DLN: 93493063001092 OMB No. 1545-0047 **Return of Organization Exempt From Income Tax**

Department of the

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

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

▶ Go to $\underline{www.irs.gov/Form990}$ for instructions and the latest information.

2020

Open to Public Inspection

| | | enue Service | <u> </u> | | | | | | | | | | |
|-----------------------------|---------|------------------------|---|-----------------------------|--|----------------------|-------------------|---------------------|------------------------|---------------------|------------------------|--|--|
| | | | C Name of organ | | ning 07-01-2020 , | and ending 06- | 30-2021 | | D.F | | | | |
| | | ipplicable: change | | AND INSTITUTE | | | | | | | cation number | | |
| | me ch | - | | | | | | | 53-01598 | 345 | | | |
| | tial re | | Doing busines: ULI - THE URB | s as AN LAND INSTITUTE | | | | | | | | | |
| | | n/terminated | Number and of | troot (or D.O. boy if ma | il is not delivered to stree | at address) Boom/ | cuito | | E Telephone | number | | | |
| | | d return on pending | 2001 L STREE | | ii is not delivered to stree | et address) Roomy: | suite | | (202) 62 | 4-7000 | | | |
| | , | pg | City or town, s | state or province, count | ry, and ZIP or foreign po | stal code | | | (202) 02 | 1 7000 | | | |
| | | | WASHINGTON | | ,, | | | | G Gross rece | ipts \$ 11 | 13,068,882 | | |
| | | | F Name and | address of principal | officer: | | H(a) | Is this | a group retu | | , , | | |
| | | | | VARD WALTER ET NW NO 200 | | | | subordi | • | | □Yes ☑ No | | |
| | | | WASHINGTON | | | | Н(b) | | subordinate | s | ☐ Yes ☐No | | |
| I Ta | x-exei | mpt status: | ✓ 501(c)(3) | ☐ 501(c)() ◄ (i) | nsert no.) 🔲 4947(a |)(1) or | | include If "No.' | | t. (see | instructions) | | |
| J W | ebsit | te:▶ WW | W.ULI.ORG | | | ,,(1) 0 01. | H(c) | | exemption r | • | • | | |
| | | | | | | | | | | | | | |
| K Fori | n of o | rganization: | ✓ Corporation | Trust Assoc | iation 🔲 Other 🕨 | | L Year | of formati | ion: 1936 I | M State | of legal domicile: IL | | |
| | | | | | | | | | | | | | |
| Pa | art I | Sumi | | sinntion's mission or | most significant activ | viting. | | | | | | | |
| | | | | | most significant activ HE BUILT ENVIRONME | | ORMATIV | E IMPAC | T IN COMM | UNITIES | S WORLDWIDE. WE | | |
| e) | 1 | | | | S IN EVERY SECTOR | OF REAL ESTATE | DEVELO | PMENT A | AND LAND U | SE, FRO | M PRIVATE | | |
|) <u>=</u> | | ENTERPRI | SE TO PUBLIC S | SERVICE | | | | | | | | | |
| Ĕ | . | | | | | | | | | | | | |
| Governance | - | | | | | | | | | | | | |
| | | | | | ontinued its operation body (Part VI, line 1a | | | | of its net ass | sets. 3 | 17 | | |
| χ | 1 | | _ | | the governing body (F | • | | | | 4 | 17 17 | | |
| JE E | 1 | | • | _ | endar year 2020 (Part | | | | | 5 | 280 | | |
| Activities & | 1 | | | ers (estimate if nece | | v, iiile za) | | | | 6 | 7,200 | | |
| ⋖ | 1 | | | • | VIII, column (C), line | | | | • | 7a | 778,700 | | |
| | 1 | | | | Form 990-T, line 39 | | | | | 7b | 770,700 | | |
| | - | Net uniei | ated business t | axable income nom | 10mm 550 1, mile 55 | | | Prio | r Year | 1,6 | Current Year | | |
| | R | Contribut | ions and grants | s (Part VIII, line 1h) | | | | - 1110 | 7,654,91 | 7 | 23,224,495 | | |
| Ravenue | 1 | | _ | , | | | | | 65,913,30 | | 50,421,844 | | |
| ĕ∧ċ | 1 | _ | | | nes 3, 4, and 7d) . | | | | 823,30 | | 879,624 | | |
| α. | 1 | | • | | , 6d, 8c, 9c, 10c, and | | | | / | 0 | 0 | | |
| | 1 | | • | * ** | t equal Part VIII, colur | • | | | 74,391,52 | 26 | 74,525,963 | | |
| | - | | | | lumn (A), lines 1–3) | | | | 326,97 | '2 | 1,478,151 | | |
| | 14 | Benefits p | paid to or for m | embers (Part IX, col | umn (A), line 4) . | | | | | 0 | 0 | | |
| ς | 15 | Salaries, | other compens | ation, employee ber | efits (Part IX, column | (A), lines 5-10) | | | 34,354,19 | 8 | 31,078,207 | | |
| Expenses | 16a | Professio | nal fundraising | fees (Part IX, colum | n (A), line 11e) . | | | | | 0 | 0 | | |
| e d | ь | Total fundr | aising expenses (| Part IX, column (D), lii | ne 25) ▶1,019,378 | | | | | | | | |
| ũ | 17 | Other exp | enses (Part IX, | column (A), lines 1 | 1a-11d, 11f-24e) . | | | | 43,660,25 | 53 | 30,272,594 | | |
| | 18 | Total exp | enses. Add line | s 13–17 (must equa | al Part IX, column (A), | line 25) | | | 78,341,42 | 23 | 62,828,952 | | |
| | 19 | Revenue | less expenses. | Subtract line 18 fro | m line 12 | | | | -3,949,89 | 7 | 11,697,011 | | |
| हें इंट | | | | | | | Beg | inning o | f Current Ye | ar | End of Year | | |
| an | | T-4-1 | ata (Dant V. Bara | 16) | | | <u> </u> | | 03,400,30 | - | 05 740 503 | | |
| Ass 1Ba | 1 | | | 16) | | | - | | 82,489,26 | | 95,749,583 | | |
| Net Assets or Fund Balances | 1 | | • | ne 26) | | | \vdash | | 28,613,16 53,876,09 | | 28,614,036 | | |
| | | | | ces. Subtract line 2. | I from time 20 | • • • | | | 55,676,05 | 76 | 67,135,547 | | |
| | r pen | | ature Block eriury, I declare | e that I have examir | ned this return, includ | ling accompanyir | a schedu | les and | statements, | and to | the best of my | | |
| know | ledge | and belie | | | Declaration of prepar | | | | | | | | |
| any k | HOWI | eage. | | | | | | | | | | | |
| | | ***** | | | | | | | -02-21 | | | | |
| Sign | | Signatu | ire of officer | | | | | Date | | | | | |
| Here | • | | M EDWARD WALT | | | | | | | | | | |
| | | 17 | r print name and t | | 1 | | | | | | | | |
| | | P | rint/Type prepare | r's name | Preparer's signature | | Date 2022-02-2 | 21 Check | k 🗌 if PT | IN 0369217 | , | | |
| Paid | | | rm¹e namo 🕒 F | SM IIS I I D | | | | self-e | mployed | | | | |
| Pre | • | E1 | rm's name 🕨 F | RSM US LLP | | | | | s EIN ► 42-0 | / 14325 | | | |
| Use | On | ily F | rm's address ▶ 9 | 801 WASHINGTONIAN | BLVD STE 500 | | | Phon | e no. (301) 29 | 6-3600 | | | |
| | | | G | AITHERSBURG, MD 20 |)878 | | | | | | | | |
| May t | he IR | S discuss | this return with | n the preparer show | n above? (see instruc | tions) | | | | ✓ Y | es 🗆 No | | |
| For F | aper | work Red | duction Act No | otice, see the sepa | rate instructions. | | Cat | . No. 11 | .282Y | | Form 990 (2020) | | |

| Form | 990 (2020) | | | | | Page 2 |
|------|------------------------|----------------------|-----------------------|---------------------------|---|----------------------------|
| Pa | rt III Statement | of Program Se | rvice Accomplis | hments | | |
| | Check if Sche | dule O contains a i | response or note to a | any line in this Part III | | 🗸 |
| 1 | Briefly describe the c | rganization's miss | ion: | • | | |
| | | | | | | /E ARE A GLOBAL NETWORK OF |
| PROF | ESSIONALS IN EVERY | SECTOR OF REAL | ESTATE DEVELOPME | ENT AND LAND USE, FRO | M PRIVATE ENTERPRISE TO | PUBLIC SERVICE |
| | | | | | | |
| | 5.1.1 | | | | | |
| 2 | , | , , | | vices during the year whi | ch were not listed on | |
| | | | | | | . 🗌 Yes 🗹 No |
| | If "Yes," describe the | | | | | |
| 3 | Did the organization | cease conducting, | or make significant | changes in how it conduc | ts, any program | |
| | services? | | | | | . 🗌 Yes 🗹 No |
| | If "Yes," describe the | se changes on Sch | nedule O. | | | |
| 4 | | d 501(c)(4) organi | izations are required | to report the amount of | argest program services, as grants and allocations to ot | |
| 4a | (Code: |) (Expenses \$ | 25,415,372 | including grants of \$ | 103,052) (Revenue \$ | 20,277,657) |
| | See Additional Data | | | | | |
| 4b | (Code: |) (Expenses \$ | 6,920,597 | including grants of \$ | 13,276) (Revenue \$ | 1,893,546) |
| | See Additional Data | | | | | |
| 4c | (Code: |) (Expenses \$ | 3,392,197 | including grants of \$ |) (Revenue \$ |) |
| | See Additional Data | | | | | _ |
| | See Additional Data | Table | | | | |
| | | cos (Doscribe in Sc | hedule O.) | | | |
| 4d | Other program servi | tes (Describe III 30 | , | | | |
| 4d | (Expenses \$ | 11,960,651 | including grants of | \$ 1,361,82 | 3) (Revenue \$ | 28,250,641) |

| Form | 990 (2020) | | | Page 3 |
|------|---|------------|-----|---------------|
| Par | 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 2 | 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? <i>If "Yes," complete Schedule C, Part II</i> | 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 | | No |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D,</i> Part I 2 | 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? <i>If "Yes," complete Schedule D, Part III</i> 2 | 8 | | No |
| 9 | Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | No |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> | 10 | Yes | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable. | | | |
| | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? 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 | |
| | 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 | Yes | |
| е | 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 | 4.0 | | |
| b | Schedule D, Parts XI and XII was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional statements. | 12a 12b | Yes | No No |
| 13 | If res, and if the organization answered to line 12a, then completing Schedule D, Parts XI and XII is optional as 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, Parts I and IV | 14b | Yes | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | No |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | 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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions) | 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? <i>If "Yes," complete Schedule G, Part II</i> | 18 | | No |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | 19 | | No |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | No |

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

20b

21

Yes

| orm | 990 (2020) | | | Page 4 |
|-----|--|---------|-----|-------------------------|
| Par | Checklist of Required Schedules (continued) | | | |
| | | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | Yes | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | 23 | 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 lines 24b through 24d and complete Schedule K. If "No," go to line 25a | 24a | | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | 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? <i>If "Yes," complete Schedule L, Part I</i> | 25b | | No |
| 26 | Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | No |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,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): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> | 28a | | No |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | No |
| С | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? 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 | | No |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 30 | | 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? <i>If "Yes," complete Schedule N, Part II</i> | 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 | Yes | |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | Yes | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | Yes | |
| b | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | No |
| 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 | | No |
| 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 11b and 19? Note. All Form 990 filers are required to complete Schedule O. | 38 | Yes | |
| Pa | Statements Regarding Other IRS Filings and Tax Compliance | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | <u></u> | | $\overline{\mathbf{V}}$ |
| 4 | Enter the number reported in Box 2 of Form 1006. Enter -0. if not applicable. | | Yes | No |
| | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 188 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0 | | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| | (gambling) winnings to prize winners? | 1c | Yes | |

| Par | Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | |
|--------|---|------------------|-----|--------|
| 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 | 280 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 2b | Yes | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | Yes | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3b | Yes | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other authority ov financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ►UK, HK, CH, AS | er, a 4a | Yes | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF | 8). | | |
| | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5а | | No |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | No |
| | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | | | No |
| | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts we not tax deductible? | vere 6b | | |
| | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se provided to the payor? | rvices 7a | | No |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to Form 8282? | 7c | | No |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| 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 Fo 1098-C? | erm 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | |
| | | | | |
| 11 | Section 501(c)(12) organizations. Enter: Gross income from members or shareholders | | | |
| a h | Gross income from members or shareholders | | | |
| b | against amounts due or received from them.) | | | |
| | 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. | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| | Is the organization licensed to issue qualified health plans in more than one state? | · 13a | | |
| | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | | | |
| | Enter the amount of reserves on hand | | | , |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | No |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or ex | 14b | | |
| | parachute payment(s) during the year? | . 15 | | No |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . If "Yes," complete Form 4720, Schedule O. | 16 | | No |

| Form | 990 (2020) | | | Page 6 |
|------|--|-------------------|------------|---------------|
| Pai | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI | " respo | onse to | lines |
| Se | ction A. Governing Body and Management | | | |
| | Established with a security of the security balance the security of the territory of the security of the secur | \longrightarrow | Yes | No |
| Ia | Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 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? | \vdash | | 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 | Yes | |
| 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 | Yes | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7 b | Yes | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| а | 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? <i>If "Yes," provide the names and addresses in Schedule O</i> | 9 | | No |
| Se | ction B. Policies (This Section B requests information about policies not required by the Internal Revenu | <u>∍ Code</u> | • | |
| | | | Yes | No |
| | Did the organization have local chapters, branches, or affiliates? | 10a 10b | Yes Yes | |
| 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 | |
| ь | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 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? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | Yes | |
| Ь | 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? | 4.51 | | |
| Se | ction C. Disclosure | 16b | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed▶ | | | |
| 18 | CA , CT , DC , GA Section 6104 requires an organization to make its Form 1023 (or 1024-A 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 ☐ Other (explain in Schedule O) | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records: LEO GONZALEZ CFO 2001 L STREET NW NO 200 WASHINGTON, DC 20036 (202) 624-7000 | | | |

Part VII

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

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

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

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount

of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee." • List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)

who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

(A) (C) (D) (F) (B) (E) Name and title Estimated Average Position (do not check more Reportable Reportable than one box, unless person amount of other hours per compensation compensation is both an officer and a week (list from the from related compensation any hours director/trustee) organization organizations from the

| | for related | | | | | | | /W 2/1000 | (1) 2/1000 | organization and |
|---------------------------|--|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|---------------------|---------------------|--|
| | organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | (W-2/1099- MISC) | (W-2/1099- MISC) | organization and related organizations |
| See Additional Data Table | | | | | | | | | | |
| | | | | | | | | | | |
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| tors Trusteer | s Kev | Fmn | love | | and | Hial | hest Co | mnensat | ed Employees | cont | inued) | Page 8 |
|--|--|---|--|--|---|--|---|---|---|--|--|---|
| (B) Average hours per week (list any hours | Position than o | than one box, unless person is both an officer and a director/trustee) or | | | | | | (D) portable pensation om the unization | (E) Reportable compensation from related organizations | 1 | (F) Estimated amount of other compensation from the organization and | |
| organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensate employee | Former | | • | MISC) | | relat | ed |
| | | \vdash | | + | - | + | | | | | | |
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| art VII, Section | A . | | • • | | ▶ [| | | | | | | |
| | | | | | <u> </u> | _ | | · · · · | | 0 | | 306,587 |
| | | e liste | ed a | .bov | e) who | o rece | eived mo | ore than \$1 | 100,000 | | | |
| - fficer director | bruch | k | | | 121100 | bi | | | | | Yes | No |
| | | | | | | | _ | mpensare: | employee on | 3 | Yes | |
| s greater than \$ | \$150,000 | 0? <i>If</i> | "Yes | s," c | comple | ete Sc | chedule J | l for such | | 4 | Yes | |
| | | | | | , | | _ | ation or inc | lividual for | 5 | | No |
| ors est compensate | d indep | ende | nt co | ontr | actors | that | received | l more tha | n \$100,000 of cor | npens | sation | |
| | | | | | | | | | | 1 | | 3 |
| | 255 | | | | | | | ENTERPRIS | E WEBSITES & DIGI | TAL | Comper | |
| | | | | | | | | MARKETIN | G . | | | |
| | | | | | | | | OUTSOURG | ED CUSTOMER SERV | /ICE | | 661,980 |
| | | | | | | | | | | | | |
| | | | | | | | | MANAGEME | ENT SERVICES | | | 489,656 |
| | | | | | | | | | | | | 485,629 |
| | | | | | | | | MANAGEME | ENT | | | |
| | | | | | | | | | | | | 437,536 |
| | | | | | | | | <u> </u> | | | | |
| rs (including but 47 | : not lim | itea t | o th | ıose | listea | abov | √e) who | received m | nore than \$100,00 | 00 of | 00 | - (2020) |
| | (B) Average hours per week (list any hours for related organizations below dotted line) art VII, Section but not limited organization for such individed organization for such individual | (B) Average hours per week (list any hours for related organizations below dotted line) Art VII, Section A But not limited to thosorganization > 72 officer, director or trust of for such individual the sum of reportable of section greater than \$150,000 ve or accrue compensated indepensation for the calendar (A) and business address es (including but not limited to for the calendar (A) and business address | (B) Average hours per week (list any hours for related organizations below dotted line) Art VII, Section A but not limited to those list organization ▶ 72 officer, director or trustee, keep or such individual the sum of reportable comps greater than \$150,000? If the sum of reportable comps greater than \$150,000? If the sum of reportable comps greater than \$150,000? If the sum of reportable comps greater than \$150,000? If the sum of reportable comps and business address es (including but not limited to the calendar year (A) and business address | (B) Average hours per week (list any hours for related organizations below dotted line) Art VII, Section A but not limited to those listed a organization ▶ 72 officer, director or trustee, key end for such individual the sum of reportable compensates greater than \$150,000? If "Yes," complete Schedule J for the sum of the calendar year end (A) and business address | (B) Average hours per week (list any hours for related organizations below dotted line) Art VII, Section A | (B) Average hours per week (list any hours for related organizations below dotted line) Individual flusting of the compensation for related organizations below dotted line) But not limited to those listed above) who organization ▶ 72 officer, director or trustee, key employee, for such individual | (B) Average hours per week (list any hours for related organizations below dotted line) To related line) Position (do not check more than one box, unless person is both an officer and a director/trustee) To director/trustee) To director trustee, we employee or in the sum of reportable compensation and others or greater than \$150,000? If "Yes," complete Schedule J for such person est compensated independent contractors that a sation for the calendar year ending with or with (A) and business address (including but not limited to those listed above) (including but not limited to those listed above) | (B) Average hours per week (list any hours for related organizations below dotted line) Position (do not check more than one box, unless person is both an officer and a director/trustee) Position (do not check more than one box, unless person is both an officer and a director/trustee) Position (do not check more than one box, unless person is both an officer and a director/trustee) Position (do not check more than one box, unless person is both an officer and a director/trustee) Position (do not check more than one box, unless person is both an officer and a director/trustee) Position (do not check more than one box, unless person is both an officer and a director/trustee) Position (do not check more than one box, unless person is both an officer and a director/trustee) Position (do not check more than one box, unless person is both an officer and a director/trustee) Position (do not check more than one box, unless person is both an officer and a director/trustee) Position (do not check more than one box, unless person is both an officer and a director/trustee) Position (do not check more than one box, unless person is both an officer and a director/trustee) Position (do not check more and a director and a director/trustee) Position (do not be to be proposed in the person is both an officer and a director proposed (W-) Position (do not be to be proposed in the person is both an officer and a director proposed (W-) Position (do not be to be proposed in the person is both an office and a director proposed (W-) Position (do not be to be proposed in the person is both an officer and a director proposed (W-) Position (do not be proposed in the person is both an officer and a director proposed (W-) Position (do not be proposed in the person is both and a director proposed (W-) Position (do | (B) Average hours per week (list any hours for related organizations below dotted line) Or | (B) Average hours per week (list any hours for related organizations below dotted line) Average week (list any hours for related organizations below dotted line) Average hours per week (list any hours for related organizations below dotted line) Average hours per week (list any hours for related organizations below dotted line) Average hours per week (list any hours for related organizations below dotted line) Average hours per week (list any hours for related organizations below dotted line) Average hours per week (list any hours for related organization below dotted line) Average hours per week (list any hours for related line) Average hours per week (list any hours for related organization per line) Average hours per week (list any hours for related line) Average hours per week (list any hours for line) Average hours per week (list any hours for line) Average hours per week (list any hours for such person. 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| orm 9 Part | | (2020) Statement | of E | Pevenue | | | | | | Page 9 |
|--|-------------------|--|--------|-----------------|--------------|-------------------------|------------------------|--|--|--|
| Ган | VIII | | | | respo | nse or note to any | line in this Part VIII | | | 🗆 |
| | | | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| 5 B | 1 a | Federated campaig | gns | 1 | La | | L | Tevenue | | 312 314 |
| s, Grants Amounts | b Membership dues | | | | | | | | | |
| A Gr | | Fundraising events | | - | Lc | 40.400.500 | | | | |
| Gifts Tar. | | Related organization Government grants (| | | ld Le | 19,188,563 3,917,245 | | | | |
| ns. (Simi | _ | All other contributions and similar amounts | | · L | | 3,917,243 | | | | |
| Contributions, Gift and Other Similar | | above | | | Lf | 118,687 | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | g | Noncash contribution lines 1a - 1f:\$ | s incl | | Lg | | | | | |
| Com | h | Total. Add lines 1a | a-1f | | | > | 23,224,495 | | | |
| | | | | | | Business Code | | | | |
| 4. | 2a | DISTRICT/NATIONAL | . COU | N | | 900099 | 20,277,657 | 20,277,657 | | |
| venue | b | MEMBERSHIP DUES | | | | 900099 | 18,803,392 | 18,803,392 | | |
| ₽ Ş | _ | MEETINGS & CONFER | DENIC | EC | | 300033 | 4,295,231 | 4,295,231 | | |
| Program Service Revenue | C | MEETINGS & CONFER | KEINC | L3 | | 900099 | , . | | | |
| Ser | d | PRODUCT COUNCILS | | | | 900099 | 2,189,105 | 2,189,105 | | |
| ranı | e | CONTENT | | | | 900099 | 1,893,546 | 1,893,546 | | |
| Pog | | | | | | 300033 | 2.052.042 | 2.404.242 | 770 700 | |
| | f | All other program | serv | ice revenue. | | | 2,962,913 | 2,184,213 | 778,700 | |
| | ــــــ | Total. Add lines 2 | | | | 50,421,844 | _ | 1 | Т | T |
| | 3 | Investment income similar amounts) | i (inc | luding divide | nds, ii • | nterest, and other • | 328,341 | | | 328,341 |
| | l | Income from invest | tmer | t of tax-exer | npt bo | nd proceeds | • | | | |
| | 5 | Royalties | | (i) Rea | • • | (ii) Personal | • | | | |
| | | | | (I) IXEA | · | (II) Personal | - | | | |
| | | Gross rents Less: rental | 6a | | | | 4 | | | |
| | D | expenses | 6b | | | | | | | |
| | С | Rental income or (loss) | 6c | | | | | | | |
| | ، | Net rental income | e or | (loss) | | | | | | |
| | | | | (i) Securit | ies | (ii) Other | | | | |
| | 7a | Gross amount from sales of | 7a | 39,0 | 94,202 | | | | | |
| | | assets other than inventory | | | _ | | | | | |
| | b | Less: cost or other basis and | 7b | 38,5 | 42,919 | | | | | |
| | | sales expenses | | | | | + | | | |
| | l | Gain or (loss) | 7c | | 51,283 | | | | | 554 202 |
| | l | I Net gain or (loss) Gross income from fu | | | | | 551,283 | | | 551,283 |
| зие | | (not including \$ contributions reporte | | of | | | | | | |
| eve. | | See Part IV, line 18 | | | 8a | | | | | |
| Ţ. | l | Less: direct expen | | | 8b | | | | | |
| Other Revenue | ۱ ۹ | : Net income or (los | ss) fr | om fundraisi | ng eve | ents 🕨 | 1 | | | |
| | 9a | Gross income from See Part IV, line 19 | gam | ing activities. | | | | | | |
| | ١, | Less: direct expen | | | 9a 9b | | 4 | | | |
| | l | : Net income or (los | | | | es • | | | | |
| | | | | | | <u> </u> | | | | |
| | 10 | aGross sales of inve returns and allowa | ento | ry, less | 10a | | | | | |
| | l t | Less: cost of good | s so | ld | 10 b | | | | | |
| | _ | Net income or (los | | | nvent | | | | | |
| | 11 | Miscellaneo .a | us R | evenue | | Business Code | + | | | |
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| | ، ا | | | | | | | | | |
| | | - | | | | | | | | |
| | | All other revenue Total. Add lines 1 | | Id | | • | | | | |
| | | : Total. Add lines 1 ! Total revenue. S | | | | | | | | |
| | | . rotal reveilue. S | ee if | iau uculoii5 . | • | • • • • | 74,525,963 | 49,643,144 | 778,700 | 879,624 Form 990 (2020) |

| Form 990 (2020) | | | | Page 10 | | | | | |
|--|-----------------------|------------------------------------|---|--------------------------------|--|--|--|--|--|
| Part IX Statement of Functional Expenses | | | | - | | | | | |
| Section $501(c)(3)$ and $501(c)(4)$ organizations must 6 | complete all columns. | All other organization | ns must complete co | lumn (A). | | | | | |
| Check if Schedule O contains a response or note to any line in this Part IX | | | | | | | | | |
| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses | | | | | |
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 1,218,395 | 1,218,395 | | | | | | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 259,756 | 259,756 | | | | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. | | | | | | | | | |
| 4 Benefits paid to or for members | | | | | | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 4,338,675 | 1,118,620 | 3,207,216 | 12,839 | | | | | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | | | | | | |
| 7 Other salaries and wages | 22.254.364 | 18.298.949 | 3.265.661 | 689.754 | | | | | |

8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)

e Professional fundraising services. See Part IV, line 17

(A) amount, list line 11g expenses on Schedule O)

18 Payments of travel or entertainment expenses for any federal, state, or local public officials .

24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e

25 Total functional expenses. Add lines 1 through 24e

26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.
Check here ► ☐ if following SOP 98-2 (ASC 958-720).

19 Conferences, conventions, and meetings

22 Depreciation, depletion, and amortization .

g Other (If line 11g amount exceeds 10% of line 25, column

f Investment management fees

9 Other employee benefits . . .

12 Advertising and promotion .

13 Office expenses .

15 Royalties .

17 Travel .

16 Occupancy .

23 Insurance .

14 Information technology

20 Interest21 Payments to affiliates

expenses on Schedule O.)

a DISTRICT COUNCIL DUES

b MEMBER RECOGNITION

c CREDIT CARD FEES

e All other expenses

d BAD DEBTS

10 Payroll taxes .

b Legal .

c Accounting . . . d Lobbying . . .

552,523

2,254,594

1,678,051

260,334

337,862

192,603

208,042

882,308

1,477,399

2,387,425

2,120,532

2,201,170

4,861,028

751,992

741,137

194,404

571,066

62,828,952

261,090

72,546

12,751,656

403,438

1,646,248

1,225,271

260,334

103,303

10,130,685

191,909

771,348

1,561,095

2,099,738

1,340,576

4,861,028

748,385

740,606

163,349

468,770

47,688,817

9,683

67,331

134,487

548,779

408,446

234,559

192,603

2,603,785

15,841

107,467

1,477,399

742,942

5,127

16,490

773,746

251,407

3,607

150

31,055

99,990

14,120,757

14,598

59,567

44,334

17,186

292

3,493

83,388

4,304

86,848

381

2,306 1,019,378

Form **990** (2020)

Form 990 (2020)

23

24

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26

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Assets 30

31

32

33

6.779,573

28.614.036

67,135,547

95.749.583

Form 990 (2020)

23

24

25

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29

30

31

32

33

8,906,606

28.613.162

53,876,098

82,489,260

Page 11

| Che | eck if Schedu | le O contains | a respons | e or note t | o any line in | this Part IX | |
|-----|---------------|---------------|-----------|-------------|---------------|--------------|--|
| | | | | | | | |

| | beginning or year | | Lift of year |
|--|-------------------|---|--------------|
| 1 Cash-non-interest-bearing | | 1 | |
| 2 Savings and temporary cash investments | 11,694,434 | 2 | 12,110,191 |
| 3 Pledges and grants receivable, net | | 3 | |

1,877,583 Accounts receivable, net Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled 5

1,898,201 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). 6 7 Notes and loans receivable, net Assets 166.937 132.644 Inventories for sale or use Prepaid expenses and deferred charges . 2,071,431 1,873,264 10a Land, buildings, and equipment: cost or other 10a 18,737,293 basis. Complete Part VI of Schedule D 10b 11,659,564 8,348,452 10c 7,077,729 b Less: accumulated depreciation 11 Investments—publicly traded securities . 9,177,222 11 11,112,443

11,552,388 11.109.176 12 Investments—other securities. See Part IV, line 11 . . . 12 13 13 Investments-program-related. See Part IV, line 11 . 14 14 Intangible assets . . . 37,600,813 15 50,435,935 15 Other assets. See Part IV, line 11 82,489,260 16 95,749,583 16 **Total assets.** Add lines 1 through 15 (must equal line 33) . .

17 Accounts payable and accrued expenses . 7,360,436 17 8,027,884 18 18 Grants payable . 19 12.346.120 19 13.806.579 Deferred revenue 20 Tax-exempt bond liabilities 20

21 21 Escrow or custodial account liability. Complete Part IV of Schedule D Liabilities 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity 22

Fund Balances Organizations that follow FASB ASC 958, check here <a> \square and complete lines 27, 28, 32, and 33. 27 21,850,715 27 23,626,181 Net assets without donor restrictions 28 Net assets with donor restrictions . 32,025,383 28 43,509,366

Secured mortgages and notes payable to unrelated third parties . . .

Other liabilities (including federal income tax, payables to related third parties,

Organizations that do not follow FASB ASC 958, check here ightharpoonup and

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Unsecured notes and loans payable to unrelated third parties .

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds .

Total liabilities and net assets/fund balances .

Complete Part X of Schedule D

complete lines 29 through 33.

Total net assets or fund balances .

☐ Both consolidated and separate basis

Yes

Nο

Form 990 (2020)

2c

3a

3h

consolidated basis, or both:

Audit Act and OMB Circular A-133?

☐ Separate basis

Consolidated basis

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

Additional Data

Software ID:

Software Version:

EIN: 53-0159845

Name: THE URBAN LAND INSTITUTE

Form 990 (2020)

Form 990, Part III, Line 4a:

SCHOOL STUDENTS ON LAND USE AND DEVELOPMENT ISSUES.

DISTRICT AND NATIONAL COUNCILS DISTRICT COUNCILS DELIVER THE ULL MISSION DOMESTICALLY AT THE LOCAL LEVEL. THEY ENGAGE LOCAL MEMBERS THROUGH DEVELOPING VARIOUS ULI PRIORITY PROGRAMS, HOSTING EDUCATIONAL FORUMS, AND CONVENING EVENTS SUCH AS SPECIAL INITIATIVE CONFERENCES KEYED TO THE RELEASE OF PUBLICATIONS LIKE EMERGING TRENDS IN REAL ESTATE. BY CONDUCTING COMMUNITY OUTREACH PROGRAMS AND PROVIDING INDUSTRY EXPERTISE TO COMMUNITY LEADERS. DISTRICT COUNCILS FOCUS ON OPPORTUNITIES TO FOSTER COLLABORATION LOCALLY AND BUILD HEALTHY. SUSTAINABLE

COMMUNITIES NATIONAL COUNCILS PROVIDE AN OPPORTUNITY TO INFLUENCE LOCAL LAND USE POLICY INTERNATIONALLY BY FACILITATING THE EXCHANGE OF KNOWLEDGE BETWEEN INDUSTRY EXPERTS AND COMMUNITY LEADERS. OUR NATIONAL COUNCILS DO THIS THROUGH EDUCATIONAL FORUMS AND EVENTS SUCH AS CONFERENCES, PROJECT TOURS, AND COMMUNITY OUTREACH PROGRAMS. IN THE ULI SPIRIT OF OFFERING AN UNBIASED AND NONPARTISAN EXCHANGE ON ISSUES AFFECTING THE INDUSTRY, NATIONAL COUNCILS PROVIDE THE AVENUES FOR ACTIVE DIALOGUES AMONG PRIVATE INDUSTRY, ENVIRONMENTAL ORGANIZATIONS, AND PUBLIC AGENCIES TO HELP PROVIDE SOLUTIONS TO LOCAL AND REGIONAL ISSUES. THE ACTIVITIES RECORDED HERE ARE THE ACTIVITIES PERFORMED DIRECTLY BY THE DISTRICT/NATIONAL COUNCILS, WHICH ARE ACCOUNTED FOR ON AN INDIVIDUAL COUNCIL BASIS SEPARATELY WITHIN ULI, AS WELL AS THE COSTS INCURRED BY ULI AT THE NATIONAL LEVEL TO SUPPORT THE DISTRICT/NATIONAL COUNCIL PROGRAM. THE MAJORITY OF THE COSTS AT THE NATIONAL LEVEL ARE FOR PROGRAM AND LOGISTICAL SUPPORT AS WELL AS COMMUNITY OUTREACH EFFORTS IN THE AREAS OF REGIONAL COOPERATION, URBAN REVITALIZATION, AND EDUCATING HIGH

Form 990, Part III, Line 4b:

THAT IMPROVE THE HEALTH OF PEOPLE AND COMMUNITIES.

WORLD, THROUGH THE WORK OF ITS GREENPRINT AND URBAN RESILIENCE PROGRAMS. THE CENTER PROVIDES LEADERSHIP AND SUPPORT TO LAND USE PROFESSIONALS TO INVEST IN ENERGY PERFORMANCE AND PORTFOLIO RESILIENCE WHILE REDUCING RISKS DUE TO A CHANGING CLIMATE. THE ULI CENTER FOR CAPITAL MARKETS AND REAL ESTATE WAS FOUNDED IN 2009 WITH A MISSION TO PROMOTE UNDERSTANDING OF THE REAL ESTATE CAPITAL MARKETS AND PROVIDE LEADERSHIP IN FOSTERING A HEALTHY AND PRODUCTIVE REAL ESTATE CAPITAL MARKETS SECTOR. ULI CURRENTLY IS ENGAGED IN REAL ESTATE FINANCE AND CAPITAL MARKET ACTIVITIES AND PROGRAMS ACROSS THE ORGANIZATION, AND THE CENTER IS INTEGRALLY INVOLVED IN DEVELOPING, GUIDING, AND/OR SHOWCASING BOTH

CONTENT: THE INSTITUTE DELIVERS CONTENT TO ITS MEMBERS AND THE COMMUNITY AT LARGE THROUGH A NUMBER OF FUNDED CENTERS AND INITIATIVES: THE ULI CENTER FOR SUSTAINABILITY AND ECONOMIC PERFORMANCE IS DEDICATED TO CREATING HEALTHY, RESILIENT, AND HIGH PERFORMANCE COMMUNITIES AROUND THE

ONGOING AND NEW PROGRAMS. THE ULI TERWILLIGER CENTER FOR WORKFORCE HOUSING CONDUCTS RESEARCH, PERFORMS ANALYSIS, PROVIDES EXPERT ADVICE. AND DEVELOPS BEST PRACTICE RECOMMENDATIONS THAT REFLECT THE RESIDENTIAL LAND USE AND DEVELOPMENT PRIORITIES OF ULI MEMBERS IN ALL RESIDENTIAL PRODUCT TYPES, WITH SPECIAL ATTENTION TO WORKFORCE AND AFFORDABLE HOUSING, THE CENTER INTEGRATES ULI'S WIDE-RANGING HOUSING ACTIVITIES INTO A PROGRAM OF WORK THAT FURTHERS THE DEVELOPMENT OF MIXED-INCOME COMMUNITIES WITH A RANGE OF HOUSING OPTIONS. THE ULI GREENPRINT CENTER IS A

CATALYST FOR CHANGE, TAKING MEANINGFUL, IMMEDIATE AND MEASURABLE ACTIONS TO GENERATE REAL ESTATE SOLUTIONS THAT IMPROVE THE ENVIRONMENT THROUGH ENERGY EFFICIENCY WHILE DEMONSTRATING THE CORRELATION WITH INCREASED PROPERTY VALUES, GREENPRINT FOCUSES ON REDUCING THE CARBON FOOTPRINT OF EXISTING BUILDINGS. WHICH CURRENTLY REPRESENT ONE-THIRD OF GLOBAL CARBON EMISSIONS, AND WORKS TO ACHIEVE ITS CARBON REDUCTION GOALS THROUGH EDUCATION AND ACTION. THE CENTER USES THE COLLECTIVE POWER OF ITS MEMBERSHIP TO LEAD BY EXAMPLE IN LOWERING CARBON EMISSIONS BY

EXPLORING AND IMPLEMENTING ENERGY-REDUCING TECHNOLOGIES, SHARING THEIR PERFORMANCE RESULTS WITH THE PUBLIC THROUGH THE GREENPRINT PERFORMANCE REPORT. TM.THE ROBERT C. LARSON LEADERSHIP INITIATIVE ENABLES ULI TO ADD LEADERSHIP DEVELOPMENT ACTIVITIES TO ITS PROGRAM OF WORK AND EXTEND THE INSTITUTE'S REACH TO MANY MORE CURRENT AND POTENTIAL LEADERS. THE INITIATIVE ALSO SUPPORTS THE WORK OF THE ULI WOMEN'S LEADERSHIP INITIATIVE WHOSE MISSION IS TO RAISE THE VISIBILITY AND NUMBER OF WOMEN LEADERS IN ULI AND THE REAL ESTATE INDUSTRY.ULI'S URBAN

RESILIENCE PROGRAM PROVIDES ULI MEMBERS, THE PUBLIC, AND COMMUNITIES ACROSS THE UNITED STATES WITH INFORMATION ON HOW TO BE MORE RESILIENT IN

THE FACE OF CLIMATE CHANGE AND OTHER ENVIRONMENTAL VULNERABILITIES. THE PROGRAM SEEKS TO PROVIDE TECHNICAL ASSISTANCE, ADVANCE KNOWLEDGE.

AND CATALYZE ADOPTION OF TRANSFORMATIVE MARKET PRACTICES AND POLICIES. THROUGH ADVISORY SERVICES, RESEARCH, CONVENINGS, AND SUPPORT OF DISTRICT COUNCIL PROJECTS, THE URBAN RESILIENCE PROGRAM SEEKS TO ENHANCE COMMUNITY RESILIENCE WITH A FOCUS ON THE BUILT ENVIRONMENT, REAL

ESTATE MARKETS, AND THE LAND USE POLICY SECTOR. THE ULI BUILDING HEALTHY PLACES INITIATIVE IS A MULTIFACETED PROGRAM INCLUDING RESEARCH AND

PUBLICATIONS, CONVENINGS, AND ADVISORY ACTIVITIESTO LEVERAGE THE POWER OF THE INSTITUTE'S GLOBAL NETWORKS TO SHAPE PROJECTS AND PLACES IN WAYS

Form 990, Part III, Line 4c: COMMUNICATIONS: THIS FUNCTION INCLUDES ALL ULI INTERNAL AND EXTERNAL COMMUNICATIONS PROGRAMS, SUCH AS THE ANNUAL REPORT, E-NEWS SERVICE, MEDIA RELATIONS, BRANDING, AND CORPORATE COMMUNICATIONS.

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

PROGRAMS, REAL ESTATE ENTREPRENEUR PROGRAMS, AND THE PRO FORMA FUNDAMENTALS CERTIFICATE.

Section 501(c)(3) and (4) organizations and 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.

(Code:) (Expenses \$ 1,272,947 including grants of \$) (Revenue \$ 1,517,199)

PUBLISHING/URBAN LAND MAGAZINE:THROUGH ITS ORIGINAL RESEARCH AND THE RESEARCH OF ITS MEMBERS, THE INSTITUTE PUBLISHES BOOKS AND CASE STUDIES ON A VARIETY OF INDUSTRY TOPICS RELEVANT TO ITS MEMBERS. PUBLICATIONS ARE OFFERED IN PRINT BOUND FORMAT, PDF AS WELL AS EPUB. PUBLICATIONS ARE MANAGED THROUGH A THIRD PARTY FULFILLMENT COMPANY. THE INSTITUTE'S FLAGSHIP

PERIODICAL AND A SIGNIFICANT MEMBERSHIP BENEFIT, URBAN LAND MAGAZINE PROMOTES THE INSTITUTE'S VISION AND MISSION BY

REPORTING ON LAND USE POLICY AND REAL ESTATE PRACTICE, INDUSTRY SECTOR UPDATES, CAPITAL MARKETS AND MARKET TRENDS,

SUSTAINABILITY. AND PLANNING AND DESIGN. THE MAGAZINE IS OFFERED FREE WITH MEMBERSHIP AND IS AVAILABLE BOTH IN PRINT AND

ONLINE.

(Code:) (Expenses \$ 701,146 including grants of \$) (Revenue \$

959,266)

ULI LEARNING:ULI LEARNING PROGRAM DELIVERS PRACTICAL INSTRUCTION FOR LAND USE AND REAL ESTATE PROFESSIONALS AT ALL LEVELS

FROM EXPERIENCED PRACTITIONERS AND RESEARCHERS. REFLECTING THE DIVERSE PROFESSIONALS THAT COMPRISE THE ULI MEMBERSHIP.

THE PROGRAM IS DESIGNED TO SERVE PROFESSIONALS ACROSS DISCIPLINES THROUGH ONLINE COURSES, REAL ESTATE INSTRUCTION

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

COMPETITION AND THE ULI AMANDA BURDEN URBAN OPEN SPACE AWARD.

others, the total expenses, and revenue, if any, for each program service reported.

Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to

(Code:) (Expenses \$ 1,198,843 including grants of \$) (Revenue \$ 316,585) ADVISORY SERVICES:ADVISORY SERVICES PANELS PROVIDE LOCAL GOVERNMENTS, PRIVATE DEVELOPERS, COMMUNITY DEVELOPMENT CORPORATIONS, AND MANY OTHER ORGANIZATIONS WITH ADVISORY REPORTS TO ADDRESS THE MOST CHALLENGING REAL ESTATE AND LAND

USE ISSUES FACING COMMUNITIES TODAY. IN PROVIDING ADVISORY SERVICES. ULI CONVENES A PANEL OF INDUSTRY LEADERS FROM ITS DIVERSE MEMBERSHIP, INCLUDING DEVELOPERS, PLANNERS, FINANCIERS, MARKET ANALYSTS, DESIGNERS, ECONOMISTS, ARCHITECTS, AND

PUBLIC OFFICIALS, TO PROVIDE PRACTICAL AND OBJECTIVE ADVICE THAT IS NOT AVAILABLE FROM ANY OTHER SOURCE. (Code:) (Expenses \$ 1,097,511 including grants of \$ 197,178) (Revenue \$ 169,863)

AWARDS:ULI HAS SET THE STANDARD IN RECOGNIZING OUTSTANDING REAL ESTATE DEVELOPMENT PROJECTS, RELATED PROGRAMS, AND

VISIONARIES IN URBAN DEVELOPMENT. ULI'S AWARDS PROGRAMS ARE HIGHLY SELECTIVE AND PROVIDE A PRESTIGIOUS REFERENCE FOR

PROFESSIONALS INVOLVED IN THE BUILT ENVIRONMENT. WINNERS AND FINALISTS BENEFIT FROM WORLDWIDE RECOGNITION AMONG

INFLUENTIAL LEADERS IN FIELDS RELATED TO REAL ESTATE AND URBAN DEVELOPMENT. AWARDS INCLUDE: THE AWARDS FOR EXCELLENCE

PROGRAM, THE ULI J.C. NICHOLS PRIZE FOR VISIONARIES IN URBAN DEVELOPMENT, THE ULI GERALD D. HINES STUDENT URBAN DESIGN

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

AMONG MANY OTHERS.

Section 501(c)(3) and (4) organizations and 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.

(Code:) (Expenses \$ 2,486,380 including grants of \$) (Revenue \$ 18,803,392)

MEMBERSHIP:ULI OFFERS A NUMBER OF OPPORTUNITIES FOR MEMBERSHIP DEPENDING ON AN INDIVIDUAL'S SPECIFIC INTEREST, INCLUDING: ASSOCIATE, FULL, YOUNG LEADER MEMBER UNDER 35, AND CORPORATE WITH FURTHER DISTINCTIONS FOR PRIVATE VERSUS PUBLIC AND

DOMESTIC VERSUS INTERNATIONAL MEMBERSHIP. EACH PROGRAM PROVIDES THE MEMBER WITH A SPECIFIC BASKET OF BENEFITS. MEMBERSHIP DEVELOPMENT EXPENSES RELATE TO MEMBERSHIP RECRUITMENT AND RETENTION EFFORTS, AS WELL AS ORDER PROCESSING

(Code: including grants of \$) (Revenue \$) (Expenses \$ 882,306 2.189.105) PRODUCT COUNCILS:PRODUCT COUNCILS PROVIDE A DEDICATED FORUM FOR INFORMATION EXCHANGE ON THE STATE-OF-THE-ART OF A

AND FULL MEMBER ADMISSIONS ACTIVITIES.

VARIETY OF SPECIFIC INDUSTRY SECTORS. MEMBERSHIP IS LIMITED TO FULL MEMBERS AND IS BY APPOINTMENT ONLY. THE INSTITUTE CURRENTLY HAS 65 DOMESTIC AND 7 GLOBAL COUNCILS FOCUSED ON 25 AREAS OF ACTIVITY, INCLUDING AFFORDABLE/WORKFORCE

HOUSING, COMMUNITY DEVELOPMENT, OFFICE DEVELOPMENT, SENIOR HOUSING, TRANSIT-ORIENTED DEVELOPMENT, URBAN REVITALIZATION

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

Section 501(c)(3) and (4) organizations and 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.

(Code:) (Expenses \$ 2,891,649 including grants of \$) (Revenue \$ 4,295,231)

MEETINGS/CONFERENCES: THE INSTITUTE SPONSORS TWO SIGNIFICANT DOMESTIC, MULTI-DAY MEETINGS EACH YEAR THAT BRING TOGETHER

INDUSTRY LEADERS FROM A VARIETY OF DISCIPLINES. THE SPRING MEETING IS OPEN TO MEMBERS ONLY: THE FALL MEETING IS OPEN TO

NON-MEMBERS AND TYPICALLY DRAWS IN EXCESS OF 5,000 ATTENDEES INCLUDING DEVELOPERS, INVESTORS, ARCHITECTS, PLANNERS,

BROKERS, ATTORNEYS AND GOVERNMENT OFFICIALS. IN ADDITION TO ITS SPRING AND FALL MEETINGS, ULI EMEA AND ULI ASIA HOST LARGE,

ANNUAL CONFERENCES IN CITIES WITHIN THEIR RESPECTIVE REGIONS.

(Code:) (Expenses \$ 241,272 including grants of \$) (Revenue \$

KEY LEADERS: THE KEY LEADERS PROGRAM IS DESIGNED TO INCREASE THE PARTICIPATION OF ITS MOST SENIOR-LEVEL MEMBERS IN

600 MEMBERS, INCLUDING ULI FOUNDATION GOVERNORS, CURRENT GOVERNING TRUSTEES AND FORMER TRUSTEES.

LEADERSHIP, VOLUNTEERING AND MENTORSHIP OPPORTUNITIES ACROSS THE INSTITUTE. THE PROGRAM WILL WORK WITH APPROXIMATELY

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions) Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 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.

(Code: (Expenses \$ 23,952 including grants of \$ (Revenue \$

(Code: (Expenses \$ including grants of \$ 1,164,645) (Revenue \$ 1.164,645

ANNUAL FUND IS A PROGRAM TO RAISE MEMBER DONATIONS FOR THE ULI FOUNDATION ULIF TRANSFERS 100% OF THE FUNDS RAISED THROUGH THE ANNUAL FUND PROGRAM TO ULI TO SUPPORT ONGOING ULI PROGRAMS. IN

RETURN, ULI ADDS TO ITS ANNUAL BUDGET ALL ULIF OPERATING EXPENSES THROUGH THE FORM OF A CONTRIBUTION TO ULIF.

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

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

| | 6, | 1 | | | | , | ´ | (11, 2,4,000 | (11/ 2/4000 | organization and related organizations | |
|------------------------------------|---|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|------------------------|----------------------|--|--|
| | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | - (W- 2/1099- MISC) | (W- 2/1099- MISC) | | |
| OWEN THOMAS GLOBAL CHAIRMAN | 2.00 | X | | х | | | | 0 | 0 | 0 | |
| TOM TOOMEY IMMEDIATE PAST CHAIRMAN | 2.00 | X | | х | | | | 0 | 0 | 0 | |
| TOM ARNOLD TREASURER | 2.00 | X | | х | | | | 0 | O | 0 | |
| PETER BALLON SECRETARY | 2.00 | | | х | | | | 0 | 0 | 0 | |
| JONATHAN BRINSDEN | 2.00 | | | | | | \Box | , | 1 | | |

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JONATHAN BRINSDEN AMERICA'S CHAIR

NICK BROOKE

MARNIX GALLE

EUROPE CHAIR

DOUG ABBEY

MARTY BURGER

GOODWIN GAW

DIRECTOR

DIRECTOR

......

ASIA PACIFIC CHAIR

ULI FOUNDATION CHAIR

and Independent Contractors

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(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

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

| | ally hours | and a director/trustee) | | | | | | Organization | Organizations | organization and | |
|-------------------------|---|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------|----------------------|--------------------------|--|
| | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | (W- 2/1099- MISC) | (W- 2/1099- MISC) | related organizations | |
| DIANE HOSKINS DIRECTOR | 2.00 | X | | | | | | 0 | 0 | 0 | |
| ANNE KAVANAUGH DIRECTOR | 2.00 | X | | | | | | 0 | 0 | 0 | |
| ROY MARCH DIRECTOR | 2.00 | X | | | | | | 0 | 0 | 0 | |
| KRISTINA RASPE DIRECTOR | 2.00 | | | | | | | 0 | 0 | 0 | |
| RALPH ROSENBERG | 2.00 | | | | | | | | | | |

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456,778

431,959

415,178

| DIRECTOR |
|-----------------|
| KRISTINA RASPE |
| DIRECTOR |
| DALDH DOCENBEDC |

DIRECTOR

DIRECTOR

GLOBAL CEO

MICHAEL TERSECK

CFO TILL 7/2021

ADAM SMOLYAR

GWYNETH COTE

PRESIDENT - AMERICAS

FRANCOIS TRAUSCH

WILLIAM EDWARD WALTER

CHIEF MARKETING & TECHNOLOGY OFFICER

and Independent Contractors

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation compensation week (list person is both an officer from the from related any hours and a director/trustee) organization organizations from the

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

| | | | | | ., | | , | (11) | (14) 2 (4 000 | | |
|------------------------------------|---|-----------------------------------|-----------------------|-----|--------------|------------------------------|--------|----------------------|----------------------|--|--|
| | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | I O | Key employee | Highest compensated employee | Former | (W- 2/1099- MISC) | (W- 2/1099- MISC) | organization and related organizations | |
| LISETTE VAN DOORN CEO - EMEA | 38.00 | | | х | | | | 354,351 | 0 | 0 | |
| DAVID FAULKNER PRESIDENT - ASIA | 38.00 | | | х | | | | 113,027 | 0 | 3,387 | |
| MARY BETH CORRIGAN | 38.00 | | | | Х | | | 252,728 | 0 | 12,137 | |

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220,117

219,223

217,118

255,436

236,004

215,942

11,230

9,570

15,142

27,703

9,988

12,783

26,147

| DAVID FAULKNER | 38.00 | | x | | | 113,027 | |
|------------------------------|-------|--|---|---|--|---------|--|
| PRESIDENT - ASIA | | | ^ | | | 113,027 | |
| MARY BETH CORRIGAN | 38.00 | | | Х | | 252,728 | |
| EVP GLOBAL LEADERS | | | | ^ | | 232,720 | |
| WILLIAM GRAYSON | 38.00 | | | Х | | 227,040 | |
| EXECUTIVE DIRECTOR - CENTERS | | | | ^ | | 227,040 | |
| | | | | | | | |

38.00

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and Independent Contractors

CYNTHIA CHANCE

PAUL BERNARD

SVP

STEVE RIDD

FELIX CIAMPA

MARTY BORKO

EVP - ULI LEARNING

MATT KONETSCHNI

SVP BUSINESS OPS

EXECUTIVE DIRECTOR

EXECUTIVE DIRECTOR

EVP ADVISORY THRU 7/20

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average hours per than one box, unless compensation compensation amount of other week (list person is both an officer from the from related compensation

and a director/trustee)

organization

449,313

404,000

organizations

from the

10,286

12,440

0

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

| | for related organizations below dotted line) | Individual or directo | Instituti | Officer | Key em | Highest employe | Former | (W- 2/1099- MISC) | (W- 2/1099- MISC) | organization and related organizations | |
|--|---|--------------------------|---------------|---------|----------|--------------------|--------|----------------------|----------------------|--|--|
| | · | lal trustee tor | ional Trustee | | employee | compensated | | | | | |
| HELEN ZUKOSKI SVP DISTRICT COUNCILS | 38.00 | | | | | х | | 212,408 | 0 | 12,484 | |
| STEVE SLEPIAN SVP FINANCE | 38.00 | | | | | х | | 206,588 | 0 | 20,400 | |
| TIMOTHY COOPER | 38.00 | | | | | | | | | | |

| SVP DISTRICT COUNCILS | | | | | | |
|-----------------------|-------|--|--|---|---------|--|
| STEVE SLEPIAN | 38.00 | | | _ | 206,588 | |
| SVP FINANCE | | | | ^ | 200,366 | |
| TIMOTHY COOPER | 38.00 | | | | | |
| | | | | Х | 205,257 | |

38.00

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any hours

and Independent Contractors

SVP HR

JOHN FITZGERALD

CHERYL CUMMINS

FORMER PRESIDENT - ASIA

FORMER GLOBAL GOVERNANCE

| efil | e GR/ | APHIC prii | nt - DO NOT PROCESS | As Filed Data - | | | DLN: 9 | 3493063001092 | | | | | |
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| SCI | -IED | ULE A | - Dublic (| Charity Statu | e and Dul | hlic Sunn | ort | OMB No. 1545-0047 | | | | | |
| | m 99 | | Complete if the or | rganization is a sect 4947(a)(1) nonexe ▶ Attach to Form | ion 501(c)(3) e empt charitable 990 or Form 99 | | | | | | | | |
| | | the Treasury | ► Go to <u>www.irs</u> | .gov/Form990 for i | nstructions and | I the latest info | ormation. | Open to Public Inspection | | | | | |
| Nam | e of th | nie Service he organiza AND INSTITUT | | | | | Employer identific | <u> </u> | | | | | |
| INE U | KDAN L | AND INSTITUT | E | | | | 53-0159845 | | | | | | |
| | rt I | | for Public Charity State | | | | See instructions. | | | | | | |
| | rganız | | a private foundation because | • | | | (4)() | | | | | | |
| 1 | | • | onvention of churches, or as | | | | . , . , | | | | | | |
| 2 | | | scribed in section 170(b)(| | , | | | | | | | | |
| 3 | | · | or a cooperative hospital serv | _ | | | - | | | | | | |
| 4 | | A medical r name, city, | esearch organization operate and state: | ed in conjunction with | a hospital descri | ibed in section : | 170(b)(1)(A)(iii). E | nter the hospital's | | | | | |
| 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 | | | tate, or local government or | _ | | | | | | | | | |
| 7 | | - | ation that normally receives a (O(b)(1)(A)(vi). (Complete | | s support from a | governmental u | init or from the gener | al public described in | | | | | |
| 8 | | A communi | ty trust described in section | 170(b)(1)(A)(vi). | (Complete Part I | I.) | | | | | | | |
| 9 | | | ural research organization de rant college of agriculture. So | | | | | ege or university or a | | | | | |
| 10 | ✓ | from activit investment | ation that normally receives: lies related to its exempt fun income and unrelated busin See section 509(a)(2). (Co | ctions—subject to ceres taxable income (le | tain exceptions, | and (2) no more | than 331/3% of its su | ipport from gross | | | | | |
| 11 | | An organiza | ation organized and operated | l exclusively to test fo | r public safety. S | See section 509 | (a)(4). | | | | | | |
| 12 | | more public | ation organized and operated ly supported organizations of through 12d that describes | described in section 5 | 09(a)(1) or se | ction 509(a)(2 |). See section 509(a | | | | | | |
| a | | Type I. A so | supporting organization oper n(s) the power to regularly a Part IV, Sections A and B. | ated, supervised, or co appoint or elect a majo | ontrolled by its s | upported organiz | zation(s), typically by | | | | | | |
| b | | Type II. A manageme | supporting organization sup nt of the supporting organiza plete Part IV, Sections A a | ervised or controlled i ation vested in the sar | | | | | | | | | |
| С | | Type III f | unctionally integrated. A sorganization(s) (see instructi | supporting organizatio | | | | ted with, its | | | | | |
| d | | Type III n functionally | on-functionally integrated integrated integrated. The organization in You must complete Par | d. A supporting organi n generally must satis | ization operated fy a distribution | in connection wi requirement and | th its supported orgar | | | | | | |
| e | | Check this | box if the organization received or Type III non-functionally | ved a written determir | nation from the I | | pe I, Type II, Type II | I functionally | | | | | |
| f | Enter | | | | - | | <u> </u> | | | | | | |
| g | | | ing information about the su | · · · · · · · · · · · · · · · · · · · | т' | | <u> </u> | | | | | | |
| | (i) N | Name of supp organizatior | | (iii) Type of organization (described on lines 1- 10 above (see instructions)) | | anization listed ing document? | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) | | | | | |
| | | | | | Yes | No | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Tota | | | tion Act Notice, see the Ir | | Cat. No. 11285 | | Schedule A (Form 9 | <u> </u> | | | | | |

| Sch | nedule A (Form 990 or 990-EZ) 2020 | | | | | | Page 2 |
|-------------|--|-----------------------|--------------------|---------------------|---------------------------|----------------------|-----------------|
| P | Part II Support Schedule for | Organizations | Described in S | ections 170(b |)(1)(A)(iv) ar | nd 170(b)(1)(A |)(vi) |
| | (Complete only if you ch | | | | | | under Part III. |
| | If the organization failed | to qualify unde | r the tests listed | below, please | complete Part I | II.) | |
| | Section A. Public Support Calendar vear | | I | | I | | |
| | (or fiscal year beginning in) ▶ | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not include any "unusual grant.") | | | | | | |
| 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 | | | | | | |
| 6 | shown on line 11, column (f) Public support. Subtract line 5 from | | | | | | |
| | line 4. | | | | | | |
| S | Section B. Total Support | T | ı | | | 1 | |
| | Calendar year (or fiscal year beginning in) ▶ | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| 7 | | | | | | | |
| 8 | | | | | | | - |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 | | | | | | | |
| _ | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | 1 | | |
| 10 | Other income. Do not include gain or loss from the sale of capital assets | | | | | | |
| | (Explain in Part VI.) | | | | | | _ |
| 11 | | | | | | | |
| 12 | 10 Gross receipts from related activities, | etc. (see instruction | ons) | | | 12 | |
| | First 5 years. If the Form 990 is for t | | | | | | zation check |
| | this box and stop here | = | | | • | | zation, check |
| | Section C. Computation of Publi | | | | <u> </u> | | |
| | Public support percentage for 2020 (li | | | column (f)) | | 14 | |
| | Public support percentage for 2019 Sc | | | | | 15 | |
| | a 33 1/3% support test—2020. If the | | | | | | hox |
| 100 | and stop here. The organization qual | | | | | | |
| b | 33 1/3% support test—2019. If th | ne organization did | not check a box of | n line 13 or 16a, | and line 15 is 33 i | | k this |
| _ | box and stop here. The organization | | | | | | |
| 17 a | a 10%-facts-and-circumstances tes | t—2020. If the org | ganization did not | check a box on lir | ne 13, 16a, or 16b | , and line 14 | |
| | is 10% or more, and if the organization | n meets the "facts | -and-circumstanc | es" test, check thi | s box and stop h e | e re. Explain | |
| | in Part VI how the organization meets | | | - | | | . 🗆 |
| _ | organization | | | | | | ▶□ |
| b | 10%-facts-and-circumstances tes 15 is 10% or more, and if the organis | | | | | | |
| | Explain in Part VI how the organization | | | | | | |
| | supported organization | | | | | | ▶□ |
| 18 | | on did not check a | box on line 13, 1 | 6a, 16b, 17a, or 1 | 17b, check this box | k and see | |
| | instructions | | | | | | ▶□ |
| | | | | | Schodu | le A (Form 990 o | r 990-F7\ 2020 |

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20

| Р | art IIII Support Schedule fo | | | | | | |
|------|--|-----------------------------|---------------------|--------------------|------------------|------------------|------------------|
| | (Complete only if you | | | | | to qualify under | Part II. If |
| - | the organization fails | to quality under t | ne tests listed b | elow, please co | mpiete Part II.) | | |
| 36 | ction A. Public Support Calendar year | | | | | | |
| | (or fiscal year beginning in) ▶ | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | 22,649,787 | 25,813,142 | 25,726,969 | 27,106,157 | 42,027,887 | 143,323,94 |
| 2 | include any "unusual grants.") . Gross receipts from admissions, | | | | | | |
| _ | merchandise sold or services | | | | | | |
| | performed, or facilities furnished in | 49,939,314 | 50,293,105 | 52,418,766 | 45,027,940 | 31,301,867 | 228,980,99 |
| | any activity that is related to the | | | | | | |
| 3 | organization's tax-exempt purpose Gross receipts from activities that | | | | | | |
| 3 | are not an unrelated trade or | | | | | | |
| | business under section 513 | | | | | | |
| 4 | Tax revenues levied for the | | | | | | |
| _ | organization's benefit and either | | | | | | |
| | paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| • | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | 72,589,101 | 76,106,247 | 78,145,735 | 72,134,097 | 73,329,754 | 372,304,93 |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | ı |
| b | Amounts included on lines 2 and 3 | | | | | | |
| | received from other than | | | | | | |
| | disqualified persons that exceed the | | | | | | ı |
| | greater of \$5,000 or 1% of the amount on line 13 for the year. | | | | | | |
| С | Add lines 7a and 7b | | | | | | 1 |
| 8 | Public support. (Subtract line 7c | | | | | | 372,304,93 |
| | from line 6.) | | | | | | 372,304,93 |
| Se | ection B. Total Support | | | | | | |
| | Calendar year | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| 9 | (or fiscal year beginning in) ► Amounts from line 6 | 72,589,101 | 76,106,247 | 78,145,735 | 72,134,097 | 73,329,754 | 372,304,93 |
| .0a | Gross income from interest, | , 2,003,101 | , 5,155,2 | 7 0/1 10/1 00 | 72/20 1/057 | 75/525/75 | 3, 2,00 1,50 |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties | 379,014 | 564,774 | 602,653 | 605,171 | 328,341 | 2,479,95 |
| | and income from similar sources | | | | | | |
| b | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from | | | | | | |
| | businesses acquired after June 30, | | | | | | |
| c | 1975. Add lines 10a and 10b. | 379,014 | 564,774 | 602,653 | 605,171 | 328,341 | 2,479,95 |
| 11 | Net income from unrelated | 0,3,011 | 301,771 | 002,000 | 003/171 | 320,511 | 2,175,50 |
| | business activities not included in | | | | | | |
| | line 10b, whether or not the | | | | | | |
| | business is regularly carried on. | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, | 72,968,115 | 76,671,021 | 78,748,388 | 72,739,268 | 73,658,095 | 374,784,88 |
| | 11, and 12.) | , , | , , | | | , , | , , |
| L4 | First 5 years. If the Form 990 is for | = | | | | | |
| 6- | check this box and stop here ection C. Computation of Public | | | · · · · · · · · · | | | 🟲 🗀 |
| . 3t | Public support percentage for 2020 (| | | column (f)) | | 15 | 99.340 % |
| 16 | Public support percentage from 2019 | | | | | 16 | 99.260 % |
| | ection D. Computation of Inves | | | | | 1 1 | 23.233 / |
| L7 | Investment income percentage for 20 | 020 (line 10c, colur | nn (f) divided by l | ine 13, column (f) |) | 17 | 0.660 % |
| 18 | Investment income percentage from | 2019 Schedule A. | Part III. line 17 . | | | 18 | 0.740 % |

19a 331/3% support tests—2020. 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—2019. 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 \blacktriangleright \bigsqcup

Page 4

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

7

8

10a

box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

| 1 | Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, | | |
|----|---|----|--|
| | describe the designation. If historic and continuing relationship, explain. | 1 | |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described | | |
| | in section 509(a)(1) or (2). | 2 | |
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and | | |
| | 3c below. | 3a | |
| b | Did the organization confirm that each supported organization qualified under section $501(c)(4)$, (5) , or (6) and satisfied the public support tests under section $509(a)(2)$? If "Yes," describe in Part VI when and how the organization made the | | |
| | determination. | 3b | |
| С | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? | | |

| | III Section 303(a)(1) or (2). | 2 | |
|----|--|----|--|
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and | | |
| | 3c below. | 3a | |
| b | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the | | |
| | determination. | 3b | |
| C | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? | | |
| | If "Yes," explain in Part VI what controls the organization put in place to ensure such use. | 3c | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you | | |
| | checked box 12a or 12b in Part I, answer lines 4b and 4c below. | 4a | |
| | | | |

| | the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the | | |
|---|---|----|--|
| | determination. | 3b | |
| С | Did the organization ensure that all support to such organizations was used exclusively for section $170(c)(2)(B)$ purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. | | |
| | ir res, explain in Part VI what controls the organization put in place to ensure such use. | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you | | |
| checked box 12a or 12b in Part I, answer lines 4b and 4c below. | | 4a | |
| b | d the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported | | |
| | organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. | 4b | |
| С | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support | | |
| to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. | | 4c | |
| 5а | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the | | |

| C | | | | | | |
|----|---|----|--|--|--|--|
| | If "Yes," explain in Part VI what controls the organization put in place to ensure such use. | 3с | | | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below. | | | | | |
| | | | | | | |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or | | | | | |
| | supervised by or in connection with its supported organizations. | | | | | |
| С | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support | | | | | |
| | to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. | 4c | | | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the | | | | | |
| | organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document). | | | | | |
| | | | | | | |

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b 5c Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6 than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

complete Part I of Schedule L (Form 990 or 990-EZ).

the organization had excess business holdings).

organization had an interest? If "Yes," provide detail in Part VI.

provide detail in Part VI.

answer line 10b below.

| Pa | rt IV | Supporting Organizations (continued) | | | |
|---|--|--|--------|---------|-----|
| | | | | Yes | No |
| | | e organization accepted a gift or contribution from any of the following persons? | | | |
| а | | on who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the hing body of a supported organization? | 11a | | |
| b | A fami | ily member of a person described in 11a above? | 11b | | |
| | | o controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part | 11c | | |
| _ | VI. | B. Type I Supporting Organizations | | | |
| | ection | b. Type I Supporting Organizations | | Yes | No |
| 1 | appoir descrit activit remov | e officers, directors, trustees, or membership of one or more supported organizations have the power to regularly be or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," be in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's ies. If the organization had more than one supported organization, describe how the powers to appoint and/or be directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, and to such powers during the tax year. | 1 | | |
| 2 | Did the | e organization operate for the benefit of any supported organization other than the supported organization(s) that | _ | | |
| operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization. | | | 2 | | |
| _ | | | | | |
| 5 | ection | C. Type II Supporting Organizations | | Yes | No |
| 1 | Were: | a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of | | 163 | 110 |
| - | each d | of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the rting organization was vested in the same persons that controlled or managed the supported organization(s). | 1 | | |
| S | ection | D. All Type III Supporting Organizations | | | |
| | | | | Yes | No |
| 1 | tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing | | | | |
| documents in effect on the date of notification, to the extent not previously provided? | | 1 | | | |
| Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). | | | | | |
| _ | | | 2 | | |
| 3 | voice i | ison of the relationship described in line 2 above, did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at all times the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. | 3 | | |
| S | ection | E. Type III Functionally-Integrated Supporting Organizations | | | |
| 1 | | the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructi | ons): | | |
| | a 🗌 | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| | b 🗆 | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| | c 🗌 | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see | instru | ctions) | |
| 2 | Activit | ies Test. Answer lines 2a and 2b below. | | Yes | No |
| | suppor o rgan respor | bstantially all of the organization's activities during the tax year directly further the exempt purposes of the rted organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported lizations and explain how these activities directly furthered their exempt purposes, how the organization was sive to those supported organizations, and how the organization determined that these activities constituted | 2- | | |
| | | entially all of its activities. e activities described in line 2a constitute activities that, but for the organization's involvement, one or more of the | 2a | | |
| | organi <i>organi</i> | zation's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the zation's position that its supported organization(s) would have engaged in these activities but for the organization's ement. | 2b | | |
| 3 | | of Supported Organizations. Answer lines 3a and 3b below. | 20 | | |
| | a Did the | e organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of pported organizations? If "Yes" or "No" provide details in Part VI . | 3a | | |
| | | e organization exercise a substantial degree of direction over the policies, programs and activities of each of its red organizations? <i>If "Yes," describe in Part VI. the role played by the organization in this regard.</i> | 3b | | |
| | | | 30 | | |

Schedule A (Form 990 or 990-EZ) 2020 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 Add lines 1 through 3 4 4 5 Depreciation and depletion 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year (B) Current Year Section B - Minimum Asset Amount (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short 1 tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances **1**b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) **1**d e Discount claimed for blockage or other factors

(explain in detail in Part VI): 2

Acquisition indebtedness applicable to non-exempt use assets 3 Subtract line 2 from line 1d Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).

Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035 6 7 Recoveries of prior-year distributions

8

Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount

Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1

2

Income tax imposed in prior year

instructions)

temporary reduction (see instructions)

5

7

4 Enter greater of line 2 or line 3

Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

1 2 3

3

4

5

6

7

8

4

5

Schedule A (Form 990 or 990-F7) 2020

Current Year

| _1 | Amounts paid to supported organizations to accomplish exempt purposes | 1 | |
|----|--|---|--|
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 | |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) | 5 | |
| 6 | Other distributions (describe in Part VI). See instructions | 6 | |
| 7 | Total annual distributions. Add lines 1 through 6. | 7 | |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions | 8 | |
| 9 | Distributable amount for 2020 from Section C, line 6 | 9 | |
| | | | |

| 7 Total annual distributions. Add lines 1 through 6. | | | 7 | |
|---|--|--------------------------------------|-----|---|
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions | | | 8 | |
| 9 Distributable amount for 2020 from Section C, line 6 | | | 9 | |
| 10 Line 8 amount divided by Line 9 amount | | | 10 | |
| (see instructions) Fycess Distributions | | (ii) Underdistributio Pre-2020 | ons | (iii) Distributable Amount for 2020 |
| 1 Distributable amount for 2020 from Section C, line 6 | | | | |
| 2 Underdistributions if any for years prior to 2020 | | | | |

| 8 Distributions to attentive suppor details in Part VI). See instruct | | the organization is respons | sive (<i>provide</i> | 8 | |
|---|-----------------------|-----------------------------|--------------------------------------|-----|---|
| 9 Distributable amount for 2020 fr | rom Section C, line 6 | | | 9 | |
| 10 Line 8 amount divided by Line 9 | amount | | | 10 | |
| Section E - Distribution (see instruction | | (i) Excess Distributions | (ii) Underdistributio Pre-2020 | ons | (iii) Distributable Amount for 2020 |
| 1 Distributable amount for 2020 from | om Section C, line 6 | | | | |
| 2 Underdistributions, if any, for yea (reasonable cause required <i>exp</i> See instructions. | | | | | |
| 3 Excess distributions carryover, if | any, to 2020: | | | | |
| a From 2015 | | | · | | |
| b From 2016 | | | | | |

| (see instructions) | Excess Distributions | Underdistributions Pre-2020 | Distributable Amount for 2020 |
|---|----------------------|--------------------------------|----------------------------------|
| 1 Distributable amount for 2020 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2020 (reasonable cause required explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2020: | | | |
| a From 2015 | | | |
| b From 2016 | | | |
| c From 2017 | | | |
| d From 2018 | | | |
| e From 2019 | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2020 distributable amount | | | |
| i Carryover from 2015 not applied (see | | | |

| See instructions. | | |
|--|--|--|
| 3 Excess distributions carryover, if any, to 2020: | | |
| a From 2015 | | |
| b From 2016 | | |
| c From 2017 | | |
| d From 2018 | | |
| e From 2019 | | |
| f Total of lines 3a through e | | |
| g Applied to underdistributions of prior years | | |
| h Applied to 2020 distributable amount | | |
| Carryover from 2015 not applied (see instructions) | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | |
| 4 Distributions for 2020 from Section D, line 7: | | |
| \$ | | |
| Applied to underdistributions of prior years | | |
| b Applied to 2020 distributable amount | | |

| f Total of lines 3a through e | | |
|--|--|--|
| g Applied to underdistributions of prior years | | |
| h Applied to 2020 distributable amount | | |
| Carryover from 2015 not applied (see instructions) | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | |
| 4 Distributions for 2020 from Section D, line 7: | | |
| \$ | | |
| a Applied to underdistributions of prior years | | |
| b Applied to 2020 distributable amount | | |
| c Remainder. Subtract lines 4a and 4b from line 4. | | |
| 5 Remaining underdistributions for years prior to | | |

Schedule A (Form 990 or 990-EZ) (2020)

2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI.

6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2021. Add lines

See instructions.

d Excess from 2019.

a Excess from 2016. **b** Excess from 2017. c Excess from 2018.

e Excess from 2020.

3j and 4c. 8 Breakdown of line 7:

| Schedule A (| fule A (Form 990 or 990-EZ) 2020 | | | | | | |
|--------------|---|--|--|--|--|--|--|
| Part VI | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions). | | | | | | |
| | Facts And Circumstances Test | | | | | | |
| | | | | | | | |

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D**

As Filed Data -

DLN: 93493063001092

OMB No. 1545-0047

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

Supplemental Financial Statements ► Complete if the organization answered "Yes," on Form 990,

2020

Open to Public

Department of the Treasury

(Form 990)

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

| tern | al Revenue Service | 1990 for instructions and the latest infor | mation. | In | spection |
|------------|--|---|-------------------|----------------|-------------|
| Nai THE | me of the organization EURBAN LAND INSTITUTE | | Employer id | entification | number |
| | | | 53-0159845 | | |
| Pa | organizations Maintaining Donor Advis | | r Accounts. | | |
| | Complete if the organization answered "Ye: | (a) Donor advised funds | (b) Fund | ds and other | accounts |
| | Total number at end of year | (a) Donor advised fands | (B) Tune | 13 dila otiloi | accounts |
| , | Aggregate value of contributions to (during year) | | | | |
| | Aggregate value of grants from (during year) | | | | |
| | Aggregate value at end of year | | | | |
| | Did the organization inform all donors and donor advisor | rs in writing that the assets held in donor ad | wised funds are | the | |
| | organization's property, subject to the organization's ex- | | | | Yes 🗌 No |
| • | Did the organization inform all grantees, donors, and do | | | | |
| | charitable purposes and not for the benefit of the donor private benefit? | | onrerring impe | rmissible | Yes 🗆 No |
| 2ai | rt II Conservation Easements. | | | | res 🗆 No |
| | Complete if the organization answered "Ye | s" on Form 990, Part IV, line 7. | | | |
| | Purpose(s) of conservation easements held by the organ | nization (check all that apply). | | | |
| | Preservation of land for public use (e.g., recreation | n or education) \square Preservation of an | historically imp | ortant land | area |
| | Protection of natural habitat | ☐ Preservation of a c | ertified historic | structure | |
| | Preservation of open space | | | | |
| 2 | Complete lines 2a through 2d if the organization held a | qualified conservation contribution in the for | m of a conserv | ation | |
| | easement on the last day of the tax year. | | Held a | at the End o | of the Year |
| а | Total number of conservation easements | | 2a | | |
| b | Total acreage restricted by conservation easements | L | 2b | | |
| С | Number of conservation easements on a certified historic | | 2c | | |
| d | Number of conservation easements included in (c) acqui structure listed in the National Register | red after 7/25/06, and not on a historic | 2d | | |
| 1 | Number of conservation easements modified, transferred tax year ▶ | d, released, extinguished, or terminated by t | the organization | n during the | |
| ļ | Number of states where property subject to conservatio | n easement is located > | | | |
| ; | Does the organization have a written policy regarding th | | of violations, | | |
| | and enforcement of the conservation easements it holds | 5? | | ☐ Yes | □ No |
| • | Staff and volunteer hours devoted to monitoring, inspec • | ting, handling of violations, and enforcing co | nservation eas | ements durir | ng the year |
| , | Amount of expenses incurred in monitoring, inspecting, ► \$ | handling of violations, and enforcing conserv | vation easemen | ts during the | e year |
| 3 | Does each conservation easement reported on line 2(d) | above satisfy the requirements of section 17 | 70(h)(4)(B)(i) | | |
| | and section $170(h)(4)(B)(ii)$? | | | ☐ Yes | □ No |
|) | In Part XIII, describe how the organization reports const balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easement | footnote to the organization's financial state | | | |
| ar | t III Organizations Maintaining Collections | | er Similar A | ssets. | |
| | Complete if the organization answered "Ye | s" on Form 990, Part IV, line 8. | | | |
| .a | If the organization elected, as permitted under FASB AS historical treasures, or other similar assets held for publ Part XIII, the text of the footnote to its financial statements. | ic exhibition, education, or research in furthe | | | |
| b | If the organization elected, as permitted under FASB AS historical treasures, or other similar assets held for publically amounts relating to those items: | | | | |
| 1 | following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 | | > \$ | | |
| | ii)Assets included in Form 990, Part X | | | | |
| ' ! | If the organization received or held works of art, historic | | | ide the | |
| - | following amounts required to be reported under FASB And Revenue included on Form 990, Part VIII, line 1 | ASC 958 relating to these items: | | | |
| a L | | | | | |
| D | Assets included in Form 990, Part X | | > S | | |

Cat. No. 52283D

Schedule D (Form 990) 2020

d Equipment .

| Sche | edule D (Form 990) 2020 | | | | | Page 2 |
|------------|--|----------------------------|---|---|--------------------------|-----------------------|
| Par | t III Organizations Maintaining | Collections of Art, | Historical Treas | ures, or Other | Similar Assets (co | ontinued) |
| 3 | Using the organization's acquisition, acceitems (check all that apply): | ession, and other records | , check any of the t | following that are a | significant use of its o | collection |
| а | Public exhibition | | d 🗌 Loa | n or exchange prog | grams | |
| b | Scholarly research | | e 🗌 Oth | er | | |
| С | Preservation for future generations | 5 | | | | |
| 4 | Provide a description of the organization Part XIII. | 's collections and explain | how they further t | he organization's ex | xempt purpose in | |
| 5 | During the year, did the organization sol assets to be sold to raise funds rather th | | , | | | □ No |
| Pa | rt IV Escrow and Custodial Arra Complete if the organization X, line 21. | | rm 990, Part IV, | line 9, or reporte | ed an amount on Fo | orm 990, Part |
| 1 a | Is the organization an agent, trustee, cu included on Form 990, Part X? | | | | | □ No |
| b | If "Yes," explain the arrangement in Pari | t XIII and complete the fo | ollowing table: | | Amount | |
| C | Beginning balance | • | - | 1c | Amount | |
| d | <u> </u> | | | | | |
| e | Additions during the year | | | · · · · | | |
| f | Distributions during the year | | | · · · | | |
| | - | | | | | |
| 2a | Did the organization include an amount of | | | | | □ No |
| b | ,, | XIII. Check here if the e | xplanation has bee | n provided in Part : | XIII ⊔ | |
| Pa | Endowment Funds. Complete if the organization | anguared "Vec" on Eq. | rm 000 Bart IV | line 10 | | |
| | Complete if the organization | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back (| e) Four years back |
| 1 a | Beginning of year balance | 51,399,826 | 50,069,933 | 48,956,310 | | 41,563,665 |
| | Contributions | 39,848,411 | 32,719,107 | 34,962,129 | 34,622,322 | 31,362,533 |
| | Net investment earnings, gains, and losse | .s | | . , | · · · | |
| | Grants or scholarships | | | | | |
| | Other expenditures for facilities and programs | 24,709,829 | 31,389,214 | 33,848,506 | 31,033,966 | 27,558,244 |
| f | Administrative expenses | | | | | |
| g | End of year balance | . 66,538,408 | 51,399,826 | 50,069,933 | 48,956,310 | 45,367,954 |
| 2 | Provide the estimated percentage of the | current vear end balance | (line 1a. column (| a)) held as: | | |
| а | Board designated or quasi-endowment ▶ | • | (| ,, | | |
| b | Permanent endowment ▶ | | | | | |
| c | Term endowment ► 65.400 % | | | | | |
| · | The percentages on lines 2a, 2b, and 2c | should equal 100% | | | | |
| 3а | Are there endowment funds not in the poorganization by: | • | tion that are held a | nd administered fo | r the | Yes No |
| | (i) Unrelated organizations | | | | 3a(| (i) No |
| | (ii) Related organizations | | | | 3a(| ii) Yes |
| b | If "Yes" on 3a(ii), are the related organiz | ations listed as required | on Schedule R? . | | 31 | yes Yes |
| 4 | Describe in Part XIII the intended uses o | f the organization's endo | wment funds. | | | |
| Pa | rt VI Land, Buildings, and Equip | | | | | |
| | Complete if the organization | | rm 990, Part IV, t or other basis (other | | | e 10.) Book value |
| | | estment) | or order pasis (order | Accumulated t | depreciation (a | , book value |
| | | | | | | |
| | Land | | | 1 | | |
| | Buildings | | | _ | | |
| С | Leasehold improvements | | 5,432,11 | 8 | 2,141,436 | 3,290,682 |

1,070,137

12,235,038

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

185,133

3,601,914

7,077,729

885,004

8,633,124

| | Investments—Other Securities. Complete if the organization answered "Yes" on I | Form 990, Part IV, lir | ne 11t | See Form 990, F | Part X, line 12. |
|--|---|---------------------------|----------|---------------------|---|
| | (a) Description of security or category (including name of security) | (b) Book value | | (c) Metho | d of valuation: -year market value |
| (1) Financial | derivatives | 4.500.475 | | | |
| (3) Other | eld equity interests | 4,600,475 | | | <u>F</u> |
| A) REAL EST | | 1,566,862 | | | <u>-</u> |
| <u>в) 476092-Р.</u> С) | IMCO TOTAL RETURN FD INSTL | 4,941,839 | | | <u>F</u> |
| D) | | | | | |
| E) | | | | | |
| F) | | | | | |
| G) | | | | | |
| H) | | | | | |
| I) | | | | | |
| otal. (Column | (b) must equal Form 990, Part X, col. (B) line 12.) | 11,109,176 | | | |
| | Investments—Program Related. Complete if the organization answered 'Yes' on I | Form 990. Part IV. lir | ne 110 | . See Form 990. | Part X, line 13. |
| | (a) Description of investment | | | (b) Book value | (c) Method of valuation: Cost or end-of-year market |
| | | | | | value |
| 1) | | | | | |
| 2) | | | | | |
| 3) | | | | | |
| 4) | | | | | |
| 5) | | | | | |
| 6) | | | | | |
| 7) | | | | | |
| 8) | | | | | |
| 9) | | | | | |
| 10) | | | | | |
| | (b) must equal Form 990, Part X, col.(B) line 13.) Other Assets. | | • | | |
| | Complete if the organization answered 'Yes' on F (a) Description | orm 990, Part IV, lin | e 11d | . See Form 990, Par | t X, line 15. (b) Book value |
| | INTEREST RECEIVABLE | | | | 24 |
| 3)DUE FROM | AL INTEREST IN ULI FOUNDATION 1 ULI FOUNDATION | | | | 43,509,336 6,926,575 |
| 4) | | | | | |
| 5) | | | | | |
| 6) | | | | | |
| 7) | | | | | |
| 8) | | | | | |
| 9) | | | | | |
| 10) | | | | | |
| | on (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. | | • | <u> </u> | 50,435,935 |
| | Complete if the organization answered 'Yes' on F | | e 11e | or 11f.See Form | 990, Part X, line 25. (b) Book |
| 1) Federal in | (a) Description of I | lability | | | value |
| (1) Federal income taxes (2) DEFERRED RENT | | | | | 4,779,573 |
| (3) PAYCHECK PROTECTION PROGRAM LOANS SECOND DRAW LOANS (3) | | | | | 2,000,000 |
| 4) | | | | | |
| 5) | | | | | |
| 6) | | | | | |
| 7) | | | | | |
| 8) | | | | | |
| | | | | | |
| (9) | (h) must equal Form 000. Part V1 (R) (in- 25) | | | | 6 770 573 |
| | (b) must equal Form 990, Part X, col.(B) line 25.) uncertain tax positions. In Part XIII, provide the text of | of the footnote to the or | anizat | | 6,779,573 ments that reports the organization's |

Part XI

2

d

e 3

b

C 5

1

2

C

d

е 3

b

5

Part XIII

See Additional Data Table

4

Part XII

4

Schedule D (Form 990) 2020

Page 4

73,782,077

73,782,077

743,886

74,525,963

62,876,281

239,932

192,603

62.828.952

Schedule D (Form 990) 2020

62,636,349

Amounts included on line 1 but not on Form 990, Part VIII, line 12: а Net unrealized gains (losses) on investments Donated services and use of facilities b Recoveries of prior year grants c

Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b .

Amounts included on line 1 but not on Form 990, Part IX, line 25:

Amounts included on Form 990, Part IX, line 25, but not on line 1:

Add lines **4a** and **4b**

Supplemental Information

Investment expenses not included on Form 990, Part VIII, line 7b . . .

Total expenses and losses per audited financial statements

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part

Add lines **4a** and **4b**

Donated services and use of facilities . . .

Prior year adjustments

Other (Describe in Part XIII.) . . .

Add lines 2a through 2d .

Return Reference

Subtract line 2e from line 1 .

Other (Describe in Part XIII.)

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

2c 2d

2a 2b

2c

2d

4a

4b

Explanation

2a

2b

2e 3 192,603

2e

3

4c

5

239,932

192,603

| nent expenses not included on Form 990, Part VIII, line 7b . | 4a | | | 192,603 | | |
|--|----|--|-----|-----------|-------|----|
| Describe in Part XIII.) | 4b | | | 551,283 | | |
| es 4a and 4b | | | | | 4c | |
| venue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | | • | 5 | |
| Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered 'Yes' on Form 990, Part | | | en: | ses per R | eturi | n. |
| penses and losses per audited financial statements | | | | | 1 | |
| s included on line 1 but not on Form 990, Part IX, line 25: | | | | | | |
| d services and use of facilities | 2a | | | | | |
| | | | | | | |

| chedule D (Form 990) 2020 | Page 5 |
|-------------------------------|--------------------|
| Part XIII Supplemental Inform | nation (continued) |
| Return Reference | Explanation |
| | |
| | |
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Schedule D (Form 990) 2020

Additional Data

Software ID: Software Version:

GRAMS.

EIN: 53-0159845

Name: THE URBAN LAND INSTITUTE

Supplemental Information

ON Explanation

Return Reference Explanation

PART V, LINE 4:

BOARD DESIGNATED NET ASSETS ARE ASSETS HELD BY THE LOCAL DISTRICT/NATIONAL COUNCIL AND PRO DUCT COUNCIL PROGRAMS AND ARE USED TO SUPPORT THEIR PROGRAMS. DONOR RESTRICTED NET ASSETS WHICH ARE PURPOSE RESTRICTED, REPRESENT ASSETS HELD BY ULIF THAT ARE AVAILABLE FOR ULI PRO

| Supplemental Information | |
|--------------------------|---|
| Return Reference | Explanation |
| PART X, LINE 2: | ULI AND ULIF ARE GENERALLY EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISIONS OF SECTIO N 501(C)(3) OF THE INTERNAL REVENUE CODE. IN ADDITION, ULI AND ULIF QUALIFY FOR CHARITABLE CONTRIBUTION DEDUCTIONS AND HAVE BEEN CLASSIFIED AS ORGANIZATIONS THAT ARE NOT PRIVATE FO UNDATIONS. INCOME WHICH IS NOT RELATED TO EXEMPT PURPOSES, LESS APPLICABLE DEDUCTIONS, IS SUBJECT TO FEDERAL AND STATE CORPORATE INCOME TAXES. NEITHER ULI NOR ULIF HAD UNRELATED BU SINESS INCOME TAX FOR THE YEARS ENDED JUNE 30, 2021 AND 2020. ULI AND ULIF ARE NOT AWARE O F ANY UNCERTAIN TAX POSITIONS AND THERFORE, NO TAX LIABILITIES HAVE BEEN RECORDED AT JUNE 30, 2021 AND 2020. GENERALLY, ULI AND ULIF ARE NO LONGER SUBJECT TO INCOME TAX EXAMINATIO NS BY THE U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITIES BEFORE 2018. ULI SERVICES LIMITED A ND ULI EXHIBITION AND CONSULTING (SHANGHAI) LIMITED ARE SUBJECT TO TAXATION IN HONG KONG A ND CHINA, RESPECTIVELY. FOR THE YEARS ENDED JUNE 30, 2021 AND 2020, THE ENTITIES OWED \$434 AND \$174 IN TAXES, RESPECTIVELY. |

| upplemental Information | | | | | | |
|--|---|--|--|--|--|--|
| Return Reference | Explanation | | | | | |
| PART XI, LINE 4B - OTHER ADJUSTMENTS: | REALIZED GAIN ON INVESTMENTS REPORTED IN PART VIII LINE 7C 551,283. | | | | | |

| Supplemental Information | |
|---|--|
| Return Reference | Explanation |
| PART XII, LINE 2D - OTHER ADJUSTMENTS: | UNREALIZED LOSS ON FOREIGN CURRENCY TRANSLATION 239,932. |

| efile GRAPHIC print - DO NOT PROCESS As Filed Data - | | | | | | DLN: | 93493063001092 |
|--|------------------------------------|--|--|---|----------------|---|--|
| SCHEDULE F | State | ement of A | Activities (| Outside the Un | ited S | tates | OMB No. 1545-0047 |
| (Form 990) | ► Comp | lete if the organi | zation answered " Attach t | line 14b, 1 | 5, or 16. | 2020 | |
| Department of the Treasury Internal Revenue Service | , | ► Go to <i>www.irs.g</i> | gov/Form990 for i | nstructions and the latest i | nformation | 1. | Open to Public Inspection |
| Name of the organization | | | | | | Employer ider | ntification number |
| THE URBAN LAND INSTIT | UIE | | | | | 53-0159845 | |
| | nformation Part IV, line | | Outside the U | Jnited States. Comple | ete if the | organization a | inswered "Yes" on |
| other assistance, t to award the gran | the grantees' ts or assistan | eligibility for th | e grants or assis | substantiate the amoun stance, and the selection | o criteria (| used | ☐ Yes ☐ No |
| outside the United | | rait vale orga | amzación o proce | dares for mornioning and | . 450 01 10 | o granto ana oc | Ter addictaries |
| 3 Activites per Region | n. (The followin | ng Part I, line 3 t | table can be dupli | cated if additional space is | s needed.) |) | |
| (a) Region | | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | program spe | ity listed in (d) is a service, describe cific type of (s) in the region | (f) Total expenditures for and investments in the region |
| See Add'l Data | | | | , | | | |
| | | | | | | | |
| 3a Sub-total b Total from continuat | ion sheets to | 4 | 39 | | | | 10,545,548 |
| Part I | | C | 0 39 | | | | 0 10,545,548 |
| c Totals (add lines 3a | and 3h) | 1 | | | | | |

exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

| 90, Part IV, line 16 | swered "Yes" on Form 9 | tne organization ans | ea States. Complete if | | | | |
|--|---|--|------------------------------------|-----------------------------|---------------------------|---------------------|-----------------------------|
| | | | | eded. | <u>tional space is ne</u> | duplicated if addit | Part III can be d |
| (h) Method of valuation (book, FMV, appraisal, other | (g) Description of noncash assistance | (f) Amount of noncash assistance | (e) Manner of cash disbursement | (d) Amount of cash grant | (c) Number of recipients | (b) Region | Type of grant or assistance |
| | | | | | | | |
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| Sched | dule F (Form 990) 2020 | | Page 4 |
|-------|---|---------------|---------------|
| Par | Toreign Forms | | |
| 1 | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) | Yes | ☑ No |
| 2 | Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990) | | |
| | | ☐ Yes | ✓ No |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471) | | |
| | · · · · · | ☐ Yes | ✓ No |
| 4 | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621) . | Yes | ☑ No |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships | | |
| | (see Instructions for Form 8865) | \square Yes | ✓ No |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form | | |
| | 5713; don't file with Form 990) | ☐ Yes | ✓ No |

| Schedule F | (Form 990) 2020 | Page 5 | | | |
|--|------------------|---------------|--|--|--|
| Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to any additional information. See instructions. 990 Schedule F, Supplemental Information | | | | | |
| | Return Reference | Explanation | | | |
| DART III A | COUNTING METHOD: | Explanation | | | |

| Return Reference | Explanation |
|---|---|
| SCHEDULE F, PART I, LINE 3(E), DESCRIPTIONS OF ACTIVITIES IN ASIA: | THIS REGION IS INVOLVED WITH MANY OF THE SAME PROGRAM AREAS AS EUROPE. THE FOLLOWING THEREFORE IS A JUST A LISTING OF THE PROGRAM HIGHLIGHTS AS IT RELATES TO EACH OF THOSE AREAS: AS OF JUNE 30, 2021 ASIA MEMBERSHIP TOTALED 2,605 IT HAS ACTIVE NATIONAL COUNCILS IN SEVEN COUNTRIES IT PUBLISHED JOINTLY WITH PRICEWATERHOUSE COOPERS AN EMERGING TRENDS IN REAL ESTATE ASIA PACIFIC STUDY, WHICH PROVIDES AN OUTLOOK ON ASIA PACIFIC REAL ESTATE INVESTMENT AND DEVELOPMENT TRENDS, REAL ESTATE FINANCE AND CAPITAL MARKETS, TRENDS BY PROPERTY SECTOR AND METROPOLITAN AREA, AND OTHER REAL ESTATE ISSUES PERTINENT TO THE COUNTRIES IN ASIA AREA OF CONTENT FOCUS IN SUSTAINABILITY AND CAPITAL MARKETS. |

| Return Reference | Explanation |
|--|--|
| SCHEDULE F, PART I, LINE 3(E), DESCRIPTIONS OF ACTIVITIES IN EUROPE: | MEMBERSHIP: MEMBERSHIP IN ULI EMEA PROVIDES AN OPEN EXCHANGE OF IDEAS, NETWORKING OPPORTUNITIES, AND THE ABILITY TO WORK WITH THE LEADERS OF THE LAND USE INDUSTRY. EUROPEAN MEMBERS INCLUDE: DEVELOPERS, BUILDERS, ENGINEERS, ATTORNEYS, PLANNERS, INVESTORS, FINANCIAL ADVISORS, ACADEMICS, ARCHITECTS AND PUBLIC OFFICIALS. MEMBERS HAVE ACCESS TO OBJECTIVE INFORMATION AND THE EXPERIENCE OF THOSE ACTIVE IN EVERY DISCIPLINE OF REAL ESTATE DEVELOPMENT, INVESTMENT, AND REGULATION. AS OF JUNE 30, 2021, ULI HAD 4,174 MEMBERS IN EUROPE. NATIONAL COUNCILS: THE PURPOSE OF THE NATIONAL COUNCIL PROGRAM IS TO PROVIDE ULI'S PRESENCE AT THE LOCAL LEVEL THRU THE DEVELOPMENT AND PRESENTATION OF PROGRAMS OF WORK THAT ADDRESS LOCAL REAL ESTATE AND URBAN PLANNING ISSUES. THE ACTIVITIES RECORDED HERE REPRESENT THE ACTIVITIES PERFORMED DIRECTLY BY THE NATIONAL COUNCILS. ULI HAS 15 NATIONAL COUNCILS IN EUROPE. PRODUCT COUNCILS: ULI PRODUCT COUNCILS PROVIDE A FORUM FOR INFORMATION EXCHANGE ON THE STATE-OF-THE-ART OF A VARIETY OF DEVELOPMENT SECTORS. FULL MEMBERS ARE ELIGIBLE TO SERVE ON THESE COUNCILS. MEETINGS/CONFERENCES: THIS PROGRAM FOCUSES ON DEVELOPMENT TOPICS OF IMMEDIATE INTEREST INCLUDING THE EUROPEAN ANNUAL CONFERENCE WHICH COVERS INTERNATIONAL REAL ESTATE FINANCE AND INVESTMENT, AN ANNUAL LEADERSHIP RETREAT, AND ONE TOPICAL/TRENDS CONFERENCES. PUBLISHING: THE PUBLISHING INITIATIVE PRODUCES AN ANNUAL EMERGING TRENDS IN REAL ESTATE EUROPE REPORT. THIS REPORT IS JOINTLY PUBLISHED BY THE URBAN LAND INSTITUTE (ULI) AND PRICEWATERHOUSECOOPERS AND IS BASED ON SURVEYS AND INTERVIEWS WITH APPROXIMATELY 600 INDUSTRY EXPERTS, WHICH COVERS 27 MARKETS IN COUNTRIES THROUGHOUT EUROPE. THE REPORT CONTAINS PREDICTIONS FOR INDIVIDUAL PROPERTY SECTORS AS WELL AS MARKETS, ALONG WITH INSIGHTS REGARDING REAL ESTATE CAPITAL MARKETS AND THE ECONOMY IN GENERAL. ADVISORY SERVICES: ULI PROVIDES TECHNICAL EXPERTISE OF ITS MEMBERS TO CITIES, PRIVATE DEVELOPMENT, AND REDICVICES OPMENT PROBLEMS. DEVELOPMENT. THIS DEPARTMENT HAS THE RESPONSIBILITY OF RAISING TH |

Additional Data

EUROPE (INCLUDING ICELAND

& GREENLAND)

Software ID: Software Version:

EIN: 53-0159845

Name: THE URBAN LAND INSTITUTE

REGION

REGION

SEE PART V FOR

DESCRIPTION OF ACTIVITIES IN THE 3,813,980

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, 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 |
|---------------------------|---|--|--|---|--------------------------------------|
| EAST ASIA AND THE PACIFIC | 2 | 15 | | SEE PART V FOR DESCRIPTION OF ACTIVITIES IN THE | 4,260,188 |

24 PROGRAM SERVICES

(a) Region (b) Number of (c) Number of (e) If activity listed in (d) (f) Total expenditures (d) Activities conducted offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of region agents in fundraising, program service(s) in region region services, grants to recipients located in the region) EAST ASIA AND THE PACIFIC 2,471,380 0 INVESTMENT IN SUBSIDIARY lorganizations

Form 990 Schedule F Part I - Activities Outside The United States

efile GRAPHIC print - DO NOT PROCESS As Filed Data
Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I

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

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

► Go to <u>www.irs.gov/Form990</u> for the latest information.

OMB No. 1545-0047

2020

DLN: 93493063001092

Open to Public Inspection

| ternal Revenue Service | | | | | | | |
|---|-----------------------|------------------------------------|------------------------------|--|---|--|------------------------------------|
| ame of the organization HE URBAN LAND INSTITUTE | | | | | | Employer identifica | ation number |
| HE ORBAN LAND INSTITUTE | | | | | | 53-0159845 | |
| Part I General Informa | ation on Grants | and Assistance | | | | | |
| Does the organization main the selection criteria used t | o award the grants | or assistance? | | | | ce, and | ☑ Yes ☐ No |
| Describe in Part IV the organical Part III Grants and Other A | • | _ | _ | | | " F 000 D+ IV line | 21 fan ann naoiniamh |
| that received more t | han \$5,000. Part II: | can be duplicated if ad | ditional space is needed. | ents. Complete ii the oi | rganization answered fes | on Form 990, Part IV, line | 21, for any recipient |
| (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| 1) See Additional Data | | | | | | | |
| 2) | | | | | | | |
| 3) | | | | | | | |
| 4) | | | | | | | |
| 5) | | | | | | | |
| 5) | | | | | | | |
| 7) | | | | | | | |
| 3) | | | | | | | |
| 9) | | | | | | | |
| 10) | | | | | | | |
| 11) | | | | | | | |
| 12) | | | | | | | |
| 2 Enter total number of section | on 501(c)(3) and go | overnment organization: | s listed in the line 1 table | | | > | 5 |
| Enter total number of other | organizations liste | d in the line 1 table . | | | | • <u> </u> | |

(Form 990)

Department of the

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

Supplemental Information. Provide the information required in Part 1, line 2; Part 111, column (b); and any other additional information.

Return Reference Explanation

MOST OF THE FUNDING PROVIDED TO INDIVIDUALS AND ORGANIZATIONS ARE AWARDS FOR PARTICIPATION IN ULI'S AWARD PROGRAMS (MOST NOTABLY THE JC PART I, LINE 2:

NICHOLS PRIZE FOR VISIONARIES IN URBAN DEVELOPMENT AND THE GERALD D. HINES STUDENT URBAN DESIGN COMPETITION). Schedule I (Form 990) 2020

Additional Data

TEXAS A&M FOUNDATION

202 LANGFORD AVE COLLEGE STATION, TX

778433137

Software ID: Software Version: EIN: Name:

74-2245072

EIN: 53-0159845

Form 990 Schedule T. Part TJ. Grants and Other Assistance to Domestic Organizations and Domestic Governments

501(C)(3)

Name: THE URBAN LAND INSTITUTE

| Form 990,3 chedule 1, Part 11, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|----------------------------------|------------------------------------|--|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| THE ULI FOUNDATION 2001 L STREET NW 200 WASHINGTON, DC 200364948 | 23-7133957 | 501(C)(3) | 1,164,645 | | | | CONTRIBUTION |

STUDENT SCHOLARSHIPS

10,000

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 23-7281200 501(C)(3) 10.000 ISTUDENT UNIVERSITY OF HOUSTON 334 MECHER HALL SCHOLARSHIPS

HOUSTON, TX 772046021

BOYS & GIRLS CLUBS OF GREATER TARRANT COUNTY INC

3218 F BFI KNAP ST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

FORT WORTH, TX 76111

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government GOV'T 10.000 CITY OF LEWISVILLE 110 MINUTE WALK

laward

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO BOX 299002

LEWISVILLE, TX 75029

| COMMUNITY OUTREACH | 108 | 40,051 | | | 1 |
|---------------------------------|-----|--------|--|---|---|
| COMMUNITY OUTREACH | 108 | 40,051 | | 1 | |
| HINES AWARD | 35 | 89,277 | | | |
| RANDALL LEWIS HEALTH MENTORSHIP | 5 | 5,000 | | | |

2,400

10,453

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

AWARD FOR EXCELLENCE

URBAN PLAN

| Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals. | | | | | | | |
|--|------------|-------|----------|--|---|--|--|
| WAVE MAKERS | <u> 1</u> | 1,575 | <u>'</u> | | 1 | | |
| WAVE MAKERS | 1 | 1,575 | | | | | |
| EMERGING TRENDS | 1 | 1,446 | | | | | |
| BUILDING HEALTHY PLACES | 1 | 1,000 | | | | | |

1,000

TAM DEVELOPMENT AWARD

APGAR AWARD

| Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals. | | | | | | | |
|--|---|-----|--|--|--|--|--|
| QUARTZ AWARD | 1 | 500 | | | | | |
| QUARTZ AWARD | 1 | 500 | | | | | |

106.304

VISIONARIES IN URBAN DEVELOPMENT

| efil | e GRAPHIC pi | rint - DO NOT PROCESS | As Filed Dat | a - | DLN: 93 | 49306 | 3001 | .092 |
|--|---|--|--|---|-------------------------|--------|-----------------|------|
| Sch | edule J | Co | ompensat | ion Information | 0 | MB No. | 1545-0 | 0047 |
| Compe ▶ Complete if the organization ar | | | | to Form 990. | , line 23. | 20 | | |
| • | tment of the Treasury al Revenue Service | ► Go to <u>www.irs.go</u> | ov/Form990 for | instructions and the latest inform | mation. | Open i | to Pul ectio | |
| Nar | ne of the organiz | | | | Employer identifica | | | |
| THE | URBAN LAND INSTI | ITUTE | | | 53-0159845 | | | |
| Pa | rt I Questi | ons Regarding Compensa | tion | | 33 01330 13 | | | |
| | | | | | | | Yes | No |
| 1a | | | | f the following to or for a person liste y relevant information regarding the | | | | |
| | First-class | s or charter travel | $ \mathbf{\underline{\checkmark}} $ | Housing allowance or residence for | personal use | | | |
| | | companions | | Payments for business use of perso | | | | |
| | | nification and gross-up payment | :s \square | Health or social club dues or initiation | | | | |
| | ☐ Discretion | nary spending account | Ц | Personal services (e.g., maid, chauf | ffeur, chef) | | | |
| b | | | | follow a written policy regarding pay ve? If "No," complete Part III to expl | | 1b | Yes | |
| 2 | | | | or allowing expenses incurred by all | | 2 | Yes | |
| | directors, truste | es, officers, including the CEO/E | executive Directo | r, regarding the items checked on Lir | ne la? | | | |
| 3 | organization's C | EO/Executive Director. Check a | ll that apply. Do i | ed to establish the compensation of the not check any boxes for methods CEO/Executive Director, but explain i | | | | |
| | ✓ Compens | ation committee | | Written employment contract | | | | |
| | | ent compensation consultant | ✓ | Compensation survey or study | | | | 1 |
| | ☐ Form 990 | of other organizations | ✓ | Approval by the board or compensa | ition committee | | | |
| 4 | During the year related organiza | | 990, Part VII, Se | ction A, line 1a, with respect to the f | iling organization or a | | | |
| а | Receive a sever | ance payment or change-of-con | trol payment? . | | | 4a | Yes | |
| b | | r receive payment from, a suppl | | | | 4b | | No |
| С | • | | | nsation arrangement? | | 4c | | No |
| | If "Yes" to any o | of lines 4a-c, list the persons an | d provide the app | olicable amounts for each item in Part | t III. | | | |
| | Only 501 (a)(2 |) F01(-)(4) | \ | | | | | |
| 5 | |), 501(c)(4), and 501(c)(29) | _ | the organization pay or accrue any | | | | |
| , | | ontingent on the revenues of: | | the organization pay or accrue any | | | | |
| а | The organization | n? | | | | 5a | | No |
| b | | | | | | 5b | | No |
| | If "Yes," on line | 5a or 5b, describe in Part III. | | | | | | |
| 6 | | ed on Form 990, Part VII, Section ontingent on the net earnings of | | the organization pay or accrue any | | | | |
| а | The organization | n? | | | | 6a | | No |
| b | | | | | | 6b | | No |
| | • | 6a or 6b, describe in Part III. | | | | | | |
| 7 | For persons liste payments not d | ed on Form 990, Part VII, Section escribed in lines 5 and 6? If "Ye | on A, line 1a, did s," describe in Pa | the organization provide any nonfixe rt III | d | 7 | Yes | |
| 8 | subject to the ir | nitial contract exception describe | ed in Regulations | red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," do | | 8 | | No |
| 9 | If "Yes" on line | 8, did the organization also follo | w the rebuttable | presumption procedure described in | Regulations section | 9 | | 110 |
| For F | Panerwork Redu | iction Act Notice, see the Ins | tructions for Fo | orm 990. Cat. No. 5 | 50053T Schedule | (Forn | 1 990) | 2020 |

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

| (A) Name and Title | | m 990, Part VII, Se kdown of W-2 and/c | | | (D) Nontaxable | | (F) |
|---------------------------|--------------------------|---|---|--------------------------|----------------|------------|---|
| (A) Name and Title | (B) blea | compensation | 1099-MISC | and other | benefits | columns | Compensation in |
| | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | deferred compensation | | (B)(i)-(D) | column (B) reported as deferred on pric Form 990 |
| See Additional Data Table | | | | | | | |
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ITHE CEO. IN THE CASE OF THE CEO. THE PERFORMANCE CRITERIA IS ESTABLISHED BY THE CHAIRMAN AND EVALUATED BY THE ULI COMPENSATION

Schedule J (Form 990) 2020

COMMITTEE. IN THE CASE OF THE CFO, GLOBAL GOVERNANCE OFFICER, ULIF PRESIDENT, PRESIDENT AMERICA'S, CHIEF EXECUTIVE EMEA, CHIEF EXECUTIVE ASIA. AND CMMO (CHIEF MEMBER AND MARKETING OFFICER) THE CRITERIA IS ESTABLISHED BY THE CEO AND EVALUATED BY HIM IN CONJUNCTION WITH THE ULI COMPENSATION COMMITTEE. THE % OF BASE COMPENSATION AN INDIVIDUAL IS ELIGIBLE (BUT NOT GUARANTEED) TO RECEIVE IS BASED UPON THEIR POSITION (VP AND ABOVE), OR THEIR EMPLOYMENT CONTRACT IF THEY HAVE ONE (I.E., CEO, CFO AND EXECUTIVE OFFICER). THE COMPENSATION

INFORMATION SHOWN IN PART VII OF THE FORM 990. AS WELL AS SCHEDULE J. IS PRESENTED ON A CALENDAR YEAR BASIS IN ACCORDANCE WITH IRS FORM 990 FILING INSTRUCTIONS.

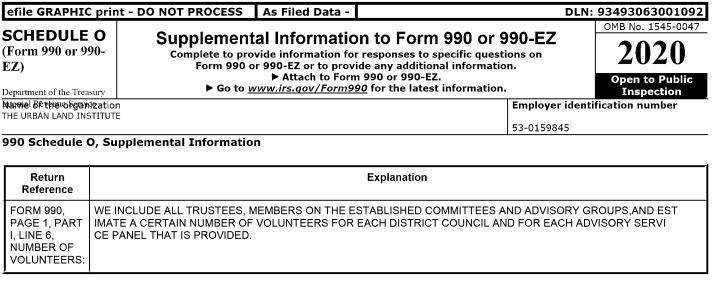
Page 3

Software ID: Software Version:

EIN: 53-0159845

Name: THE URBAN LAND INSTITUTE

| Form 990, Schedule | : J, | Part II - Officers, D | irectors, Trustees, K | ey Employees, and I | Highest Compensate | d Employees | | |
|---|-------------|-----------------------|---|---|--------------------------------|----------------|----------------------|---|
| (A) Name and Title | | | of W-2 and/or 1099-MIS | C compensation | (C) Retirement and | (D) Nontaxable | (E) Total of columns | (F) Compensation in |
| | | (i) Base Compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | other deferred compensation | benefits | (B)(i)-(D) | column (B) reported as deferred on prior Form 990 |
| 1 WILLIAM EDWARD WALTER | (i) | 546,322 | 140,194 | 5,334 | 14,727 | 20,239 | 726,816 | 0 |
| CLOBAL CEO | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1MICHAEL TERSECK CFO TILL 7/2021 | (i) | 385,358 | 49,364 | 22,056 | 25,740 | 11,445 | 493,963 | 0 |
| | (ii) | 0 | 0 | | 0 | 0 | 0 | |
| 2JOHN FITZGERALD | (i) | 93,052 | 27,839 | 328,422 | 6,837 | 5,603 | 461,753 | 0 |
| FORMER PRESIDENT - ASIA | (ii) | 0 | | | | | | |
| 3ADAM SMOLYAR | (i) | 382,678 | 48,651 | 630 | 14,688 | 9,862 | 456,509 | 0 |
| CHIEF MARKETING & TECHNOLOGY OFFICER | (ii) | | | | | | | |
| 4GWYNETH COTE | (i) | 365,364 | 48,008 | 1,806 | 14,842 | 16,157 | 446,177 | 0 |
| PRESIDENT - AMERICAS | | | | | | | | |
| 5CHERYL CUMMINS | (ii) (i) | 0 | 0 | 404,000 | 0 | 0 | 404,000 | 0 |
| FORMER GLOBAL | | | | | | | | |
| 6LISETTE VAN DOORN | (ii) (i) | 326,590 | 0 | 0 | 0 | 0 | 0 | 0 |
| CEO - EMEA | | 320,390 | 27,761 | 0 | 0 | 0 | 354,351 | 0 |
| 7MARY BETH CORRIGAN | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| EVP GLOBAL LEADERS | (i) | 232,432 | 18,490 | 1,806 | 12,137 | 1,530 | 266,395 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8STEVE RIDD SVP BUSINESS OPS | (i) | 236,496 | 18,940 | 0 | 9,988 | 0 | 265,424 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9FELIX CIAMPA EXECUTIVE DIRECTOR | (i) | 223,667 | 11,371 | 966 | 11,733 | 2,610 | 250,347 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10 MATT KONETSCHNI SVP | (i) | 205,670 | 10,818 | 630 | 11,162 | 16,878 | 245,158 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 11MARTY BORKO EXECUTIVE DIRECTOR | (i) | 199,901 | 10,707 | 5,334 | 10,699 | 15,448 | 242,089 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12WILLIAM GRAYSON | (i) | 214,993 | 11,627 | 420 | 11,153 | 77 | 238,270 | 0 |
| EXECUTIVE DIRECTOR - CENTERS | (ii) | 0 | | | 0 | 0 | | |
| 13PAUL BERNARD | (i) | 140,967 | 19,720 | 58,536 | 8,838 | 7,634 | 235,695 | 0 |
| EVP ADVISORY THRU 7/20 | (ii) | 0 | | | | | | |
| 14CYNTHIA CHANCE | (i) | 208,493 | 10,658 | 966 | 9,570 | 1,200 | 230,887 | 0 |
| EVP - ULI LEARNING | (ii) | 0 | | | | | | |
| 15HELEN ZUKOSKI | (i) | 196,917 | 10,157 | 5,334 | 10,480 | 5,164 | 228 052 | 0 |
| SVP DISTRICT COUNCILS | | | | 5,334 | | 5,104 | 228,052 | |
| 16STEVE SLEPIAN | (ii) (i) | 191,442 | 0 | 5 222 | 0 | 0 | 0 | 0 |
| SVP FINANCE | | 171,172 | 9,816 | 5,330 | 10,128 | 11,172 | 227,888 | |
| 17TIMOTHY COOPER | (ii) | 104 207 | 0 | 0 | 0 | 0 | 0 | 0 |
| SVP HR | (i) | 194,397 | 9,894 | 966 | 10,209 | 2,487 | 217,953 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | | |



Return Explanation

Reference

FORM 990. ULI MEMBERS INCLUDE DEVELOPERS. ARCHITECTS. PUBLIC OFFICIALS. PLANNERS. REAL ESTATE BROKER S. APPRAISERS, ACCOUNTANTS, ATTORNEYS, ENGINEERS, FINANCIERS, ACADEMICS, AND STUDENTS.

PART VI. SECTION A. LINE 6

Explanation Return Reference

FORM 990. THE TRUSTEES ELECT THE ULI CHAIRMAN. THE ULIF CHAIRMAN. THE ULI GLOBAL BOARD OF DIRECTORS. THE ULIF BOARD OF DIRECTORS AND ULI LIFE TRUSTEES. THE GLOBAL BOARD OF DIRECTORS APPOINTS PART VI. SECTION A. /APPROVES THE ULI EUROPE CHAIRMAN. THE ULI ASIA CHAIRMAN. AND THE ULI AMERICA'S CHAIRMAN.

LINE 7A THE FULL MEMBERS ELECT THE TRUSTEES (WHO ALSO SERVE AS THE MEMBERS OF ULIF).

Return Explanation
Reference

| FORM 990, | THE GLOBAL BOARD OF DIRECTORS IS ULTS GOVERNING BODY. THE FOLLOWING ARE ACTION ITEMS THEY |
|------------|--|
| PART VI, | MUST BRING TO THE TRUSTEES FOR APPROVAL: THE TRUSTEES HAVE AUTHORITY OVER THE ARTICLES OF |
| SECTION A, | NCORPORATION; THE BYLAWS (ULI AND ULIF), ADOPTING A PLAN OR MERGER OR CONSOLIDATION WITH |
| LINE 7B | ANOTHER CORPORATION, AUTHORIZING THE VOLUNTARY DISSOLUTION OF THE ORGANIZATION OR REVOKIN |
| | G PROCEEDINGS THEREFORE, AUTHORIZING THE SALE, LEASE, EXCHANGE OR MORTGAGE OF ALL OR SUBST |
| | ANTIALLY ALL OF THE PROPERTY AND ASSETS OF THE ORGANIZATION. |

| Return Reference | Explanation |
|------------------------|--|
| PART VI, SECTION B, | PROCESS FOR MAKING THE FINAL 990 AVAILABLE TO THE VOTING MEMBERS OF THE GOVERNING BODY PRI OR TO ITS BEING FILED WITH THE IRS INDEPENDENT AUDITORS REVIEW THE 990 WITH THE AUDIT C OMMITTEE - THE FINAL 990 IS POSTED TO A SECURE AREA OF THE ULI WEBSITE NOTICE OF THE LO |
| LINE 11B | CATION OF THE FORM 990 IS EMAILED TO EACH BOARD MEMBER WITH THE COMMUNICATION THAT THEY HA VE TWO WEEKS IN WHICH TO REVIEW AND PROVIDE ANY COMMENTS TO ULI MANAGEMENT. |

Return Explanation
Reference

FORM 990, ON AN ANNUAL BASIS THE BOARD OF DIRECTORS ARE SENT A COMMUNICATION REQUESTING THAT THEY ID ENTIFY ANY RELATIONSHIPS DEFINED AS A CONFLICT. RESPONSES ARE SUBMITTED TO THE OFFICE OF T SECTION B, LINE 12C

| Return Reference | Explanation |
|--|--|
| FORM 990, PART VI, SECTION B, LINE 15 | ULI RETAINS AN INDEPENDENT, OUTSIDE COMPENSATION CONSULTANT TO REVIEW THE COMPENSATION FOR ITS KEY EXECUTIVES. AS PART OF THIS PROCESS, THE CONSULTANT IDENTIFIES COMPARABLE ORGANIZ ATIONS AND OBTAINS THE MOST CURRENT COMPENSATION DATA AVAILABLE FOR THEM. THE CONSULTANT S UBSEQUENTLY PREPARES A DETAILED WRITTEN REPORT THAT COMPARES ULI'S CURRENT EXECUTIVE COMPENSATION AGAINST SIMILAR POSITIONS IN LIKE ORGANIZATIONS. THE WRITTEN REPORT ALSO DESCRIBES THE STUDY METHODOLOGY AND STATES THE CONSULTANT'S OPINION REGARDING THE REASONABLENESS OF ULI'S EXECUTIVE COMPENSATION RELATIVE TO THE IDENTIFIED MARKET COMPARABLES. |

Return Explanation
Reference

FORM 990, PART VI, OR ITS FINANCIAL STATEMENTS (WHETHER OR NOT AUDITED) AVAILABLE TO THE GENERAL PUBLIC AS FE SECTION C, LINE 19

Return Explanation

| Reference | |
|-----------|---|
| FORM 990, | CONTRACTED SERVICES: PROGRAM SERVICE EXPENSES 10,130,685. MANAGEMENT AND GENERAL EXPENSES |
| PART IX, | 2,603,785. FUNDRAISING EXPENSES 17,186. TOTAL EXPENSES 12,751,656. |
| LINE 11G | |

Return Explanation Reference

FORM 990. UNREALIZED LOSS ON FOREIGN CURRENCY TRANSLATION -239.932. PART XI.

LINE 9:

990 Schedule O, Supplemental Information

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R** (Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047 **2020**

DLN: 93493063001092

Open to Public Inspection

| Name of the organization THE URBAN LAND INSTITUTE | | | | Employer ident | ification number | | |
|--|--|--|------------------------|--|--|---------------------------|-----------------|
| THE URBAN LAND INSTITUTE | | | | 53-0159845 | | | |
| Part I Identification of Disregarded Entities. Complete i | f the organization answe | red "Yes" on Form | 990, Part IV, line 3 | 33. | | | |
| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (st or foreign countr | ate (d) Total income | (e) End-of-year assets | (f) Direct controlling entity | | |
| (1) ULI SERVICES LIMITED SUITE 3418 JARDINE HOUSE 1 CONNAU HONG KONG HK 98-1123263 | CONSULTANCY SERVICES | Б НК | 0 | 469,700 | 00 URBAN LAND INSTITUTE | | _ |
| (2) ULI EXHIBITION & CONSULTING (SHANGHAI) LTD ROOM 3663 TOWER II IFC NO 8 CENT PUDONG NEW DISTRICT SHANGHAI CH 98-1183457 | EXHIBITION MANAGEMEN CONSULTING | NT & CH | 446,540 | 613,615 | ULI SERVICES LIMITED | | |
| | | | | | | | _ |
| | | | | | | | _ |
| Part II Identification of Related Tax-Exempt Organization related tax-exempt organizations during the tax year. | ns. Complete if the orga | nization answered | "Yes" on Form 990, | l , Part IV, line 34 t | l Decause it had one or | more | _ |
| (a) Name, address, and EIN of related organization | (b) Primary activity | (b) Primary activity Legal domicile (state or foreign country) Exem | | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | Section (13) co ent | ntrolle ity? |
| (1)ULI FOUNDATION 2001 L STREET NW STE 200 WASHINGTON, DC 20036 23-7133957 | FUNDRAISING IN SUPPORT OF ULI RESEARCH AND EDUCATION | DC | 501(C)(3) | LINE 7 | URBAN LAND INSTITUTE | Yes | No |
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| (a) Name, address, and EIN related organization | of | (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) | | (g) Share of end-of-year assets | (I Disprop alloca | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | partr | al or Pe ging ov | (k) ercenta wners |
| | | | | | 314) | | | Yes | No | | Yes | No | |
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| Identification of Related Orga because it had one or more relate | | | | | | l ization ans | L wered "Ye | l s" on F | orm 9 | 1 990, Part IV | , line | 34 | |
| (a) Name, address, and EIN of related organization | (b) Primary activity | do do (state | (c) egal micile or foreign | | entity (C c | (e) pe of entity orp, S corp, or trust) | (f) Share of total income | | (g) of end- year assets | -of- Perce owne | ntage | Section (13) | (i) ion 5 cont entity |
| | | со | untry) | | | | | | | | | Yes | s |
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| Schedule R (Form 990) 2020 | | | | | Pa | ge 3 |
|---|----------------------------|------------------------|--------------------------------|------------|---------|-------------|
| Part V Transactions With Related Organizations. Complete if the organization answered " | Yes" on Form 990, Pa | ort IV, line 34, 35 | b, or 36. | | | |
| Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | | | Yes | No |
| 1 During the tax year, did the organization engage in any of the following transactions with one or more relative | ed organizations listed ir | n Parts II-IV? | | | | |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | | | 1a | | No |
| ${f b}$ Gift, grant, or capital contribution to related organization(s) | | | | 1 b | | No |
| ${f c}$ Gift, grant, or capital contribution from related organization(s) | | | | 1c | Yes | |
| d Loans or loan guarantees to or for related organization(s) | | | | 1 d | | No |
| e Loans or loan guarantees by related organization(s) | | | | 1e | | No |
| f Dividends from related organization(s) | | | | 1 f | | No |
| ${f g}$ Sale of assets to related organization(s) | | | | 1 g | | No |
| h Purchase of assets from related organization(s) | | | | 1h | | No |
| i Exchange of assets with related organization(s) | | | | 1i | | No |
| j Lease of facilities, equipment, or other assets to related organization(s) | | | | 1j | Yes | |
| k Lease of facilities, equipment, or other assets from related organization(s) | | | | 1k | | No |
| I Performance of services or membership or fundraising solicitations for related organization(s) | | | | 11 | Yes | |
| $m{m}$ Performance of services or membership or fundraising solicitations by related organization(s) | | | | 1m | Yes | |
| ${f n}$ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | | | 1n | Yes | |
| o Sharing of paid employees with related organization(s) | | | | 10 | Yes | |
| p Reimbursement paid to related organization(s) for expenses | | | | 1 p | | No |
| q Reimbursement paid by related organization(s) for expenses | | | | 1 q | Yes | |
| ${f r}$ Other transfer of cash or property to related organization(s) | | | | 1r | | No |
| s Other transfer of cash or property from related organization(s) | | | | 1s | | 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 tra | ansaction thresholds. | | | |
| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining a | mount i | nvolved | I |
| (1)ULI FOUNDATION | c | 19,188,563 | CASH | | | |
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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 | domicile | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | 10 | (e) e all partners section 501(c)(3) ganizations? | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproprtiona allocations? | ľ | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | | , | (k) Percentage ownership |
|--|--------------------------------|----------|---|-----|---|------------------------------------|--|---|----|---|-----------|-----|---------------------------------------|
| | | | 514) | Yes | No | | | Yes | No | | Yes | No | |
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| Schedule R (Form 990) 2020 | | | | | | | |
|----------------------------|--------------------------|--|--|--|--|--|--|
| Part VII | Supplemental Information | | | | | | |
| | Provide additional infor | mation for responses to questions on Schedule R. (see instructions). | | | | | |
| Return Reference | | Explanation | | | | | |
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