONS IN LIKE-SIZED ORGANIZATIONS AS WELL AS UPWARD ASSESSMENTS OF PERFORMANCE OF THE PRESIDENT/CEO PREPARED BY OTHER SENIOR STAFF THE EXECUTIVE COMMITTEE MEETS IN PRIVATE SESSION TO REVIEW AND DISCUSS THESE MATERIALS AND DETERMINE THE COMPENSATION OF THE PRESIDENT

Identifier	Return Reference	Explanation
Process used to establish compensation of other officers/key employees	Form 990, Part VI, Section B, Line 15b	THE SALARY FOR THE EXECUTIVE VICE PRESIDENT IS SET BY THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES EACH YEAR THE CHAIRMAN OF THE EXECUTIVE COMMITTEE IS PROVIDED SALARY SURVEYS FOR THE 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 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 OVERALL SALARY INCREASE POOL FOR THE INSTITUTE, WHICH IS SET BY THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES

Identifier	Return Reference	Explanation
Governing documents, conflict of interest policy and financial statements available to the public	Form 990, Part VI, Section C, Line 19	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/FUNDERS IN RESPONSE TO A GRANT APPLICATION OR REQUEST FOR FUNDING FOR SPECIFIC PROJECTS

Identifier	Return Reference	Explanation
Other changes in net assets or fund balances	Form 990, Part XI, Line 5	NET UNREALIZED GAINS (LOSSES) ON INVESTMENTS - -4321223,

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
THE URBAN INSTITUTE

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 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

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 organization Yes	No
(1) THE URBAN INSTITUTE EMPLOYEE BENEFIT TRUST 2100 M STREET NW WASHINGTON, DC 20037 52-6674346	TO PROVIDE BENEFITS TO THE URBAN INSTITUTE'S EMPLOYEES	DC	501(C)(9)	N/A	THE URBAN INSTITUTE	Yes	

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)** Disproprtionate 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**	

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

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

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

		Yes	No
1 During the tax year, did the orgranization 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 **(iv)** rent from a controlled entity	**1a**		**No**
b Gift, grant, or capital contribution to related organization(s)	**1b**		**No**
c Gift, grant, or capital contribution from related organization(s)	**1c**		**No**
d Loans or loan guarantees to or for related organization(s)	**1d**		**No**
e Loans or loan guarantees by related organization(s)	**1e**		**No**
f Sale of assets to related organization(s)	**1f**		**No**
g Purchase of assets from related organization(s)	**1g**		**No**
h Exchange of assets with related organization(s)	**1h**		**No**
i Lease of facilities, equipment, or other assets to related organization(s)	**1i**		**No**
j Lease of facilities, equipment, or other assets from related organization(s)	**1j**		**No**
k Performance of services or membership or fundraising solicitations for related organization(s)	**1k**		**No**
l Performance of services or membership or fundraising solicitations by related organization(s)	**1l**		**No**
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	**1m**		**No**
n Sharing of paid employees with related organization(s)	**1n**		**No**
o Reimbursement paid to related organization(s) for expenses	**1o**		**No**
p Reimbursement paid by related organization(s) for expenses	**1p**		**No**
q Other transfer of cash or property to related organization(s)	**1q**	**Yes**	
r Other transfer of cash or property from related organization(s)	**1r**		**No**

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 other organization	**(b)** Transaction type(a-r)	**(c)** Amount involved	**(d)** Method of determining amount involved
(1) THE URBAN INSTITUTE EMPLOYEE BENEFIT TRUST	Q	1,883,328	CASH AMOUNT
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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	

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation