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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2008

Open to Public

	Revenue	Service	► The or	ganızatıon may have to use a copy of th	nis return to satisfy s	tate reporting	requirements	Inspection
A Fo	r the 2	2008 ca	lendar yea		nd ending 06-30-200	9		
		pplicable	Please	C Name of organization THE BROOKINGS INSTITUTION				entification number
	iress ch		use IRS label or	Doing Business As			53-019657 E Telephone no	
Nar	me chai	nge	print or type. See				·	
Init	ıal retui	rn	Specific Instruc-	Number and street (or P O box if mail is not	delivered to street addre	ess) Room/suite	(202) 797- G Gross receip	ts \$ 157,691,548
Ter	mınatıo	n	tions.	1775 MASSACHUSETTS AVE NW				+,,
☐ Am	ended i	return		City or town, state or country, and ZIP + 4 WASHINGTON, DC 200362103				
☐ App	olication	pending		,				
			FREDE 1775 M	ne and address of Principal Officer RICK L SILBERNAGEL IASSACHUSETTS AVE NW		H(a) Is thus	s a group returr tes?	for
				NGTON,DC 200362103		H(b) Are all	affiliates includ	ed?
<u> </u>	x-exem	ipt status	501(c)	(3) ◀ (insert no)	227	- ·	,	See instructions)
	eb sit	e: 🕨 www	w brookings	edu		H(c) Grou	p Exemption Nu	mber F
К Тур	e of org	janization	Corporat	on trust association other ►		L Year of For	mation 1939 M	State of legal domicile DC
	rt I	Briefly	describe th	e organization's mission or most signific				
Governance	2			' ISSUES AND PRODUCE PRACTICAI If the organization discontinued its oper		of more than 2	5% of its asset	s
3			•	nembers of the governing body (Part VI				44
			_	dent voting members of the governing b	•		_	42
Activities &	5	Total nu	umber of en	nployees (Part V , line 2a)			5 _	570
ZĮ.	6	Total nu	umber of vo	lunteers (estimate if necessary)			6 _	0
ď				ted business revenue from Part VIII, lii		7a _	6,479	
	ь	Net unr	elated busi	ness taxable income from Form 990-T,	, line 34		7b	-1,118
	_					Prio	r Year	Current Year
ā	8			I grants (Part VIII, line 1h)			66,613,286	59,262,508
Revenue	10	_		revenue (Part VIII, line 2g)			5,282,571	4,270,337 8,180,168
쥰	11			art VIII, column (A), lines 5, 6d, 8c, 9c	•		3,384,336	3,538,092
	12	Total r		dd lines 8 through 11 (must equal Part		e		
	40	12)		1/2-17/			91,761,957	75,251,105
	13 14			r amounts paid (Part IX, column (A), lir r for members (Part IX, column (A), line	•		563,362	394,880
	15			mpensation, employee benefits (Part I)	-	5-		0
\$3	15	10)	ss, other co	impensation, employee beliefits (Furt 1)	x, column (A), mies		37,017,174	46,169,879
Expenses	16a	Profes	sıonal fund	raising fees (Part IX, column (A), line 1	.1e)			180,000
ਡੌ	ь	(Total fo	undraising exp	penses, Part IX, column (D), line 25 <u>2,938,804</u>)			
_	17			Part IX, column (A), lines 11a–11d, 11	•		45,255,895	41,170,166
	18			add lines 13–17 (must equal Part IX, li	ine 25, column (A))		82,836,431	87,914,925
- e7	19	Reven	ue less exp	enses Subtract line 18 from line 12			8,925,526	-12,663,820
សិញ្ ឧភ		_					ng of Year	End of Year
esse Basa	20			t X, line 16)		-	397,996,587	354,809,813
Net Assets or Fund Balances	21		•	Part X, line 26)			43,239,087	58,785,120
	22			d balances Subtract line 21 from line 2	20		354,757,500	296,024,693
Plea Sign Here	1	Under p and beli **** Signa	ef, it is true, over the second secon	rjury, I declare that I have examined this return correct, and complete Declaration of preparer (construction) BERNAGEL TREASURER		d on all informati l		
		F Type	e or print nam		<u> </u>		T_	
Paid		Preparer signature	e P	Dat		Check If self- empolyed •	Preparer's PTIN	(See Gen Inst)
Prepa Use (ame (or yours nployed),	RAFFA PC	EIN Þ			
026 (וווע		and ZIP + 4	1899 L STREET NW SUITE 900			Dhone ::- ' '	103) 933 5000
May t	he IR	 S discus	s this retu	WASHINGTON, DC 20036 rn with the preparer shown above? (See	instructions)		Phone no 1 (2	202) 822-5000 ✓ Yes

Form 990 (2008) Part III Statement of Program Service Accomplishments (See the instructions.)

ÆI.	Statement of Program Service Accomplishments (See the Instructions.)
1	Briefly describe the organization's mission
ee A	dditional Data Table
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting or make significant changes in how it conducts any program services?
	If "Yes," describe these changes on Schedule O
4	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
4a	(Code) (Expenses \$ 19,051,724 Including grants of \$ 394,880) (Revenue \$) FOREIGN POLICY STUDIES - THE EXPERTS AND RESEARCH OF FOREIGN POLICY AT BROOKINGS HELP POLICYMAKERS AND THE PUBLIC ADDRESS THE GREAT CHALLENGES FACING THE UNITED STATES AND THE INTERNATIONAL COMMUNITY IN THE 21ST CENTURY- GLOBALIZATION OFFERS MORE FREEDOM AND PROSPERITY, BUT ALSO NEW THREATS TO OUR SECURITY IN THE PAST YEAR, FOREIGN POLICY EXPERTS EXAMINED A WIDE RANGE OF TOPICS, INCLUDING THE WARS IN AFGHANISTAN AND IRAQ, NUCLEAR PROLIFERATION, CLIMATE CHANGE, MILITARY TECHNOLOGY, IRAN, THE MIDDLE EAST, THE EXPANSION OF THE EUROPEAN UNION, AND THE CHANGING GLOBAL ROLE OF CHINA IN ADDITION TO PUBLISHING NUMEROUS WORKS OF SCHOLARSHIP IN FY 2009, FOREIGN POLICY HELD 116 EVENTS OPEN TO THE GENERAL PUBLIC, AND FOREIGN POLICY EXPERTS TESTIFIED FOUR TIMES BEFORE CONGRESSIONAL COMMITTEES, SUBCOMMITTEES AND COMMISSIONS
4b	(Code) (Expenses \$ 15,167,213 including grants of \$) (Revenue \$)
	ECONOMIC STUDIES - THE ECONOMIC STUDIES PROGRAM ANALYZES CURRENT AND EMERGING ECONOMIC POLICY ISSUES IN THE UNITED STATES AND WORLDWIDE ITS RESEARCH AIMS TO INCREASE THE PUBLIC'S UNDERSTANDING OF HOW THE ECONOMY WORKS AND WHAT CAN BE DONE TO MAKE IT WORK BETTER IN THE PAST YEAR, ECONOMIC STUDIES EXPERTS EXAMINED THE CURRENT ECONOMIC CRISIS AND THE ENSUING RECOVERY, AND COMMENTED ON SUCH DIVERSE ISSUES AS HEALTH CARE REFORM, FINANCIAL SECTOR REGULATION, AND POVERTY AND INEQUALITY IN THE UNITED STATES ECONOMIC STUDIES ALSO PRODUCES THE BROOKINGS PAPERS ON ECONOMIC ACTIVITY, THE LEADING SOURCE OF POLICY-ORIENTED, EMPIRICAL RESEARCH ON MACROECONOMICS IN ADDITION TO PUBLISHING NUMEROUS WORKS OF SCHOLARSHIP IN FY 2009, ECONOMIC STUDIES HELD 34 EVENTS OPEN TO THE GENERAL PUBLIC, AND ECONOMIC STUDIES EXPERTS TESTIFIED ELEVEN TIMES BEFORE CONGRESSIONAL COMMITTEES AND SUBCOMMITTEES
4c	(Code) (Expenses \$ 7,780,996 including grants of \$) (Revenue \$) GLOBAL ECONOMY AND DEVELOPMENT - THE GLOBAL ECONOMY AND DEVELOPMENT PROGRAM EXAMINES THE OPPORTUNITIES AND CHALLENGES PRESENTED BY GLOBALIZATION, WHICH HAS BECOME A CENTRAL CONCERN FOR POLICYMAKERS, BUSINESS EXECUTIVES AND CIVIL SOCIETY GLOBAL ECONOMY AND DEVELOPMENT EXPERTS ADDRESS THE ISSUES SURROUNDING GLOBALIZATION WITHIN THREE KEY AREAS THE DRIVERS SHAPING THE GLOBAL ECONOMY, THE ROAD OUT OF POVERTY AND THE RISE OF NEW ECONOMIC POWERS IN THE PAST YEAR, THE RESEARCH AGENDA FOR THE PROGRAM WAS CENTERED ON COORDINATED ECONOMIC STIMULUS, GLOBAL FINANCIAL REGULATION, REFORM OF INTERNATIONAL FINANCIAL INSTITUTIONS AND DEVELOPMENT ASSISTANCE IN ADDITION TO PUBLISHING NUMEROUS WORKS OF SCHOLARSHIP IN FY 2009, GLOBAL ECONOMY AND DEVELOPMENT HELD 29 EVENTS OPEN TO THE GENERAL PUBLIC, AND GLOBAL ECONOMY AND DEVELOPMENT EXPERTS TESTIFIED THREE TIMES BEFORE CONGRESSIONAL COMMITTEES, SUBCOMMITTEES AND COMMISSIONS
	(Code) (Expenses \$ 19,437,224 including grants of \$) (Revenue \$ 6,964,714)
4d	Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses \$ 61.437.157 Must equal Part IX, Line 25, column (B).

Part IV	Chec	klist of	f Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	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		N o
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νo
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	Yes	
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νο
22	Did the organization report more than \$5,000 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, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		Νο
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νο
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			1 63	140
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		No
	_	20a		NO
Ь	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νo
C	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νο
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νο
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Νo
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νο
36	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		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related	37		Νo

Pa	t V Statements Regarding Other IRS Filings and Tax Compliano	e				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns. Enter -0- if not applicable					
		1a	686			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments t	o ven	dors and reportable	4.	V	
2-	gaming (gambling) winnings to prize winners?	 I		1c	Yes	
2a	Statements filed for the calendar year ending with or within the year covered by this return	2a	570			
b	If at least one is reported in 2a, did the organization file all required federal employing Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this			2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more durin return?			3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sch	• • edule i	2	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a s					
	over, a financial account in a foreign country (such as a bank account, securities ac account)?	_	•	4a	Yes	
b	If "Yes," enter the name of the foreign country QA, UK					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , <i>Re Financial Accounts</i> .	eport o	f Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time duri	ng the	tax year?	5a		Νο
ь	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sh	nelter transaction?	5b		Νο
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp	t Entit	v Regarding Prohibited			
_	Tax Shelter Transaction?	•	• • •	5с		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement the were not tax deductible?	natsu	ch contributions or gifts	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo con more $^{\circ}$	trıbutı	on of \$75 or	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services \boldsymbol{p}	rovide	d?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal prope	rty for	which it was required to	_		
_	file Form 8282?	I		7с		N o
a	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay benefit contract?			7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers	onal b	enefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form 8	8899	as required?	7g	Yes	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization f	ile a F	orm 1098-C as			
	required?			7h	Yes	
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds a supporting organizations. Did the supporting organization, or a fund maintained by a sexcess business holdings at any time during the			8		
	year?					<u> </u>
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.					
_	Did the organization make any taxable distributions under section 4966?			9a		
Ь	Did the organization make a distribution to a donor, donor advisor, or related person	?.		9b		
10	Section 501(c)(7) organizations. Enter	l	1			
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations Enter					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in	ı lıeu d	of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

Yes

11

Nο

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management	
For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstance	es

11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at

the organization's mailing address? If "Yes," provide the names and addresses in Schedule O

	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, $processes$, or changes in Schedule O. See instructions.							
1a	Enter the number of voting members of the governing body 1a 44							
b	Enter the number of voting members that are independent 1b 42							
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	Yes					
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?							
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?							
5	Did the organization become aware during the year of a material diversion of the organization's assets?							
6	Does the organization have members or stockholders?							
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?							
b	b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?							
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					
9a	Does the organization have local chapters, branches, or affiliates?	9a		Νo				
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b						
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes					

Section B. Policies

		Yes	No
Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
Does the organization have a written whistleblower policy?	13	Yes	
Does the organization have a written document retention and destruction policy?	14	Yes	
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			
The organization's CEO, Executive Director, or top management official?	15a	Yes	
Other officers or key employees of the organization?	15b	Yes	
Describe the process in Schedule O			
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		Νο
If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Does the organization have a written conflict of interest policy? If "No", go to line 13 . Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed CA, CT, IL, MA, MD, MI, MN, NJ, NY, OH, PA, VA
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. another's website. upon request
 - .9 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

FREDERICK L SILBERNAGEL
1775 MASSACHUSETTS AVE NW
WASHINGTON, DC 200362103
(202) 797-6000

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- * List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- * List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

The check this box in the organization and i	·	Posit	(C) chec	:k al				(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							_			

Part VII Continued

(A) Name and Title	(B) Average hours per week	Former Highest compensated employee (C) (checky) Key employee Officer Institutional Trustee or Director					Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
							\vdash			
1b Total							+	5,202,432	2	628,941

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization►116

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
JAMES G DAVIS CONSTRUCTION COMPANY 12530 PARKLAWN DRIVE ROCKVILLE, MD 20852	CONSTRUCTION	2,955,550
CEDARCRESTONE INC PO BOX 402521 ATLANTA, GA 30384	SOFTWARE CONSULTING	1,955,725
SODEXHO INC PO BOX 536922 ATLANTA, GA 30353	DINING ROOM SERVICES	867,356
SAPIENT CORPORATION PO BOX 4886 BOSTON, MA 02212	SOFTWARE CONSULTING	866,685
VELIR STUDIOS INC 48 GROVE STREET 102 SOMERVILLE, MA 02144	WEBSITE CONSULTING	781,268
2 Total number of independent contractors (including those in 1) who rec from the organization		26

Statement of Revenue

					(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated can	npaigns 1a			November		
Contributions, gifts, grants and other similar amounts	ь	Membership d	ues					
9 10 10	С	Fundraising ev	1b vents					
He.			1c					
<u> </u>	d		izations1d					
Sir Sir	e	-	nts (contributions) 1e					
je je	f	sımılar amounts r	tions, gifts, grants, and not included above	57,434,425				
trib off	g	Noncash cont	1f rıbutıons ıncluded ın					
Sor and		lines 1a-1f \$	5,766,672					
	h	Total (Add lin	es 1a-1f)		59,262,508			
- au				Business Code				
inua	2a	CONFERENCES		900,099	4,270,337	4,270,337		
E S	Ь							
93	С.	-						
Ker w	d							
Ē	e							
Program Service Revenue	f	All other progi	ram service revenue					
Ğ	g		es 2a-2f					
	3	► \$ 4,270,337	come (including divi	dends interest				
			amounts)	·	2,567,462			2,567,462
	4		estment of tax-exempt be	▶				
			estiment of tax-exempt by	b-				
	5	Royalties .						
	6a	Gross Rents	(ı) Real 299,767	(II) Personal				
	ь	Less rental	355,639					
	c	expenses Rental income	-55,872					
	d	or (loss)	ome or (loss)		-55,872		6,013	-61,885
	<u> </u>	Net rentar me		<u></u>	33,312			
	7a	Gross amount	(ı) Securities 87,129,326	(II) O ther				
	"	from sales of assets other	,					
		than inventory Less cost or	81,516,620					
	b	other basis and sales expenses	01,310,020					
	С	Gain or (loss)	5,612,706					
	d	Net gaın or (lo			5,612,706			5,612,706
	8a		from fundraising	·				
		events (not in	_					
e		\$ of contribution	 ns reported on line					
₩.		1c) See Part :	IV, line 18 e G if total exceeds					
Яе			a					
ē	ь	Less directe	xpensesb					
Other Revenue	С	Net income or	(loss) from fundrais	ing events				
_	9a	Gross income						
		activities See Complete Sched	e part IV , line 19 dule G if total					
		exceeds \$15,00						
	ь	lace dime-t-	a xpensesb					
	C		xpensesb (loss) from gaming a	L activities				
				•				
	10a	Gross sales of returns and al	finventory, less lowances •					
			а	2,694,377				
	b		goods sold b					
	С		(loss) from sales of		2,126,193	2,126,193		
	11a	Miscellaneou		Business Code 900,099	1,597,563			1,597,563
	ь	CAFETERIA I	OUS INCOME	900,099				56,619
	c	LOGO SALES		448,000	·		2,541	,
				, , , ,	-188,952		-2,075	-186,877
	d e	All other reven			·		·	
				\$ 1,467,771				
	12	Total Revenue 8c,	. Add lines 1h, 2g, 3	, 4, 5, 6d, 7d,	75,251,105	6,396,530	6,479	9,585,588
			l1e	. ▶				

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).								
Do r	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21								
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	394,880	394,880						
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16								
4	Benefits paid to or for members								
5	Compensation of current officers, directors, trustees, and key employees	5,081,089	2,836,808	1,345,748	898,533				
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	32,954,523	26,195,574		806,621				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,280,757	1,807,360	418,029	55,368				
9	Other employee benefits	3,375,205	2,718,131	587,522	69,552				
10	Payroll taxes	2,478,305	1,903,494	471,004	103,807				
11	Fees for services (non-employees)				_				
а	Management								
b	Legal	253,961		253,961					
c	Accounting	69,658		69,658					
d	Lobbying								
e	Professional fundraising See Part IV, line 17	180,000			180,000				
f	Investment management fees	2,315,455		2,315,455					
g	Other	11,364,692	8,808,283	2,450,242	106,167				
12	Advertising and promotion	418,718	415,432	70	3,216				
13	Office expenses	713,329	424,001	271,269	18,059				
14	Information technology	3,386,298	2,010,660	1,236,437	139,201				
15	Royalties								
16	Occupancy	2,978,559	2,330,181	539,007	109,371				
17	Travel	2,859,503	2,601,463	178,820	79,220				
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	17,132	17,132						
19	Conferences, conventions and meetings	3,489,423	3,703,178	-433,543	219,788				
20	Interest	766,948	26,300	739,414	1,234				
21	Payments to affiliates								
22	Depreciation, depletion, and amortization	3,666,785	1,480,886	2,135,955	49,944				
23	Insurance								
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)								
а	UBI TAX	17,690		17,690					
ь	OTHER DIRECT COSTS	4,662,300	670,353	3,943,778	48,169				
c	PUBLISHING	2,006,288	1,948,944	49,003	8,341				
d	COMMUNICATION & MAILING	929,370	703,604	202,381	23,385				
e	CAFETERIA CATERING	716,492	358,559	341,103	16,830				
f	All other expenses	537,565	81,934	453,633	1,998				
25	Total functional expenses. Add lines 1 through 24f	87,914,925	61,437,157	23,538,964	2,938,804				
26	Joint Costs. Check If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation								

Part X	Balance	Sheet

					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			3,321,679	1	2,798,060
	2	Savings and temporary cash investments			18,140,153	2	13,386,173
	3	Pledges and grants receivable, net			68,762,217	3	70,450,186
	4	Accounts receivable, net			1,874,321	4	546,142
	5	Receivables from current and former officers, directors, trustees other related parties Complete Part II of Schedule L			5		
	6	Receivables from other disqualified persons (as defined under s persons described in section 4958(c)(3)(B) Complete Part II of	4958(f)(1)) and		6		
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			480,770	8	546,120
22	9	Prepaid expenses and deferred charges			482,622	9	196,994
ssets	10a	Land, buildings, and equipment cost basis	10a	68,595,609			
⋖	ь	Less accumulated depreciation Complete Part VI of	100	30,000,000	1		
		Schedule D	10b	21,736,657	43,122,100	10c	46,858,952
	11	Investments—publicly traded securities	ties				79,914,953
	12	Investments—other securities See Part IV, line 11 Complete Part IV, l	of	171,743,687	12	138,769,296	
	13	Investments—program-related See Part IV , line 11 $\it Complete F of Schedule D$.	I		13		
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D	215,889	15	1,342,937		
	16	Total assets. Add lines 1 through 15 (must equal line 34)			397,996,587	16	354,809,813
	17	Accounts payable and accrued expenses .	11,254,735	17	10,029,606		
	18	Grants payable		18			
	19	Deferred revenue			612,915	19	996,190
	20	Tax-exempt bond liabilities				20	39,293,216
<u>ē</u> ,	21	Escrow account liability Complete Part IV of Schedule D				21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
ï		persons Complete Part II of Schedule L		•		22	
	23	Secured mortgages and notes payable to unrelated third parties		•	28,031,437	23	5,066,108
	24	Unsecured notes and loans payable				24	
	25	Other liabilities			3,340,000	25	3,400,000
	26	Total liabilities. Add lines 17 through 25		43,239,087	26	58,785,120	
\$ 0 0		Organizations that follow SFAS 117, check here ► $\sqrt{}$ and comp through 29, and lines 33 and 34.	lete li	nes 27			
ank	27	Unrestricted net assets			217,480,567	27	146,458,461
Balance	28	Temporarily restricted net assets			78,991,399	28	91,956,590
፱	29	Permanently restricted net assets		58,285,534	29	57,609,642	
r Fund		Organizations that do not follow SFAS 117, check here ► and lines 30 through 34.	plete				
s or	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund			31		
AS	32	Retained earnings, endowment, accumulated income, or other fu		32			
Net	33	Total net assets or fund balances			354,757,500	33	296,024,693
Z	34	Total liabilities and net assets/fund balances			397,996,587	34	354,809,813
	1				1		
Pa	rt XI	Financial Statements and Reporting					

Dowl VI	Financial	Ctatamanta	and Reporting
7.11.5	l Financiai	Statements	and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
С	If "Yes" to lines 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?	2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits?	3b	Yes	

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As Filed Data -

DLN: 93493134025130

Employer identification number

OMB No 1545-0047

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)
nonexempt charitable trusts.

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

2008

Open to Public
Inspection

THE B		NGS INSTITUTION	ON						pioyei ide		abei
								53	-019657	7	
	rt I			harity Status (to be co					Instruct	ions)	
The	organı	zatıon ıs not	a private found	ation because it is (Please	check onl	y one org	anızatıon))			
1	Г	A church, o	convention of ch	nurches, or association of ch	nurches de	scribed in	Section 1	L70(b)(1)((A)(i).		
2	Г	A school d	escribed in Sec l	t ion 170(b)(1)(A)(ii). (Atta	ch Schedu	ıle E)					
3	\sqcap	A hospital	or a cooperativ	e hospital service organizati	ıon descrıl	bed in Sec	t ion 170(t	o)(1)(A)(i	ii). (Attac	h Schedu	le H)
4	Γ	A medical	research organi	zatıon operated ın conjunctı	on with a l	hospital d	escribed ii	n Section	170(b)(1)	(A)(iii). E	nter the
		hospital's i	name, city, and	state							
5	\sqcap	Anorganiz	atıon operated 1	for the benefit of a college or	universit	y owned o	r operated	by a gove	ernmental	unıt desc	rıbed ın
		Section 170	0(b)(1)(A)(iv).	(Complete Part II)							
6	\sqcap	A federal, s	A federal, state, or local government or governmental unit described in Section 170(b)(1)(A)(v).								
7	굣	An organization that normally receives a substantial part of its support from a governmental unit or from the general public									
		described i	n Section 170(I	o)(1)(A)(vi) (Complete Par	tII)						
8	\sqcap	A commun	ıty trust descrit	oed in Section 170(b)(1)(A)	(vi) (Com	plete Par	tII)				
9	Γ	An organiza	ation that norm	ally receives (1) more than	331/3% 0	fits supp	ort from co	ontribution	ns, membe	rship fees	s, and gross
		receipts fro	om activities re	lated to its exempt functions	s—subject	to certair	nexceptio	ns, and (2) no more	than 331/	′3% of
		ıts support	from gross inve	estment income and unrelate	ed busines	s taxable	ıncome (l	ess sectio	on 511 ta:	x) from bu	sınesses
		acquired by	y the organizati	on after June 30, 1975 See	Section 5	09(a)(2).	(Complete	e Part III)		
10	Γ	An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See Se	ct ion 509((a)(4). (S	ee instruc	tions)
11	\sqcap	An organiza	atıon organızed	and operated exclusively fo	r the bene	fit of, to p	erform the	functions	of, or to o	arry out t	he purposes of
				orted organizations describe				•		Section 5	09(a)(3). Check
		the box that describes the type of supporting organization and complete lines 11e through 11h a									
e	_		• •	rtify that the organization is			, -	*			
-	'	•	-	agers and other than one or						-	•
		section 50		,		, ,,	,				()()
f				d a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supportir	ng organization,
		check this		as the organization accepted	d any gift.	or contrib	ution from	any of the			ı
g		following pe		as the organization accepted	u any gnt	or continu	ution nom	any or the	•		
				r indirectly controls, either a	alone or to	gether wi	th persons	describe	d ın (ıı)		Yes No
		and (III) be	low, the govern	ng body of the the supported	d organıza	tion?				11g	(i)
		(ii) a family	y member of a p	erson described in (i) above	?					11g((ii)
		(iii) a 35%	controlled enti	ty of a person described in ((ı) or (ıı) al	bove?				11g(iii)
h		Provide the	following infori	mation about the organizatio	ns the org	janization	supports				
-											
		ame of	(ii) EIN	(iii) Type of organization		s the	1	ou notify		s the	(vii) A mount of
		oorted		(described on lines 1 - 9	_	ation in		nization		ation in	support?
	O rgar	nization		above or IRC section (See Instructions))		listed in verning		of your ort?		rganized US?	
				(See Instructions)		nent?	3491	,010	"" ""	0 5 .	
					Yes	No	Yes	No	Yes	No	1
										1	

Total

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

	Complete only if you chec	keu tile box o	11 lille 5, 7, 01	o or Part I.)				
	iblic Support		(1) 2005	() 2006	/ N 2007		T	(f) T + 1
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not	33,798,657	37,580,094	80,331,457	66,613,286		59,262,508	277,586,002
	include any "unusual grants ")	33,730,037	37,300,034	00,551,457	00,015,200		33,202,300	277,300,002
2	Tax revenues levied for the organization's						-	
Z	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 line 1-3	33,798,657	37,580,094	80,331,457	66,613,286		59,262,508	277,586,002
5	The portion of total contribution by each							
	person (other than a government unit or							
	publicly supported organization) included							34,766,198
	on line 1 that exceed 2% of the amount							,,
	shown on line 11, column							
	(f)							
6	Public Support subtract line 5 from line							242,819,804
T .	4							
	otal Support		(1) 2025	() 2005	(D.2027			
	endar year (or fiscal year beginning in)	(a) 2004 33,798,657	(b) 2005	(c) 2006 80,331,457	(d) 2007		2008	(f) Total
7	A mounts from line 4	33,798,657	2,461,948	80,331,457	66,613,286	;	59,262,508	277,586,002
8	Gross income from interest, dividends,							
	payments received on securities loans,	3,708,124	2,461,948	3,681,034	5,215,626		2,858,457	17,925,189
	rents, royalties and income from similar sources							
9	Net income from unrelated business							
9	activities, whether or not the business is	92,658	53,691		165,140			311,489
	regularly carried on							
10	Other income Do not include gain or loss							
	from the sale of capital assets (Explain in	41,284	20,293	147,461	926,012		1,654,182	2,789,232
	Part IV)							
11	Total Support (Add lines 7 through 10)							298,611,912
12	Gross receipts from related activities, etc	(See instruction	s)			12		35,201,643
13	First Five Years. If the Form 990 is for the	organization's fu	rst. second. third	d. fourth, or fifth	tax vear as a 5	01(c)((3)	
	organization, check this box and stop here	- · 9 - · · · · · · · · · · · · · · · · · ·	,	-,,	,	(- / (▶ ┌
	•							
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	column (f) dıvıd	ed by line 11 co	lumn (f))		14		81.320 %
15	Public Support Percentage for 2007 Sched	ule A. Part IV-A	. line 26f			15		82.830 %
					1/20/		<u> </u>	82.830 %
тоа	33 1/3% Test - 2008. If the organization divand stop here. The organization qualifies as				1/3% or more,	спеск	this box	▶ ▽
h	33 1/3% Test - 2007. If the organization di		-		5 is 33 1/3% o	r more	check the	•
	box and stop here. The organization qualified			,	.5 13 55 1/570 0	1 111016	, check thi	ັ ▶⊏
17a	10% Facts and Circumstances Test - 2008.				3.16a.or16b.a	nd lin	e 14 is 10'	
	more, and if the organization meets the "fac	-						
	organization meets the "facts and circumst							▶□
Ь	10% Facts and Circumstances Test - 2007.							s 10% or
	more, and if the organization meets the "fac							
	the organization meets the "facts and circu							► □
18	Private Foundation. If the organization did	not check the bo	ox on line 13, 16	5a, 16b, 17a or :	17b, check this	box a	nd see	- -
	instructions							▶ ┌

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that 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 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated 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 IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	monutation of Dublic Compant Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
	-			-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. 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 **33 1/3% Tests - 2007.** 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

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

Schedule A (Form 990 or 990-EZ) 2008

▶□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)							
	Facts and Circumstances Test							

Schedule A (Form 990 or 990-EZ) 2008

OMB No 1545-0047

2008

Open to Public Inspection

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service ► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Supplemental Financial Statements

Employer identification number Name of the organization THE BROOKINGS INSTITUTION 53-0196577 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate Contributions to (during year) 3 Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a Total number of conservation easements h 2b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 🕨 \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?

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

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

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenues included in Form 990, Part VIII, line 1

For Paperwork Reduction Act Notice, see the Intructions for Form 990

the organization's accounting for conservation easements

· **\$**

(ii) Assets included in Form 990, Part X

\$ 203,875

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

a Revenues included in Form 990, Part VIII, line 1

- \$

b Assets included in Form 990, Part X

Cat No 52283D

Schedule D (Form 990) 2008

Part	1111	Organizations Maintaining Co	llections of Art,	His	<u>tori</u>	<u>cal Treas</u>	ures, or Oth	<u>er Simila</u>	r Asse	ts (co	ntınued)
3		ng the organization's accession and othens (check all that apply)	r records, check any	of th	e foll	owing that a	ire a significant	use of its c	ollection	1	
а	▽	Public exhibition		d	\sqcap	Loan or ex	change progran	ns			
b	\sqcap	Scholarly research		e	Γ	Other					
С	Γ	Preservation for future generations									
4		vide a description of the organization's co : XIV	ollections and explain	n how	v the y	further the	organization's	exempt purp	ose in		
5		ing the year, did the organization solicit o ets to be sold to raise funds rather than t						ımılar	Γ	Yes	√ No
Par	t IV	Trust, Escrow and Custodial A Part IV, line 9, or reported an an					anızatıon ans	wered "Ye	s" to Fo	orm 9	90,
1a		he organization an agent, trustee, custod uded on Form 990, Part X?	ian or other intermed	lıary	for c	ontributions	or other assets	s not	Γ	Yes	┌ No
b	If"۱	es," explain why in Part XIV and comple	te the following table	!							
									A mou	ınt	
С	Beg	inning balance					10				
d	Add	litions during the year					10	l			
e	Dıs	tributions during the year					16	!			
f	End	ling balance					1f				
2a	Dıd	the organization include an amount on Fo	orm 990, Part X, line	21?					Γ	Yes	┌ No
b	If "Y	es," explain the arrangement in Part XIV	,								
Pai	rt V	Endowment Funds. Complete									
4 -	D		(a)Current Year 261,065,607	(b) Prior	Year (c)	Two Years Back (d) Three Years	Back (e)Four Ye	ears Back
1a L		inning of year balance	12,000								
b		tributions	-36,102,372								
C C		estment earnings or losses	30,102,372								
d e		er expenditures for facilities	13,922,518								
-		programs	,,								
f	Adn	ninistrative expenses									
g	End	ofyear balance	211,052,717								
2	Prov	vide the estimated percentage of the yea	r end balance held as	5							
а	Boa	rd designated or quasi-endowment 🕨	65 780 %								
b	Peri	manent endowment 🕨 27 300 %									
c	Terr	m endowment ▶ 6920 %									
3a		there endowment funds not in the posses	ssion of the organizat	ion t	hat a	re held and	administered fo	or the			
	_	anization by							2-(1)	Yes	No
		unrelated organizations			•				3a(i) 3a(ii)		N o N o
b		related organizations /es" to 3a(ii), are the related organizatio							3b		110
4		cribe in Part XIV the intended uses of th	·								
Par	t VI	Investments—Land, Buildings	s, and Equipmen	t. S	ee F	orm 990, I	Part X, line 10).			
		Description of investment				Cost or other s (investment)	(b)Cost or othe basis (other)	r (c) Depre	ciation	(d) Boo	ok value
1a	and						4,155,62	0			4,155,620
Ь	Build	ings					39,746,17	7 9,7	792,102	29	9,954,075
c l	_eas	ehold improvements					2,136,44	4 1,2	261,140		875,304
d i	Equip	oment					18,225,86	5 10,6	583,415		7,542,450
е (Othe	r					4,331,50	3		4	4,331,503

(a) Description of security or cateory		(c) Method of valuation
(including name of security)	(b)Book value	Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other LIMITED PARTNERSHIPS	96,156,387	F
Other EQUITIES	42,612,909	F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	138,769,296	
Part VIII Investments—Program Related. Se	e Form 990, Part X, line 1	13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
——————————————————————————————————————	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, III	20.15	
(a) Descri		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line		
Part X Other Liabilities. See Form 990, Part X		
(a) Description of Liability	(b) A mount	
Federal Income Taxes		
ACCRUED POST-RETIREMENT BENEFIT OBLIGATION	3,400,000	
Tabel (Calina (b) should and Free 200 S. 1997 (201)	_	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	3,400,000	

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statem	<u>ents </u>	
1 Total revenue (Form 990, Part VIII, column (A), line 12)	1	75,251,105
2 Total expenses (Form 990, Part IX, column (A), line 25)	2	87,914,925
3 Excess or (deficit) for the year Subtract line 2 from line 1	3	-12,663,820
4 Net unrealized gains (losses) on investments	4	-43,860,941
5 Donated services and use of facilities	5	
6 Investment expenses	6	
7 Prior period adjustments	7	
8 Other (Describe in Part XIV)	8	-2,208,046
9 Total adjustments (net) Add lines 4 - 8	9	-46,068,987
10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-58,732,807
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue	per Ret	 urn
1 Total revenue, gains, and other support per audited financial statements	. 1	27,328,202
A mounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains on investments	1	
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIV)	6	
e Add lines 2a through 2d	2e	-45,604,907
3 Subtract line 2e from line 1	3	72,933,109
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b . 4a 2,315,45	5	
b Other (Describe in Part XIV)	1	
c Add lines 4a and 4b	4c	2,317,996
Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)		75,251,105
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expens		
Total expenses and losses per audited financial statements	1	86,165,113
A mounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities		
a Donated services and use of facilities	\dashv \vdash	
c Losses reported on Form 990, Part IX, line 25	\dashv \mid	
d Other (Describe in Part XIV) 2d 568,18		
e Add lines 2a through 2d	2e	568,184
3 Subtract line 2e from line 1	3	85,596,929
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a 2,315,45	55	
b Other (Describe in Part XIV)	_	
c Add lines 4a and 4b	4c	2,317,996
5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	. 5	87,914,925
Part XIV Supplemental Information		, ,

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b,

Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier Return Reference Explanation

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As Filed Data -

DLN: 93493134025130

OMB No 1545-0047

2008

SCHEDULE F (Form 990)

Department of the Treasury

▶ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

Statement of Activities Outside the United States

Open to Public

miema	il Reveilue Service						Inspection
	ne of the organization					Employer ide	ntification number
THE	BROOKINGS INSTITUT	ION				53-019657	7
Pa	rt I General Infor	mation on Ac	tivities Outsi	de the United States	s. Complete		
	"Yes" to Form 9						
1				ecords to substantiate			
	· -		-	assistance, and the se		na used to a	
	the grants or assistan	rce					Yes No
2	For grant makers. Descri United States	be in Part IV the	organization's pr	ocedures for monitoring tl	he use of gran	t funds outsıd	e the
3	Activites per Region (U	se Schedule F-1	(Form 990) If add	ditional space is needed)			
		(b) Number of	(c) Number of	(d) Activities conducted in region (by type) (i.e.,		y listed in (d)	
	(a) Region	offices in the	employees or	fundraising, program services,	1	am service, ecific type of	(f) Total expenditures in region
		region	agents in region	the region)	service(s) in region	region
	T ASIA AND THE	1		PROGRAM SERVICES,	PUBLIC POL	ICY	598,087
PAC	IFIC			MAINT OFFICES, EMP, AGENTS FOR	RESEARCH		
				CONDUCTING			
MID	DLE EAST AND NORTH	2		ACTIVITIES PROGRAM SERVICES,	PUBLIC POL	ICV	221,778
AFR		2		MAINT OFFICES, EMP,		101	221,776
				AGENTS FOR			
				CONDUCTING ACTIVITIES			
				7.611711123			

819,865

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

	F-1 (Form 990) if a			ted States. Complete	ii ule organization a	iliswered tes to form	990, Part IV, line 16.
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non- cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2008

Complete this part t	o provide the information required	ın Part I, line 2, and any other additional information.
Identifier	ReturnReference	Explanation

Software ID:

Software Version:

EIN: 53-0196577

Name: THE BROOKINGS INSTITUTION

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
--------------------------	--	-------------------------	------------------------------	------------------------------------	---	--	--

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As Filed Data -

DLN: 93493134025130

OMB No 1545-0047

Department of the Treasury

(Form 990 or 990-EZ)

SCHEDULE G

Fundraising or Gaming Activities Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV,

Supplemental Information Regarding

Open to Public

Internal Revenue Service	lines 17, 18, or 19, a	nd by organizations	that enter more than \$15,000 on	at enter more than \$15,000 on Form 990-EZ, line 6a.			
Name of the organization THE BROOKINGS INSTI	TUTION			Employer ide 53-0196577	ntification number		
Part I Fundraisin	g Activities. Compl	ete ıf the orga	ınızatıon answered "Yes	s" to Form 990, Part I\	/, line 17.		
Indicate whether the Mail solicitations	s ns ons	ds through any	f 🔽 Solicitation	Check all that apply of non-government grants of government grants raising events			
or key employees lis b If "Yes," list the ten	sted in Form 990, Part V highest paid individuals	II) or entity in or entities (fund	ny individual (including officonnection with profession draisers) pursuant to agree m 990-EZ filers are not re	al fundraising activities? ments under which the fu			
(i) Name of individua or entity (fundraiser)	I (III) A ctivity	(iii) Did fundraiser hav custody or control of contributions	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization		
COMMUNITY COUNSELI SERVICE CO LLC	CAMPAIGN LING PLANNING	Yes No	C	180,000	-180,000		
Total							

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or 3 licensing

A K,A Z,A R,CA ,CO ,CT,DC,FL,GA ,HI,IL,KS,MA ,MD,MI,MN,NC,ND,NJ,NM,NY,OH,OK,OR,PA ,RI,TN,WA ,WV ,WI,VA

			(a) Event #1	(b) Event #2	(c) O ther Events	(d) Tot (Add col		
			(event type)	(event type)	(total number)		(0)	
至	1	Gross receipts						
Revenue	2	Less Charitable contributions						
	3	Gross revenue (line 1 minus line 2)						
	4	Cash Prizes						
s မိ	5	Non-cash Prizes						
Expenses	6	Rent/Facility costs						
	7	Other direct expenses						
Direct	8	Direct expense summary Add lin	es 4 through 7 ın columr	n(d)	🛌			
	9	Net income summary Combine li	·	-				
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	art IV, line 19, or repo	orted more	e than	
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total col (a) thr		
<u>~</u>	1	Gross revenue						
မ မ	2	Cash prizes						
pens	3	Non-cash prizes						
Direct Expenses	4	Rent/facility costs						
₽ B	5	Other direct expenses						
	6	Volunteer labor	┌ Yes%	┌ Yes	┌ Yes%			
	7	Direct expense summary Add line	s 2 through 5 ın column	(d)				
	8	Net gaming income summary Com	bine lines 1 and 7 in col	umn (d)	🕨			
9		er the state(s) in which the organiza the organization licensed to operate		·		· 9a	Yes	No
a		No," Explain						
	If"	, ,						
a b	— We	re any of the organization's gaming l Yes," Explain	icenses revoked, suspe	nded or terminated during	g the tax year?	10a		
a b 10a	Wei	re any of the organization's gaming l				10a		

			Yes	NO
13	Indicate the percentage of gaming activity operated in			
а	The organization's facility			
b	An outside facility			
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records			
	Name 🕨			
	Address 🟲			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	L5a		
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$			
c	If "Yes," enter name and address			
	Name ►			
	Address ►			
16	Gaming manager information			
	Name ▶			
	Gaming manager compensation ▶ \$			
	Description of services provided 🟲			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	L7a		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year	-, -		

Software ID: Software Version:

EIN: 53-0196577

Name: THE BROOKINGS INSTITUTION

Form 990 Schedule G - Licensed States	
	Licensed States

DLN: 93493134025130 OMB No 1545-0047

Open to Public

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

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

Name of the organization						Employer identi	fication number
THE BROOKINGS INSTITUTI	ON					53-0196577	
Part I General Inform	mation on Gra	nts and Assistance	2			•	
 Does the organization mathematical the selection criteria use Describe in Part IV the organization 	d to award the gra	nts or assistance?					▽ Yes ▽
Part II Grants and Ot Form 990, Part I Part IV and Sch	her Assistance IV, line 21 for a edule I-1 if addi	e to Governments ny recipient that rece tional space is	and Organizations	in the United Sta 000. Check this box	tes. Complete if the confidence of the confidenc		
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
2 Enter total number of sec			•		_		

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

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
FELLO WSHIP STIPEND	17	394,880			

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

See Additional Data Table

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S		Schedule I, Part I, Line 2 BROOKINGS DOES NOT ISSUE GRANTS TO OTHER ORGANIZATIONS BROOKINGS DOES ISSUE FELLOWSHIP STIPENDS TO INDIVIDUALS THESE DISBURSEMENTS ARE MONITORED AS THE INDIVIDUALS ARE GENERALLY RESIDENTS AT BROOKINGS AND THEIR WORK IS SUPERVISED BY THEIR BROOKINGS ADVISOR

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As Filed Data -

DLN: 93493134025130

OMB No 1545-0047

Schedule J (Form 990)

Compensation Information

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Name of the organization THE BROOKINGS INSTITUTION

Employer identification number

53-0196577

Pa	rt I Questions Regarding Compensation	on				
					Yes	Νο
1a	Check the appropriate box(es) if the organization pr 990, Part VII, Section A, line 1a Complete Part II		ny of the following to or for a person listed in Form vide any relevant information regarding these items			
	First class or charter travel	굣	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments		Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a v provision of all the expenses described above? If "			1b	Yes	
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executiv			2	Yes	
3	Indicate which, if any, of the following the organizat organization's CEO/Executive Director Check all t		·			
	Compensation committee		Written employment contract			
	Independent compensation consultant	<u> </u>	Compensation survey or study			
	Form 990 of other organizations	<u>~</u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990,	, Part VII	I, Section A, line 1a			
а	Receive a severance payment or change of control	payment	t?	4a	Yes	
b	Participate in, or receive payment from, a supplement	ental non	iqualified retirement plan?	4b		Νo
С	Participate in, or receive payment from, an equity-	based co	mpensation arrangement?	4c		Νο
	If "Yes" to any of lines 4a-c, list the persons and p	rovide th	ne applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must c	omplete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	, line 1a,	, did the organization pay or accrue any			
а	The organization?			5a		Νο
b	Any related organization?			5b		Νο
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	, line 1a,	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νο
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"			7		No
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in Part III			8		N o

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

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

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown of	f W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
	(i) Base compensation	(ii) Bonus & Incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
See Addıtıonal Data Table (i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							

Part III Supplemental Information

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

Ident if ier	Ret urn Ref erence	Explanation
		FIRST CLASS TRAVEL NOT REIMBURSEABLE BY BROOKINGS POLICY, UNLESS FLIGHT LENGTH COMPLIES WITH POLICY AND AIRCRAFT IS TWO CLASS WITHOUT BUSINESS CLASS OTHER BENEFITS NOTED ABOVE ARE PROVIDED BY INDIVIDUAL APPOINTMENT CONTRACT LETTER HOUSING ALLOWANCE FOR A DIRECTOR IN BEIJING
	Part I, Line 4a	JANE FISHKIN, CIO, RECEIVED \$118,964 IN SEVERANCE

Schedule J (Form 990) 2008

Software ID: Software Version:

EIN: 53-0196577

Name: THE BROOKINGS INSTITUTION

Form 990, Schedule J, P	art I!	I - Officers, Direc	tors, Trustees, K€	y Employees, and	Highest Compens	sated Employees	,	
(A) Name			of W-2 and/or 1099-MIS		(C) Deferred		(E) Total of columns	(F) Compensation
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) O ther compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
STROBE TALBOTT	(ı) (ıı)	418,040	· ·	949	30,370	9,985	459,344	
WILLIAM JANTHOLIS	(ı) (ıı)	220,848		143	30,600	8,843	260,434	
FREDERICK L SILBERNAGEL	(1)	221,689		331	28,578	6,565	257,163	
KATHYANN BOSAK	(ı) (ıı)	146,249		618		6,085	152,952	
LINDA G STECKLEY	(ı) (ıı)	231,458		1,765	29,499	9,957	272,679	
CATHERINE A PIEZ	(ı) (ıı)	211,126	10,000	216	27,000	6,355	254,697	
CARLOS E PASCUAL	(ı) (ıı)	277,877		331	14,300	6,565	299,073	
BRUCE J KATZ	(ı) (ıı)	246,437		216	30,225	12,179	289,057	
MARTIN S INDYK	(ı) (ıı)	244,783		618	29,366	9,053	283,820	
WILLIAM G GALE	(ı) (ıı)	241,715		216	29,382	11,671	282,984	
SL BRAINARD	(ı) (ıı)	215,253		206	22,230	1,266	238,955	
MELISSA T SKOLFIELD	(ı) (ıı)	199,726		331		6,295	206,352	
CHARLOTTE E BIERN	(ı) (ıı)		20,000	131		10,474	182,180	
ROBERT L FAHERTY	(ı) (ıı)			1,616	22,200	5,892	198,847	
DARREL M WEST	(ı) (ıı)		30,000	158	27,600	4,485	166,756	
MICHAEL E O'HANLON	(ı) (ıı)	199,412	132,718	3 216	24,219	1,399	357,964	
JEFFREY R KLING	(ı) (ıı)	232,167	32,000	129	26,827	11,948	303,071	
JEFFREY A BADER	(ı) (ıı)	242,272		949	17,975	1,399	262,595	
REBECCA M BLANK	(ı) (ıı)	129,523	107,000	158	27,170	5,582	269,433	
JOACHIM ROSKI	(ı) (ıı)	230,453		216		5,865	236,534	
ISABEL V SAWHILL	(ı) (ıı)	151,681	3,000	1,644	19,385	5,955	181,665	
PIETRO S NIVOLA	(ı) (ıı)	175,382		949	22,248	6,514	205,093	
JANE G FISHKIN	(ı) (ıı)	118,964					118,964	

DLN: 93493134025130 OMB No 1545-0047

Supplemental Information on Tax Exempt Bonds

Department of the Treasury Internal Revenue Service Name of the organization

Schedule K

(Form 990)

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O.

Open to Public **Inspection** Employer identification number

THE	BROOKINGS INSTITUTION									53-0196	577			
Pa	art I Bond Issues (Require	ed for 2008)												
	(a) Issuer Name (b) Issuer EIN (c) CUSIP #		(d) Date	Issued	(e) Issu	(e) Issue Price		(f) Description of Purpose			feased	(h) O n Behalf of Issuer		
										Yes	No	Yes	No	
A	DISTRICT OF COLUMBIA 53-6001131 2548394Z3				2009	39,	290,000	RENOVATI FACILITIES FACILITY A	, ACQUIR	ENEW		x		x
Pa	rt III Proceeds (Optional fo	or 2008)												
1	Total Proceeds of Issue				Α	<u> </u>	B		:	D			Е	
2	Gross Proceeds in Reserve Fun	ds												
3	Proceeds in Refunding or Defea	sance Escrows											,	
4	Other Unspent Proceeds													
5	Issuance Costs from Proceeds													
6	Working Capital Expenditures fr	rom Proceeds											,	
7	Capital Expenditures from Proc	eeds												
8	Year of Substantial Completion					•		•		•		•		
9	Were the bonds issued as part o	of a current refunding is:	sue?	Yes	No	Yes	No	Yes	No	Yes	No	Yes		No
10	Were the bonds issued as part o	of an advance refunding	ıssue?											
11	Has the final allocation of proce	eds been made?												
12	Does the organization maintain final allocation of proceeds?	adequate books and rec	ords to support the											
Pa	rt IIII Private Business Us	e (Optional for 2008)	1		_				Γ				
				Y = 2		+	B I No		No.	D V	N	Vas	<u>E</u>	
1	Was the organization a partner i which owned property financed l		ember of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No	Yes		No
2	Are there any lease arrangemer which may result in private busi													
For	Paperwork Reduction Act Notice, see	the Instructions for Form	າ 990.			Cat No 501	193E			Scl	hedule K	(Form 99	ງ) 2008	i

Schedule K	(Form 990) 20	800	
Part III	Private Bu	siness Use	(Continued)

			A		В		C		D		E
		Yes	No								
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										
Pai	rt IV Arbitrage (Optional for 2008)										
		ı	Α	E	3	С		D		ı	Ε
		Yes	No								
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
ь	Name of provider										
С	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
ь	Name of provider										
С	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5											
	Were any gross proceeds invested beyond an available temporary period?										

DLN: 93493134025130

OMB No 1545-0047

Open to Public Inspection

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

Transactions with Interested Persons

Name of the organization THE BROOKINGS INSTITUTION

Employer identification number

53-0196577 Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

1 (a) Name of disqualifie	ed person	person (b) Description of transaction										ected
										+	Yes	No
										+		
										<u> </u>		
2 Enter the amount of tax imposed on	the organ	nization manag	ers or d	isqualified per	sons d	iring the v	earui	nder				
section 4958								_	\$			
3 Enter the amount of tax, If any, on II	ine 2, abo	ve, reımbursed	by the	organization .				•	\$			
Part II Loans to and/or Fron	n Intere	sted Perso	ns									
To be completed by organiz	ations tha	t answered "Ye	s" on F	orm 990, Part	IV, lın	e 26, or Fo	orm 9	90-E	Z, Part	V, lin	e 38a	
	(b) Loa	an to or					, ,	· • ·	(1			· · · · · · · · · · · · · · · · · · ·
(a) Name of interested person and	from		(c)0 rig	jinal principal	(d)Ba	lance due	(e) defa) In	by bo	oved ard or		ritter ment
purpose	organiz	zation?	6	amount	(u)ba	iance due	4014	·	comm		lugico	
	То	From					Yes	No	Yes	No	Yes	No
		·										
					<u> </u>			<u> </u>		<u> </u>	1	_
	-				<u> </u>			1		-	+	-
				. .	<u> </u>			<u> </u>				
otal												
art III Grants or Assistance I To be completed by orga					an b	art IV lin	27 ما					
		b)Relationship										
(a) Name of interested person	'.			nization	13011	(c) A m	ount	of gra	nt or ty	pe of	assista	nce
Part IV Business Transactions					100 D	ort IV lun	20	2 2 0	h or	200		
To be completed by orga			ed Ye	s" on Form 9	190, P	art IV, IIII	ie 28	a, 20	ob, or		(e) Sha	
	,) Relationship ween interested	,	(c) A mount of						- 1	organiz	_
(a) Name of interested person		erson and the		transaction		(d) Descr	ıptıon	oftra	nsactı	on L	reven	
		organization									Yes	No
'MELVENY & MYERS LLP	ARTH			113,		EES INCU				'		Νo
		AHOUSE JR , TEE, IS THE				IRM FOR S TTORNEY				MR		
	CHAI					ULVAHOL						
	I	_VENY & MYER	RS,			EGAL ISS						
	LLP					ULVAHOU NE OF 21			IS ALS	50		
						ARTNERS	-		VENY	&		
						YERS, LLF						
						HE FIRM T RO RATA						
						ARTNER P						
						ISTRIBUT			ГНЕ			
						MOUNTO						
						TTRIBUT <i>i</i> ECEIVED						
	1											ı
						EPRESEN ⁻	TATI		F			
					R	EPRESEN ⁻ ROOKING			F			
					R				F			
					R				F			
					R				F			

DLN: 93493134025130

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Department of the Treasury

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

Non-Cash Contributions

Internal Revenue Service Name of the organization THE BROOKINGS INSTITUTION

Employer identification number

53-0196577

Pa	Types of Property							
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d Method of de reven	etermi	nıng	
1	Art-Works of art			5				
2	Art—Historical treasures .							
3	Art-Fractional interests							
4	Books and publications							,
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property	Х	1	498,591	FAIR MARKET VAL	UE		
9	Securities—Publicly traded .	Х	1	5,268,053	SALES PRICE			
10	Securities—Closely held stock							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution (historic structures)							
14	Q ualified conservation contribution (other)							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
	Collectibles							
19	•							
20	Drugs and medical supplies .							
	Taxıdermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	,							
	`							
	Other (describe)							
28	,							
29	Number of Forms 8283 received which the organization complete Acknowledgement		-	ar for contributions for	29			
	J	-					Yes	No
30a	During the year, did the organize hold for at least three years from the date							
	for the entire holding period?		contribution, and winch is	not required to be used for t	evellihr halhozez	20-		No
h	If "Yes", describe the arrangem					30a		
31	Does the organization have a gr			eview of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or us	e third part	ies or related organizations	to solicit, process, or sell i	non-cash			
_						32a		Νο
	 If "Yes", describe in Part II If the organization did not repor checked, describe in Part II 	t revenues i	n Column (c) for a type of p	roperty for which Column (a	a) IS			
	checked, describe in Fait II							

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.				
Identifier	ReturnReference	Explanation		
240111111	Notal III Colored	Explanation		
	1	1		

SCHEDULE 0

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

DLN: 93493134025130 OMB No 1545-0047

Inspection

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization THE BROOKINGS INSTITUTION

Employer identification number

53-0196577

ldentifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	METROPOLITAN POLICY - THE METROPOLITAN POLICY PROGRAM PROVIDES DECISION-MAKERS WITH TIMELY TREND ANALYSIS, RESEARCH AND POLICY IDEAS FOR IMPROVING THE HEALTH AND PROSPERITY OF AMERICAN CITIES AND METROPOLITAN AREAS THE PROGRAM IS BASED ON THE PREMISE THAT CITIES ARE THE HUBS OF RESEARCH AND INNOVATION, CENTERS OF HUMAN CAPITAL, AND GATEWAYS OF TRADE AND INNOVATION IN THE PAST YEAR, THE METROPOLITAN POLICY PROGRAM FOCUSED ITS EFFORTS ON FINDING WAYS TO REVITALIZE AMERICAN CITIES IN THE WAKE OF THE ECONOMIC RECESSION, AND TRACKED THE RECOVERY THROUGH ITS QUARTERLY METROMONITOR REPORTS METROPOLITAN POLICY EXPERTS ALSO EXAMINED ISSUES RELATED TO INFRASTRUCTURE, TRANSPORTATION, EMPLOYMENT AND IMMIGRATION IN ADDITION TO PUBLISHING NUMEROUS WORKS OF SCHOLARSHIP IN FY 2009, THE METROPOLITAN POLICY PROGRAM HELD 20 EVENTS OPEN TO THE GENERAL PUBLIC, AND METROPOLITAN POLICY EXPERTS TESTIFIED SIX TIMES BEFORE CONGRESSIONAL COMMITTEES AND SUBCOMMITTEES, OR STATE COMMITTEES Expenses \$ 7686724 including grants of \$ 0 Revenue \$ 0

ldentifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	GOVERNANCE STUDIES - THE GOVERNANCE STUDIES PROGRAM BRINGS TOGETHER PEOPLE INTERESTED IN IMPROVING THE PERFORMANCE OF OUR NATIONAL GOVERNMENT AND BETTERING THE ECONOMIC SECURITY, SOCIAL WELFARE, AND OPPORTUNITY AVAILABLE TO ALL AMERICANS IN THE PAST YEAR, GOVERNANCE STUDIES EXPERTS EXAMINED THE POLITICS BEHIND HEALTH CARE REFORM AND AMERICA'S ECONOMIC RECOVERY, AND COMMENTED ON OTHER TIMELY TOPICS, SUCH AS THE CLOSING OF THE GUANTANAMO BAY DETENTION CENTER, JUDICIAL SELECTION REFORM, THE USE EDUCATIONAL SYSTEM, PARTISAN GRIDLOCK IN LEGISLATION AND THE USE OF ONLINE TOOLS AND INFORMATION TECHNOLOGY TO INCREASE GOVERNMENT EFFICIENCY IN ADDITION TO PUBLISHING NUMEROUS WORKS OF SCHOLARSHIP IN FY 2009, GOVERNANCE STUDIES HELD 30 EVENTS OPEN TO THE GENERAL PUBLIC, AND ONE GOVERNANCE STUDIES EXPERT TESTIFIED BEFORE A CONGRESSIONAL COMMITTEE Expenses \$ 3525554 including grants of \$ 0 Revenue \$ 0

ldentifier	Return Reference	Explanation
Form 990, Part III, Inne 4d	Other Program Services	EXECUTIVE EDUCATION - EXECUTIVE EDUCATION EDUCATES FEDERAL, STATE AND LOCAL GOVERNMENT OFFICIALS, AND CORPORATE EXECUTIVES THROUGH ITS PUBLIC LEADERSHIP CURRICULUM EXECUTIVE EDUCATION ALSO ADVANCES BROOKINGS RESEARCH THROUGH PROGRAMS DESIGNED TO EXPLORE CRITICAL POLICY ISSUES IN THE UNITED STATES AND THROUGHOUT THE WORLD Expenses \$ 3385059 including grants of \$ 0 Revenue \$ 4270337

ldentifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	BROOKINGS PRESS - THE BROOKINGS PRESS PUBLISHES PUBLIC POLICY RESEARCH BOOKS FROM BROOKINGS' OWN SCHOLARS AS WELL AS OUTSIDE AUTHORS THE PUBLICATIONS PROVIDE EXTENSIVE BACKGROUND AND INSIGHT ON IMPORTANT PUBLIC POLICY ISSUES IN BUSINESS, ECONOMICS, GOVERNMENT AND INTERNATIONAL AFFAIRS Expenses \$ 2511135 including grants of \$ 0 Revenue \$ 2694377

Identifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	COMMUNICATIONS AND WEB - THE COMMUNICATIONS OFFICE DISSEMINATES INFORMATION ABOUT BROOKINGS, ITS SCHOLARS AND THE ARRAY OF RESOURCES THAT BROOKINGS OFFERS THE OFFICE PUBLISHES AN ANNUAL GUIDE TO BROOKINGS EXPERTS FOR POLICY MAKERS AND THE MEDIA FOR JOURNALISTS, ACADEMICS, GOVERNMENT OFFICIALS AND OTHER PERSONS INTERESTED IN CONTACTING BROOKINGS SCHOLARS AND THE BROOKINGS ANNUAL REPORT COMMUNICATIONS OVERSEES THE COMMENTARY AND ANALYSIS THAT APPEAR ON THE BROOKINGS' WEBSITE LOCATED AT WWW BROOKINGS EDU, A KEY COMPONENT OF OUTREACH AND EDUCATION Expenses \$ 1785448 including grants of \$ 0 Revenue \$ 0

ldentifier	Return Reference	Explanation
		OTHER RESEARCH - INCLUDES RESEARCH INITIATIVES OF THE EXECUTIVE OFFICE, BROOKINGS RESEARCH
Form 990,	Other	FELLOWS, FRIDAY POLICY ROUNDTABLES, AND CROSS-PROGRAM RESEARCH CROSS-PROGRAM
Part III, line	Program	RESEARCH EFFORTS INCLUDE OPPORTUNITY '08, AN ELECTION YEAR PROJECT THAT INFORMED MEMBERS
4d	Services	OF THE PUBLIC, MEDIA AND PRESIDENTIAL CANDIDATES OF BOTH PARTIES ABOUT POSSIBLE SOLUTIONS TO
		THE MAJOR CHALLENGES FACING THE COUNTRY Expenses \$ 543304 including grants of \$ 0. Revenue \$ 0.

ldentifier	Return Reference	Explanation	
Form 990, Part VI, Section A, line 2		EDGAR RIOS, TRUSTEE, AND BEATRICE W WELTERS, CHAIR, DEVELOPMENT COMMITTEE, HAVE A BUSINESS RELATIONSHIP	

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES HAS APPOINTED THE AUDIT COMMITTEE OF THE BOARD AS THE RESPONSIBLE BOARD PARTY FOR REVIEWING THE FORM 990 AND 990T EACH YEAR STARTING WITH THE FISCAL YEAR ENDED JUNE 30, 2009 ONCE THE FORM HAS BEEN COMPLETED IT IS REVIEWED INTERNALLY BY THE PRESIDENT, THE CHIEF FINANCIAL OFFICER, THE CONTROLLER, GENERAL COUNSEL AND OTHER MEMBERS OF THE SENIOR STAFF, ALONG WITH THE AUDIT COMMITTEE ONCE THOSE REVIEWS ARE COMPLETED AND THE DOCUMENT HAS BEEN APPROVED, IT IS SENT TO ALL VOTING MEMBERS OF THE BOARD OF TRUSTEES BEFORE IT IS FILED WITH THE INTERNAL REVENUE SERVICE

<u> </u>	<u> </u>	I
ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, Ine 12c		EACH YEAR, ALL BROOKINGS PERSONNEL AND CERTAIN AFFILIATES ARE REQUIRED TO COMPLETE A DISCLOSURE AND ACKNOWLEDGMENT FORM RELATED TO THE INSTITUTION'S CONFLICT OF INTEREST POLICY SPECIFICALLY, ALL EMPLOYEES ARE REQUIRED TO ACKNOWLEDGE THAT THEY HAVE READ, UNDERSTOOD AND ARE COMMITTED TO ABIDING BY THE INSTITUTION'S CONFLICT OF INTEREST POLICY AS WELL AS CERTAIN OTHER INSTITUTIONAL POLICIES HOWEVER, SCHOLARS, OFFICERS AND FINANCIAL AND ADMINISTRATIVE PERSONNEL ARE ADDITIONALLY REQUIRED TO DISCLOSE ANY POTENTIAL CONFLICTS OF INTEREST ALL FORMS ARE SUBMITTED TO THE OFFICE OF THE GENERAL COUNSEL, WHICH REVIEWS THEM AND HAS DISCRETION TO MAKE RECOMMENDATIONS OR RAISE CONCERNS WITH AFFECTED INDIVIDUALS AS APPROPRIATE THE TRUSTEE CONFLICT OF INTEREST POLICY IS ENFORCED SIMILARLY EACH YEAR THE BOARD COORDINATOR DISTRIBUTES THE TRUSTEE CONFLICT OF INTEREST POLICY AND ANNUAL ACKNOWLEDGMENT FORM TO THE INSTITUTION'S TRUSTEES THE BOARD COORDINATOR THEN ENSURES THAT EACH TRUSTEE RETURNS HIS OR HER ACKNOWLEDGMENT AND REVIEWS THE FORMS FOR ANY RELEVANT CONFLICTS OF INTEREST PLEASE NOTE THAT THE BOARD'S COMMITTEE ON PUBLIC RESPONSIBILITY AND ETHICS IS RESPONSIBLE FOR THE CONTENT OF THE FORM AND WILL BE CONSIDERING REVISIONS IN THE NEAR FUTURE MINOR ISSUES INVOLVING POTENTIAL OR APPARENT CONFLICTS OF INTEREST AND QUESTIONS ABOUT THE SAME ARE RESOLVED BY THE GENERAL COUNSEL IN CONSULTATION WITH OTHER MEMBERS OF SENIOR MANAGEMENT AS APPROPRIATE MAJOR CONFLICT OF INTEREST AND CONFLICT OF INTEREST ISSUES INVOLVING TRUSTEES ARE REFERRED TO THE COMMITTEE ON PUBLIC RESPONSIBILITY AND ETHICS AND, DEPENDING ON THE CIRCUMSTANCES, THE AUDIT COMMITTEE THE GENERAL COUNSEL REGULARLY CONFERS WITH THE CHAIR OF THE COMMITTEE ON PUBLIC RESPONSIBILITY AND ETHICS AND,

CONFLICT OF INTEREST POLICY AND ANY CONFLICT OF INTEREST ISSUES

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, Ine 15		THE INSTITUTION'S BY LAWS, A PPROVED MAY 6, 2008, CURRENTLY PROVIDE FOR A COMPENSATION COMMITTEE CONSISTING OF THE CHAIR OF THE BOARD OF TRUSTEES, THE CHAIR OF THE BUDGET AND FINANCE COMMITTEE AND ONE "AT-LARGE" ELECTED TRUSTEE A PPOINTED BY THE CHAIR OF THE BOARD AND DETERMINED BY THE CHAIR TO BE FREE OF ANY CONTRACTUAL OR OTHER RELATIONSHIPS THAT WOULD PUT INTO QUESTION THE EXERCISE OF HIS OR HER INDEPENDENT JUDGMENT UNDER THE BY LAWS, THE COMPENSATION COMMITTEE HAS THE AUTHORITY TO SET THE SALARY OF THE PRESIDENT, THE TREASURER, THE SECRETARY (AND ANY OTHER OFFICERS, DIRECTORS, MANAGERS OR EMPLOYEES AS THE EXECUTIVE COMMITTEE OR AUDIT COMMITTEE SHALL RECOMMEND BE SET BY THE COMPENSATION COMMITTEE) IN SETTING SALARIES, THE COMPENSATION COMMITTEE MUST GATHER AND RELY ON RELEVANT SALARY COMPARABILITY DATA AND RECORD COMMITTEE MINUTES WHICH CLEARLY DOCUMENT THE COMMITTEE'S DECISIONS AND THE RATIONALE UNDERLY ING SUCH DECISIONS HOWEVER, IN FISCAL YEAR 2009, NO RAISES WERE GIVEN TO OFFICERS AND THE COMPENSATION COMMITTEE DID NOT SET SALARIES FOR FISCAL YEAR 2009 THE BOARD IS CURRENTLY CONSIDERING AMENDING THE BY LAWS TO EXPAND THE SIZE OF THE COMPENSATION COMMITTEE AND TO LIMIT ITS MANDATORY REVIEW TO THE SALARY OF THE PRESIDENT AND CEO SALARIES FOR OTHER OFFICERS ARE SET BY THE PRESIDENT OF THE INSTITUTION IN CONSULTATION WITH THE DIRECTOR OF HUMAN RESOURCES

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		BROOKINGS MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FORM 990 AVAILABLE UPON REQUEST INQUIRIES COME TO THE ORGANIZATION'S ATTENTION VIA E-MAIL, PHONE AND MAIL WHENEVER POSSIBLE, BROOKINGS REPLIES BY PROVIDING AN ELECTRONIC COPY OR BY DIRECTING REQUESTORS TO GUIDESTAR ORG

ldentifier	Return Reference	Explanation					
		FORM 990, PART IX, LINE 2C BROOKINGS HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT AUDITOR THERE WERE NO CHANGES IN THESE PROCESSES FROM THE PRIOR YEAR					

Identifier	Return Reference	Explanation
		FORM 990, PART VI, LINE 1A BROOKINGS HAS AN EXECUTIVE COMMITTEE CONSISTING OF THE CHAIR, THE PRESIDENT, AND NOT FEWER THAN THREE OTHER VOTING TRUSTEES CURRENTLY THERE ARE 18 TRUSTEES ON THE EXECUTIVE COMMITTEE IN KEEPING WITH THE BROOKINGS TRADITION, THE MEMBERS ARE GENERALLY COMMITTEE CHAIRS OR OTHERS WHO HAVE PROVIDED LEADERSHIP TO THE INSTITUTION WHEN THE FULL BOARD OF TRUSTEES IS NOT IN SESSION, THE EXECUTIVE COMMITTEE HAS ALL OF THE POWERS AND EXERCISES ALL OF THE DUTIES OF THE BOARD OF TRUSTEES IN THE MANAGEMENT OF THE INSTITUTION (EXCEPT THE POWER TO FILL A VACANCY ON THE BOARD, TO AMEND THE BY LAWS OR TO SELL THE HEADQUARTERS BUILDINGS)

Software ID: Software Version:

EIN: 53-0196577

Name: THE BROOKINGS INSTITUTION

Form 990. Part VII - Section Aaa

Form 990, Part VII - Section Aaa										
		Posit t	(C lon (hat a	chec)			(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			
STROBE TALBOTT , PRESIDENT	40 00	X		Χ				418,989	0	40,355
JOHN L THORNTON , CHAIR OF THE BOARD	4 00	Х		Х				0	0	0
ALAN R BATKIN , CHAIR, BUDGET & FINANCE	3 00	Х						0	0	0
BART FRIEDMAN , CHAIR, NOM & GOV	2 00	Х						0	0	0
JO EL Z HYATT , CHAIR, AUDIT COMMITTEE	2 00	Х						0	0	0
DAVID F SWENSEN , CHAIR, INVESTMENT COM	3 00	Х						0	0	0
BEATRICE W WELTERS , CHAIR, DEVELOPMENT COM	3 00	Х						0	0	0
ROBERT JABERNETHY , TRUSTEE	2 00	Х						0	0	0
ANTOINE W VAN AGTMAEL , TRUSTEE	2 00	Х						0	0	0
LIAQUAT AHAMED , TRUSTEE	2 00	Х						0	0	0
DOMINIC BARTON , TRUSTEE	2 00	Х						0	0	0
RICHARD C BLUM , TRUSTEE	2 00	Х						0	0	0
GEOFFREY T BOISI, TRUSTEE	2 00	Х						0	0	
ABBY JOSEPH COHEN , TRUSTEE	2 00	Х						0	0	0
ARTHUR B CULVAHOUSE JR , TRUSTEE	2 00	Х						0	0	0
ALAN M DACHS , TRUSTEE	2 00	Х						0	0	0
KENNETH W DAM , TRUSTEE(UNTIL JUNE 2009)	2 00	Х						0	0	0
STEVEN A DENNING , TRUSTEE	2 00	Х						0	0	
VISHAKHA N DESAI PHD , TRUSTEE	2 00	Х						0	0	
PAUL DESMARAIS JR , TRUSTEE	2 00	Х						0	0	0
THOMAS E DONILON , TRUSTEE (UNTIL JUNE 2009)	2 00	Х						0	0	0
MARIO DRAGHI , TRUSTEE(UNTIL JUNE 2009)	2 00	Х						0	0	_
KENNETH M DUBERSTEIN , TRUSTEE	2 00	X			_			0		
CHERYL COHEN EFFRON , TRUSTEE	2 00	X						0		
ALFRED B ENGELBERG , TRUSTEE	2 00	Х						0	0	0
DAVID FRIEND , TRUSTEE(UNTIL JUNE 2009)	2 00	Х						0	0	0
ANN M FUDGE , TRUSTEE (UNTIL JUNE 2009)	2 00	X						0	0	0
JEFFREY W GREENBERG , TRUSTEE	2 00	Х	_			-		0	0	0
BRIAN L GREENSPUN , TRUSTEE (UNTIL JUNE 2009)	2 00	Х						0	0	0
GLENN HUTCHINS , TRUSTEE	2 00	Х						0	0	0

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa										
		Posit t	(C tion (hat a	chec		I		(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			
SHIRLEY ANN JACKSON , TRUSTEE (UNTIL JUNE 2009)	2 00	Х						0	0	0
BENJAMIN R JACOBS , TRUSTEE	2 00	Х						0	0	0
KENNETH M JACOBS , TRUSTEE	2 00	Х						0	0	0
SUZANNE NORA JOHNSON , TRUSTEE	2 00	Х						0	0	0
RICHARD KAUFFMAN , TRUSTEE	2 00	X						0	0	0
HAROLD HONGJU KOH , TRUSTEE (UNTIL JUNE 2009)	2 00	Х						0	0	0
RICHARD A KIMBALL JR , TRUSTEE	2 00	Х						0	0	0
NEMIR KIRDAR , TRUSTEE	2 00	Х						0	0	0
PHILIP H KNIGHT , TRUSTEE	2 00	Х						0	0	0
WILLIAM OWENS, TRUSTEE(UNTIL JUNE 2009)	2 00	Х						0	0	0
CHARLES O PRINCE , TRUSTEE	2 00	Х						0	0	0
THOMAS C RAMEY , TRUSTEE	2 00	Х						0	0	0
EDGAR RIOS , TRUSTEE	2 00	Х						0	0	0
HAIM SABAN , TRUSTEE	2 00	Х						0	0	0
SHERYL K SANDBERG , TRUSTEE	2 00	Х						0	0	0
VICTORIA P SANT , TRUSTEE	2 00	Х						0	0	0
LEONARD D SCHAEFFER , TRUSTEE (UNTIL JUNE 2009)	2 00	Х						0	0	0
LAWRENCE H SUMMERS , TRUSTEE (UNTIL JUNE 2009)	2 00	Х						0	0	0
LYNN THOMAN , TRUSTEE	2 00	Х						0	0	0
LARRY D THOMPSON , TRUSTEE	2 00	Х						0	0	0
MICHAEL L TIPSORD , TRUSTEE	2 00	Х						0	0	0
ANDREW H TISCH , TRUSTEE	2 00	Х						0	0	0
LAURA D'ANDREA TYSON , TRUSTEE (UNTIL JUNE 2009)	2 00	X						0	0	0
JOHN W WILHELM , TRUSTEE	2 00	Х						0	0	0
DANIEL YERGIN , TRUSTEE	2 00	Χ						0	0	0
DANIEL B ZWIRN , TRUSTEE	2 00	Χ						0	0	0
WILLIAM JANTHOLIS , SECRETARY/MANAGING DIR	40 00			х				220,991	0	39,443
FREDERICK L SILBERNAGEL , TREASURER/VP FIN & ADMIN	40 00			х				222,020	0	35,143
KATHYANN BOSAK , ASST TREAS/CONTROLLER	40 00			х				146,867	0	6,085
LINDA G STECKLEY , VP DEV & SECRETARY	40 00			х				233,223	0	39,456

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa										
	(B) Average hours per week	Posit t	(C lion (hat a	chec		I		(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(A) Name and Title		Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			
MATTHEW M COSTELLO , ASSISTANT SECRETARY	40 00			Х				75,326	0	15,435
CATHERINE A PIEZ , CHIEF INVEST OFFICER	40 00				х			221,342	0	33,355
CARLOS E PASCUAL , VP & DIR, FOREIGN POL	40 00				x			278,208	0	20,865
BRUCE J KATZ , VP & DIR, METRO PO L	40 00				х			246,653	0	42,404
MARTIN S INDYK , VP & DIR, FOREIGN POL	40 00				X			245,401	0	38,419
WILLIAM G GALE , VP & DIR, ECON STUDIES	40 00				х			241,931	0	41,053
SL BRAINARD , VP & DIR, GLOBAL ECON	40 00				х			215,459	0	23,496
MELISSA T SKOLFIELD , VP & DIR, COMMUNICATION	40 00				х			200,057	0	6,295
CHARLOTTE E BIERN , VP OF DEVELOPMENT	40 00				х			171,706	0	10,474
ROBERT L FAHERTY , VP & DIR, PRESS	40 00				Х			170,755	0	28,092
DARREL M WEST , VP & DIR, GOV'T STUDIES	40 00				х			134,671	0	32,085
MICHAEL E O'HANLON , SENIOR FELLOW	40 00					Х		332,346	0	25,618
JEFFREY R KLING , SENIOR FELLOW	40 00					Х		264,296	0	38,775
JEFFREY A BADER , SENIOR FELLOW	40 00					Х		243,221	0	19,374
REBECCA M BLANK , SENIOR FELLOW	40 00					Х		236,681	0	32,752
JOACHIM ROSKI , MANAGING DIR ECON STUD	40 00					Х		230,669	0	5,865
ISABEL V SAWHILL , SENIOR FELLOW	40 00						Х	156,325	0	25,340
PIETRO S NIVOLA , SVP & DIR, GOV'T STUDIES	40 00						х	176,331	0	28,762
JANE G FISHKIN , CHIEF INFO OFFICER	40 00						х	118,964	0	0

Form 990, Part III, Line 1 - Briefly describe the organization's mission:

THE BROOKINGS INSTITUTION (BROOKINGS) IS A PRIVATE, NON-PROFIT, INDEPENDENT PUBLIC POLICY RESEARCH ORGANIZATION. BROOKINGS'S MISSION IS TO CONDUCT HIGH-QUALITY INDEPENDENT RESEARCH AND, BASED ON THAT RESEARCH, TO ADVANCE INNOVATIVE, PRACTICAL RECOMMENDATIONS THAT ADVANCE THREE BROAD GOALS: STRENGTHEN AMERICAN DEMOCRACY; FOSTER THE ECONOMIC AND SOCIAL WELFARE, SECURITY AND OPPORTUNITY OF ALL AMERICANS, AND SECURE A MORE OPEN, SAFE, PROSPEROUS AND COOPERATIVE INTERNATIONAL SYSTEM. FOR MORE THAN 90 YEARS, BROOKINGS HAS ANALYZED CURRENT AND EMERGING ISSUES AND PRODUCED NEW IDEAS THAT MATTER - FOR THE NATION AND THE WORLD. RESEARCH AT BROOKINGS IS CONDUCTED TO INFORM THE PUBLIC DEBATE AND PROVIDE HIGH-QUALITY, NON-PARTISAN ANALYSIS ON THE CHALLENGES FACING AN INCREASINGLY INTERDEPENDENT WORLD.