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Form **990**

Department of the Treasury

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)

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

2009

OMB No 1545-0047

Open to Public

| Internal F | Revenue | Service Fine 6 | rganization may have to t | use a copy of this return to sa | atisfy stat | e reporting | requirements | Inspection | |
|--|--------------------|---|---|--|----------------------|---------------------|---|-------------------------------------|--|
| A For | the 2 | 2009 calendar yea | ar, or tax year beginning (| 07-01-2009 and ending 06-3 | 30-2010 | | D Employer id | lentification number | |
| B Check if applicable Please use IRS C Name of organization The Brookings Institution | | | | | | | | | |
| _ | | label or | Doing Business As | 53-0196577 E Telephone number | | | | | |
| Nam | | type. See | | | | (202) 797 | -6000 | | |
| Initi Terr | | Instruc- | Number and street (or P O 1775 Massachusetts Ave N | box if mail is not delivered to stree W | et address) | Room/suite | | s \$ 186,029,377 | |
| – Ame | | | City or town, state or coun | tnu and ZID + 4 | | | | | |
| _ | | n pending | Washington, DC 20036210 | | | | | | |
| 744 | ication | | me and address of princip | and officer | | | | _ | |
| | | | Talbott | al officer | | | ıs a group retu ites? | rn for | |
| | | | Massachusetts Ave NW ngton, DC 200362103 | | | | | | |
| | | | | | | • • | I I affiliates inclu o " attach a lis | ded? | |
| r Tax | -exem | npt status 🔽 501(c | (3) ◀ (insert no) | 47(a)(1) or | | | ip exemption n | | |
| J We | ebsit e | www brooking | s edu | | | | | | |
| K Form | of org | ganization 🔽 Corpora | tion Trust Association | Other - | - | L Year of fo | rmation 1939 | M State of legal domicile DC | |
| Par | tΙ | Summary | | | | | • | | |
| | 1 | • | _ | or most significant activities CE PRACTICAL NEW IDEAS | | | | | |
| မွ မ | | ANALIZETOLIC | T 1330E3 AND T RODOC | SET RACTICAL NEW IDEAS | | | | | |
| Governance | | | | | | | | | |
| <u> </u> | 2 | Check this hox | | ontinued its operations or dis | snosed of | more than | 25% of its net | assets | |
| 3 | | • | | g body (Part VI, line 1a) | | | | 3 4 | |
| | 4 | _ | - | the governing body (Part VI, | | | | 4 4 | |
| ë | 5 | | mployees (Part V, line 2a | | | | | 5 54 | |
| Activities & | 6 | Total number of vo | olunteers (estimate if nec | essary) | | | 1 | 6 | |
| 4 | | - | | m Part VIII, column (C), line | | - | 7 | 7a 29,70 | |
| | b | Net unrelated bus | iness taxable income froi | m Form 990-T, line 34 | | | Т | 7b -36,89 | |
| | _ | Carabashashasa | d | 41.) | - | Pric | or Year | Current Year | |
| ā | 8 9 | | d grants (Part VIII, line : | 2g) | • • | | 59,262,508 4,270,337 | 53,280,355 | |
| Revenue | 10 | _ | • |), lines 3, 4, and 7d) | F | | 8,180,168 | 9,525,340 | |
| 2: | 11 | | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line | | | | | 4,262,673 | |
| | 12 | | | | | | | 67.060.060 | |
| | 13 | | | | | | 75,251,105 394,880 | 67,068,368 | |
| | 14 | | | column (A), line 4) | F | | 394,000 | 310,707 | |
| | 15 | • | | penefits (Part IX, column (A), | F | | | <u> </u> | |
| 8 | | 10) | | | | 46,169,879 42,4 | | | |
| Expenses | 16a | | | umn (A), line 11e) | • | | 180,000 | 420,000 | |
| <u>ज</u> | ь | | penses (Part IX, column (D), lir | | | 44 4 70 4 6 6 | 47.222.040 | | |
| | 17 18 | | | s 11a-11d, 11f-24f) | H | | 41,170,166 87,914,925 | 47,232,948 90,434,735 | |
| | 19 | | penses Subtract line 18 | | -12,663,820 | | -23,366,367 | | |
| <i>8</i> € | | - 1.23 3X | | | Beginning of Current | | End of Year | | |
| Net Assets or Fund Balances | | - | | | - | | ear | | |
| Ass Ba | 20 | | rt X, line 16) | | - | | 354,809,813 | 360,062,494 | |
| 5 E | 21 22 | - | Part X, line 26) nd balances Subtract line | | • | | 58,785,120 | 60,732,438 | |
| Par | | Signature Bl | | 21 110111 11111 20 | • • [| | 290,024,093 | 299,330,030 | |
| | | Under penalties of pe | erjury, I declare that I have ex | amined this return, including accom | | | | | |
| | | and belief, it is true, | correct, and complete Declara | tion of preparer (other than officer) | ıs based or | n all informati | on of which prepa | rer has any knowledge | |
| Sign | | ***** | | | | 2011- | 04-13 | | |
| Here | | Signature of office | er | | Date | | | | |
| | | Stewart A Uretsky Type or print nam | / Vice President/CFO/Treasure | r | | | | | |
| | | | е ани ние | T_ | <u> </u> | | T ₀ | | |
| D. 1 1 | | Preparer's signature | | Date | self- | . — | Preparer's iden (see instruction | | |
| Paid Propa | rer ⁱ c | , | - h DATE - DO | | emp | olyed 🕨 🦵 | | | |
| Prepa Use C | | Firm's name (or your if self-employed), | P | | | | EIN ▶ | | |
| | , | address, and ZIP + 4 | 1899 L STREET NW SUIT | E 900 | | _ _ | Phone no b | 202) 822-5000 | |
| | | | WASHINGTON, DC 2003 | 6 vn above? (see instructions) | | | | ✓ Yes | |

Form 990 (2009)

Part III Statement of Program Service Accomplishments

- 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.

| 2 | Did the organization u the prior Form 990 or | | ant program se | ervices during the year v | which were not listed on | ┌ Yes ┌ No | | | |
|----|---|--|---|---|--|--|--|--|--|
| | If "Yes," describe these new services on Schedule O | | | | | | | | |
| 3 | Did the organization c | | make sıgnıfıcar | nt changes in how it con | ducts, any program | ┌ Yes ┌ No | | | |
| | If "Yes," describe thes | e changes on Sched | ule O | | | | | | |
| 4 | Section 501(c)(3) and | l 501(c)(4) organizat | tions and secti | | argest program services e required to report the a ervice reported | | | | |
| 4a | (Code |) (Expenses \$ | 15,667,749 | ıncludıng grants of \$ | 318,707) (Revenue s |) | | | |
| | century The aim is to im favor of peace, security a wide range of topics, incli evolving transatlantic rela | prove America's foreign a nd human progress In th iding the wars in Afghani tionships, and the changi | nd national securit ne past year, foreio stan and Iraq, nuc ng global role of C | y policies, enlighten the publi gn policy experts both in Was lear non-proliferation, energy | shington and in our foreign cen security, military technology, g numerous works of scholarsh | tional community in the 21st e emerging international order in ters in Beijing and Doha examined a Iran, the Middle East, India, the iip in FY 2010, scholars in the foreign | | | |
| | (Code |) (Expenses \$ | 14,549,372 | ıncludıng grants of \$ |) (Revenue \$ |) | | | |
| | Economic Studies - analy understanding of how the economic crisis and the e the United States Econor | zes current and emerging economy works and who nsuing recovery, and com nic Studies also produces tion to publishing numero | economic policy is at can be done to imented on such d the Brookings Pap us works of schola | ssues in the United States and make it work better. In the p liverse issues as health care in iers on Economic Activity, the rship in FY 2010, Economic S | d worldwide Its research aims bast year, Economic Studies ex reform, financial sector regulati e leading source of policy-orien | to increase the public's perts examined the current on, and poverty and inequality in | | | |
| | (Code |) (Expenses \$ | 8,445,460 | including grants of \$ |) (Revenue \$ |) | | | |
| 40 | Global Economy and Devi business executives and of shaping the global econor coordinated economic stir numerous works of scholo | elopment - examines the civil society Global econo my, the road out of pover nulus, global financial reg arship in FY 2010, global o | opportunities and my and developm rty and the rise of ulation, reform of economy and deve | challenges presented by glol ent experts address the issue new economic powers. In the international financial institut | balization, which has become a es surrounding globalization wit e past year, the research agen ions and development assistar | central concern for policymakers, hin three key areas the drivers da for the program was centered on | | | |
| | Other program servic | ces (Describe in Sch | nedule O) See | also Additional Data fo | r Description | | | | |
| | (Expenses \$ | 17,695,420 inc | luding grants o | of\$ |) (Revenue \$ | 1,888,051) | | | |
| 4e | Total program servic | e expenses ⊧ \$ | 56,358,00 | 1 | | | | | |

| | • | | |
|---------|-----------|-------------|-----------|
| Part IV | Checklist | of Required | Schedules |

| | • | | Yes | No |
|-----|---|-----|-----|-----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | Yes | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? 💋 | 2 | Yes | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | No |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 4 | | N o |
| 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 similar funds or 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? <i>If "Yes," complete Schedule D, Part II</i> | 7 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | 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, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V | 10 | Yes | |
| 11 | Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | 11 | Yes | |
| | ◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI. | | | |
| | ◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. | | | |
| | ◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. | | | |
| | ◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. | | | |
| | ◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. | | | |
| | ◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X. | | | |
| 12 | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII | 12 | Yes | |
| 12A | Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No | | | |
| | If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A No | ļ | ļ | |
| 13 | Is the organization a school 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 United States? | 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 United States? If "Yes," complete Schedule F, Part I | 14b | Yes | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? <i>If "Yes," complete Schedule F, Part II</i> | 15 | | No |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If "Yes," complete Schedule F, Part III</i> | 16 | | No |
| 17 | Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | Yes | |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | No |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | No |
| 20 | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 20 | | No |

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

| | ,2003) |
|--------|---|
| Part V | Statements Regarding Other IRS Filings and Tax Compliance |
| | |

| | | | Yes | No |
|---|---|-----|-----|----|
| а | 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 646 | , | | |
| b | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0 | - | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | Yes | |
| 1 | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this | | | |
| | return | - | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) | 2b | Yes | |
| ı | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | 3a | Yes | |
| ь | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3b | Yes | |
| • | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial 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, Report of Foreign Bank and Financial Accounts | | | |
| | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \cdot . | 5a | | Νo |
| Ь | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | Νo |
| С | If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? | 5c | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? | 6a | | No |
| • | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | |
| | | | | |
| 3 | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | No |
|) | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | Νo |
| ł | If "Yes," indicate the number of Forms 8282 filed during the year | - | | |
| • | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | No |
| | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | No |
| | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| 1 | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as | | | |
| | required? | 7h | | |
| | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess | | | |
| | business holdings at any time during the year? | 8 | | |
| | Sponsoring organizations maintaining donor advised funds. | | | |
| | Did the organization make any taxable distributions under section 4966? | 9a | | |
| | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| | Section 501(c)(7) organizations. Enter | | | |
| | 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 | - | | |
| | Section 501(c)(12) organizations. Enter | | | |
| a | Gross income from members or shareholders |] | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | | | |
| а | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the | | | |
| | vear 12b | 1 | | |

Stewart A Uretsky

(202) 797-6000

1775 Massachusetts Ave NW Washington, DC 200362103

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

| Se | ection A. Governing Body and Management | | | |
|-----|---|-------------------|-------------------|--------------|
| | retion / it covering body and rianagement | | Yes | No |
| | | | | |
| 1a | Enter the number of voting members of the governing body 1a | 48 | | |
| ь | Enter the number of voting members that are independent | 46 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with a | | | |
| _ | 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? | _ | | No |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 filed? | was 4 | Yes | |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? . | . 5 | | Νo |
| 6 | Does the organization have members or stockholders? | 6 | | Νo |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of governing body? | f the 7a | | No |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | 7b | | Νo |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | ne | | |
| а | The governing body? | . 8a | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Yes | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached organization's mailing address? If "Yes," provide the names and addresses in Schedule O | at the | | No |
| | ection B. Policies (This Section B requests information about policies not required by the Inter | nal | | |
| ке | evenue Code.) | | Yes | No |
| 10a | Does the organization have local chapters, branches, or affiliates? | . 10a | 163 | No |
| | If "Yes," does the organization have written policies and procedures governing the activities of such chapter | | | 110 |
| 11 | affiliates, and branches to ensure their operations are consistent with those of the organization? | . 10b | | |
| | Thas the organization provided a copy of this Form 990 to an members of its governing body before ining the | 11 | Yes | |
| 11A | Describe in Schedule O the process, if any, used by the organization to review the Form 990 | | | |
| 12a | Does the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Yes | |
| b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give to conflicts? | e rise 12b | Yes | |
| c | 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 | |
| 13 | Does the organization have a written whistleblower policy? | 13 | Yes | |
| 14 | Does the organization have a written document retention and destruction policy? | 14 | Yes | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decis | ion? | | |
| а | The organization's CEO, Executive Director, or top management official | . 15a | Yes | |
| b | Other officers or key employees of the organization | . 15b | | Νo |
| | If "Yes" to line a or b, describe the process in Schedule O (See instructions) | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement we taxable entity during the year? | vith a 16a | | No |
| Ь | 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? | | | |
| Se | ection C. Disclosure | | ı | |
| 17 | List the States with which a copy of this Form 990 is required to be filed▶CA , CT , IL , MA , MD , MN , NJ , | NY,OH,P. | 4 , VA | |
| 18 | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501 (3)s only) available for public inspection. Indicate how you make these available. Check all that apply | .(c) | | |
| 19 | Own website Another's website Vupon request Describe in Schedule Owhether (and if so, how), the organization makes its governing documents, conflict o | .f | | |
| | interest policy, and financial statements available to the public. See Additional Data Table. State the name, physical address, and telephone number of the person who possesses the books and record | | 0 D 1 3 0 4 1 5 1 | . b e |
| ZU | - State the name, physical address, and telephone number of the person who possesses the books and record | s or the ord | amzatioi | |

Part VIII 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 Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

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

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

| Check this box if the organization did not compensate any current or former officer, director, trustee or key employee | | | | | | | | | | |
|--|-------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|---|--|
| (A) Name and Title | (B) Average hours | (C) Position (check all that apply) | | | | | | (D) Reportable compensation | (E) Reportable compensation | (F) Estimated amount of other |
| | per week | Individual trustee or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | from the organization (W- 2/1099-MISC) | from related organizations (W- 2/1099- MISC) | compensation from the organization and related organizations |
| See add'l data | | | | | | | | | | |
| | | | | | | | | | | |
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| ı uğc | |
|-------|---|
| 706.0 | 0 |

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 105

| | | | 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> "Yes," complete Schedule J for such individual | 3 | Yes | |
| 4 | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such | | | |
| | ındıvıdual | 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 J for such person | 5 | | No |

Section B. Independent Contractors

1b Total .

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

| (A) | (B) | (C) |
|---|-----------------------------|--------------|
| Name and business address | Description of services | Compensation |
| Oracle USA Inc PO Box 44471 San Franciso, CA 941444471 | Computer technology | 4,828,295 |
| The Squires Group 130 Lubrano Drive Suite 112 Annapolis, MD 21401 | Technical staffing services | 1,947,480 |
| Kforce Professional Staffing PO Box 277997 Atlanta, GA 303847997 | Professional staffing | 1,115,762 |
| SODEXHO INC PO Box 536922 Atlanta, GA 30353 | Dining room serivces | 977,458 |
| WSCDavis A Joint Venture 12530 Parklawn Drive Rockville, MD 20852 | Construction | 958,823 |
| 2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►60 |) who received more than | |

| Form 99 | | | | | | | | Page 9 |
|--|----------|---|---|---------------------|----------------------|--|---|---|
| Part V | <u> </u> | Statement o | of Revenue | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| ats a | 1a | Federated camp | paigns 1a | | | | | |
| g Sen | ь | Membership du | | | | | | |
| ts, am | c | Fundraising eve | | | | | | |
| <u> </u> | d | Related organiz Government grants | eations 1d | 2,712,650 | | | | |
| ons | e • | _ | ons, gifts, grants, and 1f | 50,567,705 | | | | - |
| Contributions, gifts, grants and other similar amounts | g | sımılar amounts no | ot included above butions included in | | | | | |
| Ç ≅ | h | Total. Add lines | s 1a-1f | ▶ | 53,280,355 | | | |
| <u> </u> | | | | Business Code | | | | |
| Program Service Revenue | 2a | | | | | | | |
| æ | Ь | | | | | | | |
| 5 € | C | | | | | | | |
|) J | d | | | | | | | |
| Ē | e _ | ^ II other progra | | | | | | |
| į. | f | | am service revenue | | | | | |
| | g | | s 2a-2f | | | | | |
| | 3 | | ome (including dividendar ar amounts) | | 2,480,760 | | | 2,480,760 |
| | 4 | | tment of tax-exempt bond | · · · . | , , | | | |
| | 5 | Royalties | | • | | | | |
| | | | (ı) Real | (II) Personal | | | | |
| | 6a | Gross Rents | 370,175 | | | | | |
| | Ь | Less rental expenses | 150,293 | | | | | |
| | C | Rental income or (loss) | 219,882 | | | | | |
| | d | Net rental incor | me or (loss) | | 219,882 | | | 219,882 |
| | 7a | Gross amount from sales of assets other than inventory | (i) Securities 125,415,190 | (II) O ther | | | | |
| | ь | Less cost or other basis and sales expenses | 118,370,610 | | | | | |
| | c d | Gain or (loss) | 7,044,580 | | 7,044,580 | | | 7,044,580 |
| | 8a | Gross income fi | rom fundraising | | ,,,,,,,,, | | | ,,,,,,,,,, |
| Other Revenue | | events (not incl \$of contributions See Part IV, lin | reported on line 1c) | | | | | |
| the | ь | | penses b | _ | | | | |
| 0 | C O= | | loss) from fundraising | events 🟲 📗 | | | | |
| | 9a | See Part IV, lin | rom gaming activities le 19 a | | | | | |
| | b | | penses b | | | | | |
| | 10a | Gross sales of returns and allo | • * | vicies | | | | |
| | _ | | a | 2,328,157 | | | | |
| | р С | | oods sold b (loss) from sales of inve | 440,106 entory ► | 1,888,051 | 1,888,051 | | |
| | <u> </u> | Miscellaneous | | Business Code | . , - | . , - | | |
| | 11a | Cafeteria Incon | ne | 900,099 | 1,169,713 | | | 1,169,713 |
| | ь | Miscellaneous I | Income | 900,099 | 892,943 | | | 892,943 |
| | С | Foreign Currenc | · | 900,099 | 121,790 | | | 121,790 |
| | d | All other revenu | | | -29,706 | | -29,706 | |
| | 12 | Total revenue | S 11a-11d See Instructions | · · · • | 2,154,740 | | | |
| |] | iotai ievellue. | oce matructions | • • | 67,068,368 | 1,888,051 | -29,706 | 11,929,668 |

| | 990 (2009) | | | | Page 10 |
|--------|---|-----------------------|-----------------------------|--|-------------------------|
| Part | | | | | |
| _ | Section 501(c)(3) and 501(c)(4) organizations m | | | (D) | |
| | ll other organizations must complete column (A) but are not required to | complete columi | (B), (C), and (B) | (D). | (D) |
| | ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII. | (A) Total expenses | Program service expenses | Management and general expenses | 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 | 318,707 | 318,707 | | |
| 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 | 4,393,247 | 2,821,671 | 886,431 | 685,145 |
| 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 | 29,976,917 | 23,028,372 | 6,315,396 | 633,149 |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 2,791,747 | 2,147,137 | 581,297 | 63,313 |
| 9 | Other employee benefits | 3,012,932 | 2,306,680 | 628,125 | 78,127 |
| 10 | Payroll taxes | 2,288,237 | 1,726,016 | | 83,142 |
| 11 | Fees for services (non-employees) | 2,200,237 | 1,720,010 | 473,073 | 03,142 |
| | Management | | | | |
| a | - | FF2.0F0 | 20 562 | F24 406 | |
| - | Legal | 553,059 | 28,563 | 524,496 399,390 | |
| C L | Accounting | 400,767 | 1,377 | 399,390 | |
| d | Lobbying | 420,000 | | | 430,000 |
| e | Professional fundraising See Part IV, line 17 | 420,000 | | | 420,000 |
| f | Investment management fees | 2,430,180 | | 2,430,180 | |
| g | Other | 15,597,445 | 7,915,094 | | 6,343 |
| 12 | Advertising and promotion | 382,412 | 276,798 | | 5,333 |
| 13 | Office expenses | 1,321,367 | 869,323 | · · | 32,165 |
| 14 | Information technology | 3,325,221 | 2,362,493 | 785,000 | 177,728 |
| 15 | Royalties | | | | |
| 16 | Occupancy | 3,163,927 | 2,544,080 | 490,670 | 129,177 |
| 17 | Travel | 2,623,047 | 2,323,345 | 219,630 | 80,072 |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | 63,426 | 63,426 | | |
| 19 | Conferences, conventions, and meetings | 2,557,008 | 2,813,324 | -398,103 | 141,787 |
| 20 | Interest | 2,143,009 | 838,217 | 1,262,231 | 42,561 |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 4,325,968 | 1,934,552 | 2,316,334 | 75,082 |
| 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 | Repair/Maintenance | 2,209,988 | 159,607 | 2,012,625 | 37,756 |
| b | Other direct costs | 2,150,928 | 155,341 | 1,958,840 | 36,747 |
| С | Bad Debt | 1,612,483 | | 1,612,483 | |
| d | Publishing | 1,375,477 | 1,371,188 | 3,617 | 672 |
| e | Cafeteria catering | 577,851 | 283,190 | 280,282 | 14,379 |
| f | All other expenses | 419,385 | 69,500 | 348,090 | 1,795 |
| 25 | Total functional expenses. Add lines 1 through 24f | 90,434,735 | 56,358,001 | 31,332,261 | 2,744,473 |
| 26 | Joint costs. Check here ► ☐ 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 | ,,=,, | ,, | ,, | . ,, |
| | | • | | | |

| Pa | rt X | Balance Sheet | | | | | | | | | | |
|-------------|------|--|---|-----------|--------------------------|-----|--------------------|--|--|--|--|--|
| | | | | | (A) Beginning of year | | (B) End of year | | | | | |
| | 1 | Cash—non-interest-bearing | | | 2,798,060 | 1 | 3,461,122 | | | | | |
| | 2 | Savings and temporary cash investments | | | 13,386,173 | 2 | 12,552,770 | | | | | |
| | 3 | Pledges and grants receivable, net | | | 70,450,186 | 3 | 57,117,877 | | | | | |
| | 4 | Accounts receivable, net | | | | | | | | | | |
| | 5 | Receivables from current and former officers, directors, trustees highest compensated employees. Complete Part II of | ibles from current and former officers, directors, trustees, key employees, and compensated employees 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 | | | | | | | | | | |
| | | Schedule L | | | | 6 | | | | | | |
| Assets | 7 | Notes and loans receivable, net | | | | 7 | | | | | | |
| 8 | 8 | Inventories for sale or use | | | 546,120 | 8 | 449,849 | | | | | |
| ⋖ | 9 | Prepaid expenses and deferred charges | | | 196,994 | 9 | 499,306 | | | | | |
| | 10a | Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i> | 10a | 66,129,78 | 9 | | | | | | | |
| | b | Less accumulated depreciation | 10b | 21,454,48 | 3 46,858,952 | 10c | 44,675,306 | | | | | |
| | 11 | Investments—publicly traded securities | | | 79,914,953 | 11 | 91,372,278 | | | | | |
| | 12 | Investments—other securities See Part IV, line 11 | | | 138,769,296 | 12 | 147,828,852 | | | | | |
| | 13 | Investments—program-related See Part IV, line 11 | | | | 13 | | | | | | |
| | 14 | Intangible assets | | | | 14 | | | | | | |
| | 15 | Other assets See Part IV, line 11 | | | 1,342,937 | 15 | 1,158,873 | | | | | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | | 354,809,813 | 16 | 360,062,494 | | | | | |
| | 17 | Accounts payable and accrued expenses . | | | 10,029,606 | 17 | 9,428,216 | | | | | |
| | 18 | Grants payable | | | | 18 | | | | | | |
| | 19 | Deferred revenue | | | 996,190 | 19 | 349,297 | | | | | |
| | 20 | Tax-exempt bond liabilities | | | 39,293,216 | 20 | 39,301,817 | | | | | |
| <u>, a</u> | 21 | Escrow or custodial account liability Complete Part IV of Schedul | eD. | | | 21 | | | | | | |
| Liabilities | 22 | Payables 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 | | • | 5,066,108 | 23 | 7,566,108 | | | | | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | | | 24 | | | | | | |
| | 25 | Other liabilities Complete Part X of Schedule D | | | 3,400,000 | 25 | 4,087,000 | | | | | |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 58,785,120 | 26 | 60,732,438 | | | | | |
| s es | | Organizations that follow SFAS 117, check here ▶ ↓ and comp through 29, and lines 33 and 34. | lete l | ines 27 | | | | | | | | |
| lan. | 27 | Unrestricted net assets | | | 146,458,461 | 27 | 150,654,648 | | | | | |
| Balance | 28 | Temporarily restricted net assets | | | 91,956,590 | 28 | 88,985,210 | | | | | |
| Fund | 29 | Permanently restricted net assets | | | 57,609,642 | 29 | 59,690,198 | | | | | |
| ∄ | | Organizations that do not follow SFAS 117, check here 🕨 🦵 an | d con | nplete | | | | | | | | |
| ō | | lines 30 through 34. | | | | | | | | | | |
| | 30 | Capital stock or trust principal, or current funds | | | | 30 | | | | | | |
| Assets | 31 | Paid-in or capital surplus, or land, building or equipment fund | | | | 31 | | | | | | |
| | 32 | Retained earnings, endowment, accumulated income, or other fu | ınds | | | 32 | | | | | | |
| Ŋĕ | 33 | Total net assets or fund balances | | | 296,024,693 | | 299,330,056 | | | | | |
| | 34 | Total liabilities and net assets/fund balances | | | 354,809,813 | 34 | 360,062,494 | | | | | |

| Part XI | Financial | Statements | and I | Reporting |
|---------|--------------|------------|-------|-----------|
| | i illaliciai | Statements | unu i | |

| | | | 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 | | Νo |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | Yes | |
| c | If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | 2c | Yes | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both | | | |
| | ▼ Separate basis | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | 3a | Yes | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | 3b | Yes | |

Form **990** (2009)

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

The Brookings Institution

h

Name of the organization

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

Public Charity Status and Public Support

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

Inspection Employer identification number

Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 7 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type III - Other ∏ Туре I **b** Type II c Type III - Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 9 above or IRC section (see | (iv) Is the organizate col (i) lis your gove docume | e ion in ted in irning | (v) Did you no organizat col (i) of suppoi | tify the ion in your | (vi) Is th organizat col (i) org in the U | (vii) A mount of support? | |
|---|-------------|---|---|---------------------------------|--|----------------------------|---|---------------------------------|--|
| | | instructions)) | Yes | No | Yes | No | Yes | Yes No | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | 1 | | 1 | | | |
| Total | | | | | | | | | |

and (III) below, the governing body of the the supported organization?

(iii) a 35% controlled entity of a person described in (i) or (ii) above?

Provide the following information about the supported organization(s)

(ii) a family member of a person described in (i) above?

11g(i)

11g(ii)

11g(iii)

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.)

| Se | ection A. Public Support | | , , , , , , , , , , , , , , , , , , , | , | - 1 | | |
|---------|--|--|--|--|--|---|-------------------|
| | endar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") | 37,580,09 | 80,331,457 | 66,613,286 | 59,262,508 | 53,280,355 | 297,067,700 |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | 37,580,09 | 80,331,457 | 66,613,286 | 59,262,508 | 53,280,355 | 297,067,700 |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included | | | | | | 33,674,504 |
| | on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 | Public Support. Subtract line 5 | | | | | | 263,393,196 |
| | from line 4 | | | | | | |
| | ection B. Total Support endar year (or fiscal year | T | | | | T | |
| Care | beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 7 | A mounts from line 4 | 37,580,094 | 3,681,034 | 66,613,286 | 59,262,508 | 53,280,355 | 297,067,700 |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar | 2,461,948 | 3,681,034 | 5,215,626 | 2,858,457 | 2,850,935 | 17,068,000 |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | 53,691 | | 165,140 | | | 218,831 |
| 10 | Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets | 20,293 | 147,461 | 926,012 | 1,654,182 | 2,068,014 | 4,815,962 |
| 11 | Total support (Add lines 7 through 10) | | | | | | 319,170,493 |
| 12 | Gross receipts from related activiti | es, etc (See ins | tructions) | | | 12 | 30,685,528 |
| 13 | First Five Years If the Form 990 is check this box and stop here | for the organizati | on's first, second, | . thırd, fourth, or fı | ıfth tax year as a | 501(c)(3) organ | ization, ► |
| Se | ection C. Computation of Pul | | | | | | |
| 14 | Public Support Percentage for 2009 | 9 (line 6 column | (f) divided by line | 11 column (f)) | | 14 | 82 520 % |
| 15 | Public Support Percentage for 2008 | 8 Schedule A , Pa | rt II, line 14 | | | 15 | 81 320 % |
| | 33 1/3% support test—2009. If the and stop here. The organization qua 33 1/3% support test—2008. If the | alıfıes as a publıc | ly supported orga | nızatıon | | • | ►✓ |
| | box and stop here. The organization 10%-facts-and-circumstances test is 10% or more, and if the organization meeorganization | n qualifies as a p — 2009. If the org tion meets the "f | ublicly supported of anization did not c acts and circumst | organization :heck a box on lin :ances" test, chec | e 13, 16a, or 16t ck this box and st | o and line 14 op here. Explain | ▶ □ |
| ь 18 | 10%-facts-and-circumstances test 15 is 10% or more, and if the organ Explain in Part IV how the organiza supported organization Private Foundation If the organizat instructions | nization meets th tion meets the "f | e "facts and cırcu ācts and cırcumst | mstances" test, c ances" test The | heck this box and organization qual | d stop here. Iifies as a public | |

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

| | (Complete only if you | cnecked the | box on line 9 o | r Part I.) | | | |
|------|---|-------------------|---------------------|----------------------|---------------------|--------------------|-------------------|
| | ction A. Public Support | T | | | 1 | T | I |
| cale | ndar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received (Do not | | | | | | |
| | include any "unusual grants ") | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services | | | | | | |
| | performed, or facilities furnished in | | | | | | |
| | any activity that is related to the | | | | | | |
| | organization's tax-exempt | | | | | | |
| _ | purpose Gross receipts from activities that | | | | | | |
| 3 | are not an unrelated trade or | | | | | | |
| | business under section 513 | | | | | | |
| 4 | Tax revenues levied for the | | | | | | |
| | organization's benefit and either | | | | | | |
| | paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| _ | the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 Amounts included on lines 1, 2, | | | | | | |
| /a | and 3 received from disqualified | | | | 1 | | |
| | persons | | | | | | |
| b | A mounts included on lines 2 and 3 | | | | | | |
| | received from other than disqualified persons that exceed | | | | | | |
| | the greater of \$5,000 or 1% of the | | | | | | |
| | amount on line 13 for the year | | | | | | |
| c | Add lines 7a and 7b | | | | | | |
| 8 | Public Support (Subtract line 7c | | | | | | |
| | rom line 6) ction B. Total Support | | | | | | |
| | ndar year (or fiscal year beginning | | | | | | |
| cuic | in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (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 | | | | | | |
| ь | Unrelated business taxable | | | | | | |
| | income (less section 511 taxes) from businesses acquired after | | | | | | |
| | June 30, 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 | | | | | | |
| 13 | IV) Total support (Add lines 9, 10c, | | | | | | |
| 13 | 11 and 12) | | | | | | |
| 14 | First Five Years If the Form 990 is for | or the organizat | ion's first, second | l, thırd, fourth, or | fifth tax year as a | a 501(c)(3) orgar | |
| | check this box and stop here | | | | | | ► □ |
| Se | ction C. Computation of Publ | ic Support P | ercentage | | | | |
| 15 | Public Support Percentage for 2009 | | | 13 column (f)) | | 15 | |
| 16 | Public support percentage from 200 | - | | .,, | | 16 | |
| | Table support personage nom 200 | o o o modulo m, n | arc 111, mrs 15 | | | 10 | |
| Se | ction D. Computation of Inve | stment Inco | ome Percenta | ae | | | |
| 17 | Investment income percentage for 2 | | | | n (f)) | 17 | |
| 18 | Investment income percentage from | • | | • | | 18 | |
| | 33 1/3% support tests—2009. If the | | • | | d line 15 is more | | line 17 is not |
| 1.7a | more than 33 1/3%, check this box a | | | | | u.ii 23 1/3/0 dill | . IIIC 17 13 110t |
| | organization | •厂 | | • | | | |
| ь | 33 1/3% support tests—2008. If the | organization di | d not check a box | on line 14 or line | e 19a, and line 16 | 5 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

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

Software ID: Software Version:

EIN: 53-0196577

Name: The Brookings Institution

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

| 4d. Other program | services | | | | |
|--|--|---|---|---|---|
| (Code |) (Expenses \$ | 7,907,089 | ıncludıng grants of \$ |) (Revenue \$ |) |
| ideas that empower next economy that i while simultaneousl the past year, the M reports as well with released the State of Metropolitan Policy addition to publishin public, and Metropo | metropolitan areas to compe is driven by exports, powered y building smart, sustainable letropolitan Policy Program co a major summit on challenges of Metropolitan America, a sig experts also examined issue ng numerous works of scholar | te and prospe by low carbor places that e ontinued track s facing auto- inature report s related to es ship in FY 200 briefings and | r The Program believes than, fueled by innovation, rich with mbrace demographic and economic rich with the mation's economic rich with the mation's economic rich the transformation of derox ports, infrastructure, transparts the Metropolitan Policy litestimony over twenty times | ng-edge trend analysis, research to future prosperity is dependent owith opportunity, and led by metro onomic change and technological ecovery through its quarterly Methe Great Lakes region. In addition mographic trends in the top 100 mortation, employment and immigrorgram held 14 events open to to before White House and agency | n delivering a politan areas advances In roMonitor n, the program netros ration In he general |
| government and bet Studies experts exa such as the closing legislation and the i works of scholarshi | ttering the economic security, amined the politics behind hea of the Guantanamo Bay Dete use of online tools and informa | , social welfar alth care refor ntion Center, ation technolo | e, and opportunity available m and America's economic i judicial selection reform, the gy to increase government (|) (Revenue \$ In Improving the performance of o to all Americans In the past yea recovery, and commented on othe US educational system, partisa efficiency In addition to publishin public, and four Governance Studi | r, Governance er timely topics, an gridlock in ig numerous |
| (Code |) (Expenses \$ | 2,257,343 | ıncludıng grants of \$ |) (Revenue \$ |) |
| that Brookings offer government officials | s The office publishes an anr s and other persons interested | nual guide to E d in contactin | Brookings experts for policyr g Brookings scholars and th | okings, its scholars and the array nakers and the media for journalis e Brookings annual report Comm ww brookings edu, a key compone | sts, academics, unications |
| (Code |) (Expenses \$ | 2,266,406 | including grants of \$ |) (Revenue \$ | 1,888,051) |
| | | | | ings' own scholars as well as outs es in business, economics, govern | |
| (Code |) (Expenses \$ | 1,308,474 | ıncludıng grants of \$ |) (Revenue \$ |) |
| public leadership cu | | n also advanc | - | officials, and corporate executives gh programs designed to explore | = |

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

| Compensated Employees, and Independent Contractors | | | | | | | | | | | |
|--|--------------------------|---|-----------------------|---------|--------------|------------------------------|--------|--|---|--|--|
| (A) Name and Title | (B) A verage hours | verage Position (check all ours that apply) | | | | | | (D) Reportable compensation from the | (E) Reportable compensation from related | (F) Estimated amount of other compensation | |
| | week | Individual trustee or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | organization (W- 2/1099-MISC) | organizations (W- 2/1099- MISC) | from the organization and related organizations | |
| Strobe Talbott President | 40 00 | × | | x | | | | 414,930 | 0 | 55,151 | |
| John L Thornton Chair | 2 00 | х | | х | | | | 0 | 0 | 0 | |
| Joel Z Hyatt Chair, Audit Committee | 2 00 | × | | | | | | 0 | 0 | 0 | |
| Alan R Batkın Chaır, Budget & Fınance | 2 00 | х | | | | | | 0 | 0 | 0 | |
| Beatrice W Welters Chair, Development Com | 2 00 | Х | | | | | | 0 | 0 | 0 | |
| David F Swensen Chair, Investment Com | 2 00 | Х | | | | | | 0 | 0 | 0 | |
| Ann M Fudge Chair, Nominat & Gov | 2 00 | х | | | | | | 0 | 0 | 0 | |
| Bart Friedman Chair, Publ Resp/Ethics | 2 00 | х | | | | | | 0 | 0 | 0 | |
| Robert J Abernethy 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 | 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 | |
| Steven A Denning Trustee | 2 00 | х | | | | | | 0 | 0 | 0 | |
| Vishakha N Desai PhD Trustee | 2 00 | х | | | | | | 0 | 0 | 0 | |
| Paul Desmarais Jr Trustee | 2 00 | х | | | | | | 0 | 0 | 0 | |
| Kenneth M Duberstein Trustee | 2 00 | х | | | | | | 0 | 0 | 0 | |
| Cheryl Cohen Effron Trustee | 2 00 | Х | | | | | | 0 | 0 | 0 | |
| Alfred B Engelberg Trustee | 2 00 | Х | | | | | | 0 | 0 | 0 | |
| Jeffrey W Greenberg Trustee | 2 00 | х | | | | | | 0 | 0 | 0 | |
| Glenn Hutchins Trustee | 2 00 | Х | | | | | | 0 | 0 | 0 | |
| Benjamin R Jacobs Trustee | 2 00 | Х | | | | | | 0 | 0 | 0 | |

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

| Compensated Employees, and Independent Contractors | | | | | | | | | | | | |
|--|--------------------------------|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|--|--|---|--|--|
| (A) Name and Title | (B) Average hours per | Posi t | tion (hat a | che | ') | | | (D) Reportable compensation from the | (E) Reportable compensation from related | (F) Estimated amount of other compensation | | |
| | week | individual trustee or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | organization (W- 2/1099-MISC) | organizations (W- 2/1099- MISC) | from the organization and related organizations | | |
| 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 | 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 | | |
| Thomas C Ramey Trustee | 2 00 | Х | | | | | | 0 | 0 | 0 | | |
| Edgar Rios Trustee | 2 00 | Х | | | | | | 0 | 0 | 0 | | |
| David M Rubenstein Trustee | 2 00 | Х | | | | | | 0 | 0 | 0 | | |
| Haım 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 | | |
| Lynn Thoman Trustee | 2 00 | Х | | | | | | 0 | 0 | 0 | | |
| Larry D Thompson Trustee | 2 00 | Х | | | | | | 0 | 0 | 0 | | |
| Mıchael L Tıpsord Trustee | 2 00 | Х | | | | | | 0 | 0 | 0 | | |
| Andrew H Tisch Trustee | 2 00 | Х | | | | | | 0 | 0 | 0 | | |
| Antoine W V an Agtmael Trustee | 2 00 | Х | | | | | | 0 | 0 | 0 | | |
| John W Wilhelm Trustee | 2 00 | Х | | | | | | 0 | 0 | 0 | | |
| Tracy Wolstencroft Trustee | 2 00 | Х | | | | | | 0 | 0 | 0 | | |
| Daniel Yergin Trustee | 2 00 | Х | | | | | | 0 | 0 | 0 | | |
| Daniel B Zwirn Trustee | 2 00 | Х | | | | | | 0 | 0 | 0 | | |
| William J Antholis Secretary/Mang Dir | 40 00 | | | х | | | | 249,216 | 0 | 44,796 | | |
| Frederick L Silbernagel VP - Finance and Admin | 40 00 | | | х | | | | 235,198 | 0 | 37,467 | | |
| Kathyann Bosak Asst Treas /Cont - 8/09 | 40 00 | | | х | | | | 106,711 | 0 | 5,743 | | |
| Elizabeth Price Asst Secr (10/09-pres) | 40 00 | | | x | | | | 38,805 | 0 | 8,233 | | |

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

| Compensated Employees, and Independent Contractors | | | | | | | | | | | | |
|--|--------------------------|-----------------------------------|-------------------------------------|---------|--------------|------------------------------|--------|--|---|--|--|--|
| (A) Name and Title | (B) A verage hours | | (C) Position (check all that apply) | | | | | (D) Reportable compensation | (E) Reportable compensation | (F) Estimated amount of other | | |
| | per week | Individual trustee or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | from the organization (W- 2/1099-MISC) | from related organizations (W- 2/1099- MISC) | compensation from the organization and related organizations | | |
| Matthew Costello Asst Secr (1/09- 9/09) | 40 00 | | | x | | | | 78,470 | 0 | 17,788 | | |
| Catherine A Piez Chief Invest Officer | 40 00 | | | | х | | | 217,501 | 0 | 35,658 | | |
| Carlos E Pascual VP & Dır For Pol - 8/09 | 40 00 | | | | х | | | 210,312 | 0 | 12,236 | | |
| Bruce J Katz VP & Dır, Metro Pol | 40 00 | | | | х | | | 261,824 | 0 | 54,476 | | |
| Martın S Indyk VP & Dır, Foreıgn Pol | 40 00 | | | | х | | | 266,653 | 0 | 44,845 | | |
| William G Gale VP & Dir , Econ Studies | 40 00 | | | | х | | | 243,920 | 0 | 49,989 | | |
| Melissa T Skolfield VP & Dir, Communication | 40 00 | | | | х | | | 221,428 | 0 | 35,262 | | |
| Charlotte E Biern VP of Development | 40 00 | | | | х | | | 211,258 | 0 | 31,429 | | |
| Robert L Faherty VP & Director, Press | 40 00 | | | | х | | | 181,871 | 0 | 33,028 | | |
| Kemal Dervis VP & Dir, Global Econ | 40 00 | | | | х | | | 199,515 | 0 | 588 | | |
| Darrell M West VP & Dır, Gov't Studies | 40 00 | | | | х | | | 225,834 | 0 | 42,935 | | |
| Karen Dynan VP & Co-Dır, Eco Studies | 40 00 | | | | х | | | 178,826 | 0 | 197 | | |
| Steven Bennett Vice President and COO | 40 00 | | | | х | | | 200,358 | 0 | 24,949 | | |
| Lında Steckley VP of Develop/Secretary | 40 00 | | | | х | | | 213,998 | 0 | 41,788 | | |
| Mauricio Cardenas Dir, Latin America Int | 40 00 | | | | | х | | 254,607 | 0 | 27,081 | | |
| Mark McClellan Dır, ECHCR & Sen Fellow | 40 00 | | | | | х | | 246,866 | 0 | 44,415 | | |
| Martın Baily Sen Fellow & Dır, IBPP | 40 00 | | | | | х | | 263,110 | 0 | 46,329 | | |
| Joachim Roski Fellow, ES & Manag Dir | 40 00 | | | | | х | | 243,624 | 0 | 42,660 | | |
| Lawrence Kocot Deputy Dir/Sen Counsel | 40 00 | | | | | х | | 244,436 | 0 | 3,193 | | |
| Isabel V Sawhill Sen Fellow, Econ Studies | 40 00 | | | | | | х | 145,985 | 0 | 25,451 | | |
| Pietro S Nivola VP & Dir, Gov't Studies | 40 00 | | | | | | х | 182,254 | 0 | 31,180 | | |

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

| Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|------------------------------------|---|--------------------------------|
| Repair/Maintenance | 2,209,988 | 159,607 | 2,012,625 | 37,756 |
| Other direct costs | 2,150,928 | 155,341 | 1,958,840 | 36,747 |
| Bad Debt | 1,612,483 | | 1,612,483 | |
| P ublis hing | 1,375,477 | 1,371,188 | 3,617 | 672 |
| Cafeteria catering | 577,851 | 283,190 | 280,282 | 14,379 |

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493103001141

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

| erna | l Revenue Service | ► Attach to Fe | orm 990. ► See separate instructions. | | | Inspec | tion |
|----------|---|---|--|----------|---------------------------|-------------|-----------|
| | me of the organi | | | Emp | loyer identifica | ation numb | er |
| ше | : DIOOKINGS INSULUTIO | 11 | | 53- | 0196577 | | |
| Pa | | | dvised Funds or Other Similar F | | | . Comple | te if the |
| | organiz | zation answered "Yes" to Form 99 | 00, Part IV, line 6. (a) Donor advised funds | | (b) Funds and o | thereseen | ınto |
| | Total number a | t and of year | (a) Donor advised funds | ' | (b) Fullus allu (| other accou | IIILS |
| | | ributions to (during year) | | | | | |
| | | its from (during year) | | | | | |
| | 33 3 3 | e at end of year | | | | | |
| | Did the organiz | ration inform all donors and donor advi | L sors in writing that the assets held in dor organization's exclusive legal control? | nor adv | ısed | ┌ Yes | |
| S | Dıd the organız used only for c | ration inform all grantees, donors, and | donor advisors in writing that grant funds efit of the donor or donor advisor, or for a | • | | ┌ Yes | □ No |
| a | rt III Conse | rvation Easements. Complete | ıf the organization answered "Yes" t | o Forr | n 990, Part I\ | V, line 7. | |
| | Preservati Protection Preservati Complete lines | conservation easements held by the o on of land for public use (e g , recreati of natural habitat on of open space 2a-2d if the organization held a qual ne last day of the tax year | | certıfıe | d historic struc | • | a |
| | | | | | Held at the | End of the | Year |
| а | Total number o | f conservation easements | | 2a | | | |
| b | Total acreage | restricted by conservation easements | | 2b | | | |
| c | Number of con | servation easements on a certified his | toric structure included in (a) | 2c | | | |
| d | Number of con | servation easements included in (c) a | cquired after 8/17/06 | 2d | | | |
| | the taxable yea | servation easements modified, transfe ar F es where property subject to conserva | erred, released, extinguished, or terminate ation easement is located ► | ed by th | ne organization | during | |
| | _ | nization have a written policy regarding the conservation easements it holds | the periodic monitoring, inspection, han | dling of | f violations, and | ┌ Yes | ┌ No |
| | Staff and volun | teer hours devoted to monitoring, insp | pecting and enforcing conservation easen | nents d | uring the year l | - | |
| | A mount of exp | enses incurred in monitoring, inspecti | ng, and enforcing conservation easement | s durin | g the year 🟲 🕏 . | | |
| | | servation easement reported on line 2) and 170(h)(4)(B)(ii)? | (d) above satisfy the requirements of sec | tion | | ☐ Yes | ┌ No |
| | balance sheet, | <u>-</u> | onservation easements in its revenue and the footnote to the organization's financia nents | | • | | |
| ar | t IIII Organ | izations Maintaining Collectio | ns of Art, Historical Treasures, "Yes" to Form 990, Part IV, line 8. | or Ot | her Similar | Assets. | |
| а | If the organizat art, historical t | tion elected, as permitted under SFAS reasures, or other similar assets held | 116, not to report in its revenue stateme for public exhibition, education or resear nancial statements that describes these i | ch ın fu | | | е, |
| b | historical treas | · · · | 116, to report in its revenue statement a public exhibition, education, or research i s | | | • | |
| | (i) Revenues II | ncluded in Form 990, Part VIII, line 1 | | | ► \$ | | |
| | (ii) Assets incl | luded in Form 990, Part X | | | ► \$ | 2 | 03,875 |
| | If the organizat | • | orical treasures, or other similar assets f S 116 relating to these items | or finan | | | |
| а | Revenues incli | uded in Form 990, Part VIII, line 1 | | | ▶ \$ | | |
| | | , , – | | | | | |

b Assets included in Form 990, Part X

| Par | 444 Organizations Maintaining Co | ollections of Art | , His | torical Tre | eası | ures, or C |)the | <u>r Similar A</u> | sse | ts (co | ntınued) |
|---------|--|-----------------------|---------|-----------------------------------|--------|--------------------------------------|----------------|---------------------------------|---------|------------------|-----------|
| 3 | Using the organization's accession and othe items (check all that apply) | r records, check an | y of th | e following th | iat ai | re a sıgnıfıc | ant u | se of its collec | tion | ı | |
| а | Public exhibition | | d | ┌ Loan or | rexc | hange prog | rams | | | | |
| ь | Scholarly research | | e | C Other | | | | | | | |
| c | Preservation for future generations | | | | | | | | | | |
| 4 | Provide a description of the organization's c Part XIV | ollections and expla | ın hov | v they further | the | organızatıor | ı's ex | kempt purpose | ın | | |
| 5 | During the year, did the organization solicit assets to be sold to raise funds rather than | | | • | | | | nılar | Γ, | Yes | ע No |
| Par | t IV Escrow and Custodial Arrang | | | | | n answere | d "Y | es" to Form | 990 | , | |
| _ | Part IV, line 9, or reported an ar | | - | • | | | | | | | |
| 1a | Is the organization an agent, trustee, custod included on Form 990, Part X? | | - | | ions | or other ass | ets | not | Γ, | Yes | Г No |
| b | If "Yes," explain the arrangement in Part XI | V and complete the | follow | ing table | | Г | | | | | |
| _ | B | | | | | - | 4 | A | mou | nt | |
| C C | Beginning balance | | | | | } | 1c | | | | |
| d | Additions during the year | | | | | | 1d | | | | |
| e | Distributions during the year | | | | | - | 1e | | | | |
| f | Ending balance | | | | | L | 1f | | _ | | _ |
| 2a | Did the organization include an amount on F | | e 21? | | | | | | , | Yes | No |
| | If "Yes," explain the arrangement in Part XIV | | | | U 1- | Fa 000 | D | + T) / lune 10 | | | |
| Рa | rt V Endowment Funds. Complete | (a)Current Year | | wered "Yes" Prior Year | | | | TIV, IINE IU Three Years Bac | | Four Ye | ars Back |
| la | Beginning of year balance | 211,052,717 | | 261,065,607 | (-, | | (((| , | 1 | ,, , , , , | |
| ь | Contributions | 2,080,677 | | 12,000 | | | | | | | |
| с | Investment earnings or losses | 32,760,688 | | -36,102,372 | | | | | | | |
| d | Grants or scholarships | | | | | | | | | | |
| e | Other expenditures for facilities | 12,265,125 | | 13,922,518 | | | | | | | |
| f | and programs | 698,536 | | | | | | | | | |
| _ | End of year balance | 232,930,421 | | 211,052,717 | | | | | | | |
| g 2 | Provide the estimated percentage of the year | , , | | | | | | | | | |
| | | 66 999 04 | 15 | | | | | | | | |
| а | Board designated or quasi-endowment | 70 | | | | | | | | | |
| Ь | Permanent endowment > 25 630 % % | • | | | | | | | | | |
| c Ba | Term endowment 8 150 % % Are there endowment funds not in the posse | salan af tha argania | | that are held i | - n d | - d | d 6 0 = | + h a | | | |
| Ja | organization by | ssion of the organiza | ationi | illat ale lielu (| allu (| aummstere | u ioi | tile | | Yes | No |
| | (i) unrelated organizations | | | | | | | 3a | ı(i) | | Νο |
| | (ii) related organizations | | | | | | | 3a | (ii) | | Νo |
| b | If "Yes" to 3a(II), are the related organization | • | | | | | | | 3b | | |
| 1 | Describe in Part XIV the intended uses of th | | | | | | | | | | |
| Par | t VI Investments—Land, Building | s, and Equipme | nt. S | <u>ee Form 99</u> T | 0, P | art X, line | 10. | Ι | | | |
| | Description of investment | | | (a) Cost or ot basis (investme | | (b) Cost or o basis (othe | | (c) Accumulate depreciation | d | (d) Boo | k value |
| 1a | Land | | | | | 4,15 | ,620 | | \perp | 4 | ,155,620 |
| b | Buildings | | | | | 44,791 | ,087 | 12,020,4 | 34 | 32 | 2,770,653 |
| С | Leasehold improvements | | • | | | 1,635 | 5,754 | 1,118,1 | 23 | | 517,631 |
| d | Equipment | | | | | 14,862 | 2,191 | 8,315,9 | 26 | (| 5,546,265 |
| e | Other | | | | | 685 | 5,137 | | | | 685,137 |

44,675,306

| Part VII Investments—Other Securities. See (a) Description of security or category | | | od of valuation |
|--|------------------------|-----------------------|--|
| (including name of security) | (b)Book value | Cost or end-o | f-year market value |
| Financial derivatives Closely-held equity interests | | | |
| Other | | | |
| Limited partnerships | 147,828,852 | | F |
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| Total. (Column (b) should equal Form 990, Part X, col (B) line 12) | , , | | |
| Part VIII Investments—Program Related. See | Form 990, Part X, line | | |
| (a) Description of investment type | (b) Book value | | od of valuation f-year market value |
| | | 00010101111 | , your manker raide |
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| Part IX Other Assets. See Form 990, Part X, col (B) line 13) | | | |
| (a) Descrip | | | (b) Book value |
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| Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 | 5.) | | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X | | | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability | | | |
| Part X Other Liabilities. See Form 990, Part X | , line 25. | | |
| Part X Other Liabilities. See Form 990, Part X (a) Description of Liability | , line 25. | | |
| Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes | (b) A mount | | |
| Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes | (b) A mount | | |
| Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes | (b) A mount | | |
| Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes | (b) A mount | | |
| Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes | (b) A mount | | |
| Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes | (b) A mount | | |
| Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes | (b) A mount | , , , , , . | |
| Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes | (b) A mount | | |
| Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes | (b) A mount | | |
| Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes | (b) A mount | | |
| Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes | (b) A mount | , , , , , > | |
| Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes | (b) A mount | | |
| Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes | (b) A mount | , , , , , , , | |
| Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes | (b) A mount | | |

| 3 | 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 67,068,368 |
|---|-----|--|------|-------------|
| A | 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 90,434,735 |
| 5 | 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 3 | -23,366,367 |
| The prior of adjustments Figure | 4 | Net unrealized gains (losses) on investments | 4 | 27,016,393 |
| 7 | 5 | Donated services and use of facilities | 5 | |
| State Cher (Describe in Part XIV) | 6 | Investment expenses | 6 | |
| Total adjustments (net) Add lines 4 - 8 9 26,671,730 | 7 | Prior period adjustments | 7 | |
| 10 | 8 | Other (Describe in Part XIV) | 8 | -344,663 |
| Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return | 9 | Total adjustments (net) Add lines 4 - 8 | 9 | 26,671,730 |
| 1 Total revenue, gains, and other support per audited financial statements 1 92,252,733 2 A mounts included on line 1 but not on Form 990, Part VIII, line 12 2a 27,016,393 b Donated services and use of facilities 2b 2c c Recoveries of pror year grants 2c 3c d Other (Describe in Part XIV) 2d 599,001 e Add lines 2a through 2d 2 2e 3 Subtract line 2e from line 1 3 64,637,339 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 4a 2,430,180 b Other (Describe in Part XIV) 4b 849 4c 2,431,029 c Add lines 4a and 4b 4c 2,431,029 5 67,068,368 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 88,443,812 1 Total expenses and losses per audited financial statements 1 88,443,812 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 2a 4 b | 10 | | 10 | 3,305,363 |
| A mounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains on investments | Par | XII Reconciliation of Revenue per Audited Financial Statements With Revenue p | er R | eturn |
| a Net unrealized gains on investments 2a 27,016,393 b Donated services and use of facilities 2b c Recoveries of prior year grants 2c d Other (Describe in Part XIV) 2d 599,001 e Add lines 2a through 2d 2 27,615,394 3 Subtract line 2e from line 1 3 64,637,339 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 4a 2,430,180 b Other (Describe in Part XIV) 4b 849 c Add lines 4a and 4b 4c 2,431,029 5 Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) 5 67,068,368 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 88,443,812 1 Total expenses and losses per audited financial statements 1 88,443,812 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 2a 4 4 a Donated services and use of facilities 2b 4 4 4 | 1 | Total revenue, gains, and other support per audited financial statements | 1 | 92,252,733 |
| b Donated services and use of facilities 2b 4 c Recoveries of prior year grants 2c 3 d Other (Describe in Part XIV) 2d 599,001 e Add lines 2a through 2d 2e 27,615,394 3 Subtract line 2e from line 1 3 64,637,339 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 4a 2,430,180 b Other (Describe in Part XIV) 4b 849 c Add lines 4a and 4b 4c 2,431,029 c Add Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) 5 6 67,068,368 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements 1 88,443,812 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 2a 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 <th>2</th> <th>A mounts included on line 1 but not on Form 990, Part VIII, line 12</th> <th></th> <th></th> | 2 | A mounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| c Recoveries of prior year grants 2c 4 4 4 599,001 2 27,615,394 3 64,637,339 4 27,615,394 3 64,637,339 4 Add lines 2a through 2d . | а | Net unrealized gains on investments | | |
| d Other (Describe in Part XIV) 2d 599,001 e Add lines 2a through 2d <th>b</th> <th>Donated services and use of facilities</th> <th></th> <th></th> | b | Donated services and use of facilities | | |
| Red Red | c | Recoveries of prior year grants | | |
| Subtract line 2e from line 1 | d | Other (Describe in Part XIV) | | |
| A mounts 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 2,430,180 b Other (Describe in Part XIV) | e | Add lines 2a through 2d | 2e | 27,615,394 |
| A | 3 | Subtract line 2e from line 1 | 3 | 64,637,339 |
| b Other (Describe in Part XIV) 4b 849 4c 2,431,029 c Add lines 4a and 4b 4c 2,431,029 5 Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) 5 67,068,368 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements 1 88,443,812 2 A mounts included on line 1 but not on Form 990, Part IX, line 25 2a Image: Control of the part XIV of the part XI | 4 | A mounts included on Form 990, Part VIII, line 12, but not on line 1 | | |
| c Add lines 4a and 4b | а | Investment expenses not included on Form 990, Part VIII, line 7b . 4a 2,430,180 | | |
| Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) | b | Other (Describe in Part XIV) 4b 849 | | |
| Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 | c | | 4c | 2,431,029 |
| 1 Total expenses and losses per audited financial statements | | | _ | 67,068,368 |
| statements 1 2 A mounts included on line 1 but not on Form 990, Part IX, line 25 2a 4 | | | per | |
| A mounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities | 1 | | 1 | 88,443,812 |
| a Donated services and use of facilities | 2 | | | |
| b Prior year adjustments 2b 4 c Other losses 2c 2c d Other (Describe in Part XIV) 2d 440,106 e Add lines 2a through 2d 2e 440,106 3 Subtract line 2e from line 1 3 88,003,706 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4a 2,430,180 b Other (Describe in Part XIV) 4a 2,430,180 b Other (Describe in Part XIV) 4c 2,431,029 5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) 5 90,434,735 | а | I I | | |
| c Other losses | b | | | |
| e Add lines 2a through 2d | c | Other losses | | |
| 3 Subtract line 2e from line 1 3 88,003,706 4 A mounts included on Form 990, Part IX, line 25, but not on line 1: 4a 2,430,180 4b 849 b Other (Describe in Part XIV) 4c 4d 849 c Add lines 4a and 4b 4c. (This should equal Form 990, Part I, line 18) 5 90,434,735 | d | Other (Describe in Part XIV) | | |
| 4 A mounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b | e | Add lines 2a through 2d | 2e | 440,106 |
| a Investment expenses not included on Form 990, Part VIII, line 7b 4a 2,430,180 b Other (Describe in Part XIV) 4b 849 c Add lines 4a and 4b 4c 4c 2,431,029 5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) 5 90,434,735 | 3 | Subtract line 2e from line 1 | 3 | 88,003,706 |
| b Other (Describe in Part XIV) 4b 849 c Add lines 4a and 4b 4c 4c 4c 2,431,029 5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) 5 90,434,735 | 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| c Add lines 4a and 4b | а | Investment expenses not included on Form 990, Part VIII, line 7b 4a 2,430,180 | | |
| 5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) | b | Other (Describe in Part XIV) 4b 849 | | |
| | c | Add lines 4a and 4b | 4c | 2,431,029 |
| | 5 | Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) | 5 | 90,434,735 |

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

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

| Ident if ier | Return Reference | Explanation |
|---|--|---|
| Part III, Line 4 | | Brookings photography collection was donated to enhance the facilities where Brookings scholars meet with other key people in the public policy world. This contributes to an atmosphere that promotes conversation and interaction. |
| Part V, Line 4 | Description of Intended Use of Endowment Funds | Brookings carefully balances its funding to respond to current policy issues as well as undertake long-term research projects. As new challenges emerge, the endowment is used to make new research projects possible, supporting core administrative costs, as well as, scholar-driven research. |
| Part X | Description of Uncertain Tax Positions Under FIN 48 | Brookings' management has evaluated its income tax positions for the year ended June 30, 2010, and has determined that Brookings has no material uncertain income tax positions and, accordingly, it has not recognized any liability for unrecognized income tax |
| Part XI, Line 8 - Other Adjustments | | Loss on uncollectible contributions -848663 Postretirement related changes 504000 |
| Part XII, Line 2d - Other Adjustments | | Cost of goods sold 440106 Change in value of charitable remainder trust 135000 Unrealized gain on bonds 23895 |
| Part XII, Line 4b - Other Adjustments | | Logo sales netted to supplies expense 849 |
| Part XIII, Line 2d - Other Adjustments | | Cost of goods sold 440106 |
| Part XIII, Line 4b - Other Adjustments | | Logo sales netted to supplies expense 849 |

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SCHEDULE F

Department of the Treasury

Internal Revenue Service

(Form 990)

As Filed Data -

DLN: 93493103001141

OMB No 1545-0047

2009

Statement of Activities Outside the United States

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

Open to Public **Inspection**

Name of the organization The Brookings Institution

Employer identification number 53-0196577 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award For grant makers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

| 3 Activites per Region (U | se Schedule F-1 | (Form 990) if add | ditional space is needed) | | |
|----------------------------------|-------------------------------------|---|---|--|------------|
| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | for region |
| East Asia and the Pacific | 1 | | Program services, maint offices, emp , agents for conducting activities | Public policy research | 718,239 |
| Middle East and North Africa | 1 | 7 | | Public policy research | 1,379,582 |
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| Totals ▶ | 2 | 10 | | | 2,097,821 |

| Part IV | , line 15, for an | sistance to Orgar y recipient who recensional | eived more than \$5 | es Outside the Ur ,000. Check this box | nited States. Composite of the composite | plete if the organiza received more that | tion answered "Yes' n \$5,000 | 'to Form 990, ► 厂 |
|-------------------------------|---|--|---|--|--|---|--|--|
| 1 (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) |
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| 2 Enter total n tax-exempt | number of recipions by the IRS, or f | ent organizations lis or which the grante | ted above that are e or counsel has pr | recognized as chari ovided a section 50 | ties by the foreign o 1(c)(3) equivalency | country, recognized letter | as . ► | |
| 3 Enter total n | umber of other | organizations or en | tities | | | | | : (Earm 990) 2009 |

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed. (c) Number of (b) Region (d) A mount of (e) Manner of cash (a) Type of grant or (f) A mount of (g) Description (h) Method of assistance cash grant disbursement of non-cash valuation recipients non-cash (book, FMV, assistance assistance appraisal, other)

Schedule F (Form 990) 2009

| Identifier | ReturnReference | in Part I, line 2, and any additional information. Explanation |
|------------|-----------------|---|
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As Filed Data -

DLN: 93493103001141

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047 2009

Department of the Treasury

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

| Internal Revenue Service Attach to Form 990 or Form 990-EZ. See separate instructions. | | | | | | Inspection | | |
|--|---|-------------------------|--|--------------------------------------|-------|---------------------|--|---------------------|
| | | | | | | | Employer id | entification number |
| | Employer identification number 53-0196577 art I Fundraising Activities. Complete If the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e | | | | | | | |
| Part I | | | | | | | | |
| 1 India | ate whether the or | ganization raised funds | through a | ny of the | follo | wing activities Che | ck all that apply | |
| аГМ | 1aıl solıcıtatıons | | | е | 굣 | Solicitation of non | -government grants | |
| ь Г і | nternet and e-mail | l solicitations | | f | 굣 | Solicitation of gov | ernment grants | |
| c Γ F | hone solicitations | | | g | Γ | Special fundraisin | g events | |
| d ► I | n-person solicitati | ions | | | | | | |
| | | | | | | | | |
| | | (ii) Activity | fundrais custo contr contribi | er have dy or ol of utions? | | • • • | (or retained by) fundraiser listed in | (or retained by) |
| | , | Campaign planning | res | | | 0 | 420,00 | 0 -420,000 |
| | | | | <u> </u> | | | 420.00 | |

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

| Pa | rt II | Fundraising Events. Commore than \$15,000 on Form | าplete if the organizat า 990-EZ, line 6a. List | cion answered "Yes" to c events with gross rec | Form 990, Part IV, II eipts greater than \$5 | ne 18, or ,000. | reporte | ∌d |
|----------|-------|--|--|---|---|---------------------|----------------------|------|
| | | , | (a) Event #1 | (b) Event #2 | (c) O ther Events | (d) Tot (Add col | tal Even (a) thro | |
| | | | (event type) | (event type) | (total number) | | · (c) | |
| ₽ | 1 | Gross receipts | | | | | | |
| Revenue | 2 | Less Charitable contributions | | | | | | |
| <u>~</u> | 3 | Gross income (line 1 minus line 2) | | | | | | |
| | 4 | Cash prizes | | | | | | |
| ر د | 5 | Non-cash prizes | | | | | | |
| esu. | 6 | Rent/facility costs | | | | | | |
| Expenses | 7 | Food and beverages | | | | | | |
| Direct | 8 | Entertainment | | | | | | |
| ā | 9 | Other direct expenses . | | | | | | |
| | 10 | Direct expense summary Add lir | nes 4 through 9 ın colum | n (d) | 🛌 | | | |
| | 11 | Net income summary Combine I | ines 3, column d, and lin | e 10 | | | | |
| Par | t II | Gaming. Complete if the o \$15,000 on Form 990-EZ, li | | l "Yes" to Form 990, Pa | rt IV, line 19, or repo | orted mor | e than | |
| | | , , | (a) Bingo | (b) Pull tabs/Instant | (c) O ther gaming | | tal gamı | |
| Revenue | | | | bingo/progressive bingo | | (Add col | (a) thro I (c)) | ough |
| ₩ | | | | | | | | |
| | 1 | Gross revenue | | | | + | | |
| ses | 2 | Cash prizes | | | | | | |
| Expenses | 3 | Non-cash prizes | | | | | | |
| Direct D | 4 | Rent/facility costs | | | | | | |
| 훕 | 5 | Other direct expenses | | | | | | |
| | 6 | Volunteer labor | | | | _ | | |
| | | | Г No | Гио | Гио | | | |
| | 7 | Direct expense summary Add line | s 2 through 5 in column | (d) | | | | |
| | 8 | Net gaming income summary Con | nbine lines 1, column d, a | and line 7 | | | | |
| | | | | | | | Yes | No |
| 9 a | | er the state(s) in which the organiz the organization licensed to operate | | | | . 9a | | |
| b | | No," Explain | | | | <u> </u> | \Box | |
| | | | | | | | | |
| 10a | We | re any of the organization's gaming | licenses revoked, suspe | ended or terminated during | the tax year? | 10a | | |
| b | If" | Yes," Explain | | | | | | |
| | | | | | | \dashv | | |
| 11 | Do | es the organization operate gaming | activities with nonmemb | pers? | | 11 | igsqcup | |
| 12 | | the organization a grantor, beneficia med to administer charitable gamin | | | | | | |
| | .511 | 15 daotor onantable galling | | | | 12 | | |

| | | Yes | No |
|-----------|--|----------|----|
| 13 | Indicate the percentage of gaming activity operated in | | |
| а | The organization's facility | | |
| b | An outside facility | | |
| 14 | Enter 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? | , | |
| 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 | | | |
| 16 | Gaming manager information | | |
| | | | |
| | Name 🟲 | | |
| | Name F | | |
| | Gaming manager compensation 🕨 \$ | | |
| | | | |
| | Description of services provided - | | |
| | Director/officer Employee Independent contractor | | |
| | I Director/officer I Employee I Independent contractor | | |
| .7 | Mandatory distributions | | |
| а | Is the organization required under state law to make charitable distributions from the gaming proceeds to | | |
| | retain the state gaming license? | <u> </u> | |
| 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 ▶ \$ | 1 | |

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DLN: 93493103001141 OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

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

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

Open to Public

| TI D | | | | | | | Employer identifies | ition number |
|---------------|--|---------------------|--|------------------------------|---|---|--|---------------------------------------|
| The Brookings | SINSTITUTION | | | | | | 53-0196577 | |
| Part I (| General Infor | mation on Gra | nts and Assistance | | | | 1 | |
| the sele | ction criteria use | ed to award the gra | substantiate the amount of nts or assistance? edures for monitoring the us | | | | | Г Yes Г |
| F | Form 990, Part | IV, line 21 for ar | e to Governments and ny recipient that receive 990) if additional space | ed more than \$5,000 | . Check this box if n | o one recipient receiv | ed more than \$5,00 | 0. Use |
| orgai | and address of nization rernment | (b) EIN | (c) IRC Code 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 |
| | | | | | | | | |
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| | | | | | | | | |
| 2 Enter to | tal number of se | ction 501(c)(3) and | d government organizations | | | | | |
| | | | | | | | • | |
| | | | | | | | | |

| | , | |
|----------|---|---|
| Part III | Grants and Other Assistance to Individuals in the United States | 5. Complete if the organization answered "Yes" to Form 990, Part IV, line 2 |
| | Use Schedule I-1 (Form 990) if additional space is needed. | |

| (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 |
|----------------------------------|-----------------------------|-----------------------------------|--|---|
| 22 | 318,707 | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | recipients | recipients cash grant | recipients cash grant non-cash assistance | recipients cash grant non-cash assistance (book, FMV, appraisal, other) |

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

| Ident if ier | Return Reference | Explanation |
|---|------------------|---|
| Procedure for Monitoring Grants in the U S | Part I, Line 2 | 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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DLN: 93493103001141

OMB No 1545-0047

Inspection

Open to Public

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

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

Compensation Information

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Name of the organization The Brookings Institution

Employer identification number

53-0196577

| Pai | t 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 | | | | | |
| | First-class or charter travel | 굣 | Housing allowance or residence for personal use | | | |
| | Travel for companions | Г | 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 any of the boxes in line 1a are checked, did the creimbursement orprovision of all the expenses des | _ | | 1b | Yes | |
| 2 | · | | | 2 | Yes | |
| 3 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee | | | | | |
| | | | | | | |
| | <u> </u> | | | | | |
| | Form 990 of other organizations | ~ | Approval by the board or compensation committee | | | |
| 4 | During the year, did any person listed in Form 990, or a related organization | , Part VII | I, Section A, line 1a with respect to the filing organization | | | |
| а | Receive a severance payment or change-of-contro | ol paymen | nt? | 4a | Yes | |
| b | Participate in, or receive payment from, a supplement | ental non | qualified retirement plan? | 4b | | Νo |
| c | Participate in, or receive payment from, an equity- | based co | mpensation arrangement? | 4c | | Νo |
| | If "Yes" to any of lines 4a-c, list the persons and p | provide th | ne applicable amounts for each item in Part III | | | |
| | Only 501(c)(3) and 501(c)(4) organizations only m | nust comp | plete lines 5-9. | | | |
| 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 | | Νo |
| b | Any related organization? | | | 5b | | Νo |
| | 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 | | Νo |
| | 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 | | Νο |
| 8 | Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe | | | | | |
| | in Part III | | | | | Νο |
| 9 | If "Yes" to line 8, did the organization also follow the section 53 4958-6(c)? | he rebutta | able presumption procedure described in Regulations | 9 | | |

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

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

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

| (A) Name (B) Breakdown of W-2 and/or 1099-MISC compensation (I) Base compensation (I) Davis compensation (II) Davis compensation (III) Other comp | | | | | | | | |
|--|---------------------------|--------------------------|--------------------|---|--------------------|----------|----------------------|-------------|
| (i) Base incentive reportable compensation reportable compensation compensation reportable | (A) Name | (B) Breakdown of | W-2 and/or 1099-MI | | (C) Retirement and | | (E) Total of columns | |
| See Additional Data Table | | (i) Base compensation | ıncentive | (iii) Other reportable compensation | | benefits | (B)(ı)-(D) | Form 990 or |
| | See Additional Data Table | | | | | | | |
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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. The Director of the China Center has terms in his appointment letter that provide an education allowance for his children to be educated in Beijing (\$30K per annum). There is also an allowance for housing (\$27K per annum). This was a part of the negotiation and agreement on his compensation package. This amount has been included as additional compensation for purpose of tax reporting. The employee is a resident of Beijing and a citizen of Hong Kong. |
| | | Part I, Line 4a | Linda Steckley, Vice President of Development/Secretary received a total severance payment of \$34,600 for the year ended June 30, 2010 |

Schedule J (Form 990) 2009

Software ID: Software Version:

EIN: 53-0196577

Name: The Brookings Institution

| Form 990, Schedule J, P | art] | <u> II - Officers, Direc</u> | tors, Trustees, Ke | y Employees, and | l Highest Compens | sated Employees | | |
|-------------------------|-------------|------------------------------|---|-----------------------------|-------------------|------------------|----------------------|--|
| (A) Name | | (B) Breakdown of | f W-2 and/or 1099-MIS | C compensation | (C) Deferred | (D) Nontaxable | (E) Total of columns | (F) Compensation reported in prior Form |
| | | (i) Base Compensation | (ii) Bonus & incentive compensation | (iii) Other compensation | compensation | benefits | (B)(ı)-(D) | 990 or Form 990-EZ |
| Strobe Talbott | (ı) (ıı) | | 0 | 990 0 | 43,470 0 | 11,681 0 | 470,081 0 | 0 |
| William J Antholis | (I) (II) | | 0 0 | 156 0 | 30,489 0 | 14,307 0 | 294,012 0 | 0 |
| Frederick L Silbernagel | (ı) (ıı) | | 0 | 645 0 | 28,578 0 | 8,889 0 | 272,665 0 | 0 |
| Catherine A Piez | (ı) (ıı) | | 0 | 225 0 | 27,000 0 | 8,658 0 | 253,159 0 | 0 |
| Carlos E Pascual | (ı) (ıı) | | 0 | 244 | 6,380 | 5,856 0 | 222,548 | 0 |
| Bruce J Katz | (ı) (ıı) | | 0 | 345 0 | 33,970 0 | 20,506 | 316,300 0 | 0 |
| Martin S Indyk | (ı) (ıı) | | 0 | 645 0 | 33,779 0 | 11,066 | 311,498 0 | 0 |
| William G Gale | (ı) (ıı) | | 0 | 345 0 | 30,687 0 | 19,302 | 293,909 0 | 0 |
| Melissa T Skolfield | (ı) (ıı) | | 0 | 345 0 | 27,000 0 | 8,262 0 | 256,690 0 | 0 |
| Charlotte E Biern | (I) (II) | | 0 | 150 0 | 11,000 | 20,429 | 242,687 0 | 0 |
| Robert L Faherty | (I) (II) | 178,781 0 | 0 | 3,090 | 22,200 0 | 10,828 | 214,899 0 | 0 |
| Kemal Dervis | (ı) (ıı) | | 0 | 743 0 | 0 | 588 0 | 200,103 | 0 |
| Darrell M West | (ı) (ıı) | 225,189 0 | 0 | 645 0 | 27,600 0 | 15,335 0 | 268,769 0 | 0 |
| Karen Dynan | (ı) (ıı) | | 0 | 66 0 | 0 | 197 0 | 179,023 0 | 0 |
| Steven Bennett | (ı) (ıı) | | 0 | 150 0 | 24,025 0 | 92 4 0 | 225,307 0 | 0 |
| Lında Steckley | (ı) (ıı) | 212,121 0 | 0 | 1,877 0 | 26,346 0 | 15,442 0 | 255,786 0 | 0 |
| Mauricio Cardenas | (ı) (ıı) | 239,382 0 | 15,000 0 | 225 0 | 6,897 0 | 20,184 0 | 281,688 0 | 0 |
| Mark McClellan | (I) (II) | 189,689 0 | 56,952 0 | 225 0 | 23,909 0 | 20,506 0 | 291,281 0 | 0 |
| Martin Baily | (ı) (ıı) | | 23,900 | 990 0 | 25,823 0 | 20,506 | 309,439 0 | 0 |
| Joachim Roski | (I) (II) | | 0 | 225 0 | 23,000 | 19,660 0 | 286,284 0 | 0 |
| Lawrence Kocot | (ı) (ıı) | 220,411 0 | 23,800 | 225 0 | 2,300 0 | 893 0 | 247,629 0 | 0 |
| Isabel V Sawhill | (ı) (ıı) | | 0 | 1,492 0 | 17,415 0 | 8,036 0 | 171,436 0 | 0 |
| Pietro S Nivola | (I) (II) | 180,349 0 | 0 | 1,905 0 | 22,248 0 | 8,932 0 | 213,434 | 0 |

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DLN: 93493103001141

Supplemental Information on Tax Exempt Bonds

2009

OMB No 1545-0047

Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
 ► Attach to Form 990.
 ► See separate instructions.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Schedule K

(Form 990)

Name of the organization
The Brookings Institution

Employer identification number

53-0196577

| | | | | | | | | | | 33-01 | 90377 | | | |
|-------|---|------------------------------------|-----------------------|----------|------------------------|-----------|------------|----------|-----------------------------|--------|---------------|---------|---------|---------------------|
| Pa | rt I Bond Issues | | | | | | | | | • | | | | |
| | (a) Issuer Name | (b) Issuer EIN | (c) CUSIP # | (d) Date | Issued | (e) Issue | Price | (f) Des | cription of F | urpose | (g) De | feased | Beh | On alf of uer |
| | | | ļ | | | | | | | | Yes | No | Yes | No |
| A | District of Columbia | 53-6001131 | 2548394Z3 | 02-12- | 2009 | 39,2 | 39,290,000 | | of existing facility and | | | × | | Х |
| Pai | rt III Proceeds | | | | | 1 | | 1 | | Г | | - | | |
| 1 | Total proceeds of issue | | | | A 88,974,198 | B | 3 | - | | D | 1 | | E | |
| 2 | Gross proceeds in reserve funds | | - | | 3,990,594 | 1 | | | | | | | | |
| 3 | Proceeds in refunding or defeasan | nce escrows | | | | | | | | | | | | |
| 4 | Other unspent proceeds | | | | | | | | | | | | | |
| 5 | Issuance costs from proceeds | Issuance costs from proceeds | | | | 2 | | | | | | | | |
| 6 | Working capital expenditures from | | | | | | | | | | | | | |
| 7 | Capital expenditures from procee | Capital expenditures from proceeds | | | | 3 | | | | | | | | |
| 8 | Year of substantial completion | - | | | <u> </u> | 1 | | | | | | | | |
| | | | - | Yes | No | Yes | No | Yes | No | Yes | No | Ye | s | No |
| 9 | Were the bonds issued as part of a | a current refunding is | sue? | | Х | | | | | | | | | |
| 10 | Were the bonds issued as part of a | an advance refundinç | , issue? | | Х | | | | | | | | | |
| 11 | Has the final allocation of proceed | ds been made? | | † | х | 1 | | | | | | | | |
| 12 | Does the organization maintain ad the final allocation of proceeds? | dequate books and re | cords to support | Х | | | | | | | | | | |
| Par | TE IIII Private Business Use | ; | | | | | | <u>'</u> | | | | | | |
| | | | | , | A | В | 3 | (| : | D | ı | | E | |
| | | | | Yes | No | Yes | No | Yes | No | Yes | No | Ye | s | No |
| 1 | Was the organization a partner in a partnership, or a member of an LLC which owned property financed by tax-exempt bonds? | | | | Х | | | | | | | | | |
| 2 | Are there any lease arrangements which may result in private busine | | financed property | | х | | | | | | | | | |
| For P | Privacy Act and Paperwork Reduction Ac | act Notice, see the Inst | ructions for Form 990 |). | | Cat No 50 | 0193E | | | | Schedule | K (Form | 990) 20 | 09 |

| Pai | t IIII Private Business Use (Continued) | | | | | | | | | | | |
|-----|--|---------|----------|-----|----------------|----|-------|-----|-----|----|-----|----|
| | | | 1 | 4 | В | ı | | С | | D | E | |
| | | | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 3a | Are there any management or service contracts with respect to the financed property which may result in private business use? | he | Х | | | | | | | | | |
| 3b | Are there any research agreements with respect to the financed p which may result in private business use? | roperty | | Х | | | | | | | | |
| 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? | | Х | | | | | | | | | |
| 4 | Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government | | | 0 % | | | | | | | | |
| 5 | Enter the percentage of financed property used in a private busine as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state of government | our | | 0 % | | | | | | | | |
| 6 | Total of lines 4 and 5 | | | 0 % | | | | | | | | |
| 7 | Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? | | Х | | | | | | | | | |
| Pa | rt IV Arbitrage | | | | | | | | | | | |
| | | A | L | | В | | С | | D | | E | |
| | | V | N. | V | N ₁ | v_ | _ . | اما | V | N. | V | N. |

| | | / | 4 | E | 3 | | С | | D | | E |
|----|--|-----|----|-----|----|-----|----|-----|---------|---------------|---------|
| | | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 | Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue? | х | | | | | | | | | |
| 2 | Is the bond issue a variable rate issue? | | Х | | | | | | | | |
| 3a | Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records? | | х | | | | | | | | |
| ь | Name of provider | | | | | | • | | | | |
| С | Term of hedge | | | | | | | | | | |
| 4a | Were gross proceeds invested in a GIC? | | Х | | | | | | | | |
| 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? | | х | | | | | | | | |
| 6 | Did the bond issue qualify for an exception to rebate? | | х | | | | | | | | |
| | | | | | | | | | Cahadul | a V /Earm 00/ | 3) 2000 |

DLN: 93493103001141

OMB No 1545-0047

Open to Public Inspection

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

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

Employer identification number

| | the organization | | | | | | | | Eı | mployer ic | lent if icat io | n numbe | r |
|-----------------|--|--------------|----------------|--|-------------|----------------------------------|--------|---|-------|--|-----------------|------------------------------|----------------------------------|
| Part I | Excess Benefit Trai | | | , | | | | . , | ganı | | nly). | | |
| | Complete if the organizat | ion ans | wered | d "Yes" on Forn T | n 990, F | Part IV, line 25a o | or 25 | b, or F | orm | 990-EZ, I | Part V , line | | |
| 1 | (a) Name of disq | ualıfıed | perso | on | | (b) Desc | rıptı | on of t | ransa | action | | (c) Co | rrected? |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | er the amount of tax impos | ed on t | he org | janization mana | agers or | r disqualified pers | | | | ear under | s | | |
| | er the amount of tax, if any | , on line | e 2, al | bove, reimburs | ed by th | ne organization . | • | | • | > | \$ | | |
| Part II | | | | | |), Part IV, line 26 | , or l | Form 9 | 90-E | | , lıne 38a | | |
| (a) Name | Complete if the organization (b) or orga purpose To | | | (c) O rigi | | (d)Balance due | | e) In fault? | | (f) Approv by board committ | dor a | (g) Writt greemei | |
| | | То | Fron | n | | | Ye | s | No | Yes | No | Yes | No |
| | | | | | | | | - | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Total . | | ' | ' | | ▶ \$ | · | | | | | | | |
| Part III | Grants or Assistar Complete If the orga | | | | | | l lun | ıa 27 | | | | | |
| (a | a) Name of interested pers | | JII 411 | (b) Relationsh | ıp betwe | een interested per ganization | | | | ount of gr | ant or type | ofassis | tance |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Part IV | Business Transact | ions | Invo | lvina Intere | ested | Persons. | | | | | | | |
| | Complete if the orga | | on an | swered "Yes' | " on Fo | | /, lır | e 28a | a, 28 | b, or 280 | 2. | 1 | |
| (a) | Name of interested perso | n | be | (b) Relationship etween interest person and the | ed | (c) A mount of transaction | | (d) [| Descr | ription of t | ransaction | organ | naring of ization's enues? |
| | | | | organization | | | | | | | | Yes | No |
| O'Melven | 'Melveny & Myers LLP | | Jr , T chai | ur B Culvahous Trustee, is the r of O'Melveny rs, LLP | | 209,8 | | Mr Culvah legal issue who is also partners a LLP, has in reduce his partner prothe amoun to revenue | | of attorneys other than house in managing es Mr Culvahouse, o one of 212 equity at O'Melveny & Myers, instructed the firm to so pro rata share of rofit distributions by not of profits attributables received from the resentation of | | | N o |
| | | | | | | | | | | | | | |

OMB No 1545-0047

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

NonCash Contributions

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

Open to Public Inspection

Name of the organization **Employer identification number** The Brookings Institution 53-0196577 Types of Property (a) (b) (c) (d) Check Number of Contributions Revenues reported on Method of determining Form 990, Part VIII, line ıf revenues applicable 1 g Χ 1 Art-Works of art . . 3,500 Fair market value apprai 2 Art—Historical treasures 3 Art—Fractional interests 4 Books and publications 5 Clothing and household goods Cars and other vehicles Boats and planes . . . Intellectual property Securities—Publicly traded . 15 367,992 Fair market value 10 Securities—Closely held stock 11 Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous . . 13 Qualified conservation contribution—Historic structures 14 Qualified conservation contribution—Other . . Real estate—Residential . Real estate—Commercial . 17 Real estate—Other . . . 18 Collectibles 13,050 Fair market vlaue 19 Food inventory . . . 20 Drugs and medical supplies . **21** Taxidermy 22 Historical artifacts . . . Scientific specimens . . 23 Archeological artifacts . 24 25 Other ► (__ Other ►(__ 26 Other ►(__ 27 **28** Other ► (Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? No 30a **b** If "Yes," describe the arrangement in Part II 31 Yes Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? 32a Νo b If "Yes," describe in Part II If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,

Page 2

Part II

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

Identifier Return Reference Explanation

Schedule M (Form 990) 2009

Software ID: **Software Version:**

EIN: 53-0196577

Name: The Brookings Institution

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493103001141

OMB No 1545-0047

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

► Attach to Form 990.

Name of the organization The Brookings Institution

Employer identification number

53-0196577

| 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 during the period of this return. Ms. Welters was a voting member during calendar year 2009 and resigned from the board in March 2010. |

| ldentifier | Return Reference | Explanation |
|---|---------------------|--|
| Form 990, Part VI, Section A, line 4 | | The Bylaw's were amended in the 2010 fiscal year by revising Section 7 08 related to the Compensation Committee. The total number of at-large elected trustees increased from one to three, bringing the total number of members on the Compensation Committee to five |

| ldentifier | Return Reference | Explanation |
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| Form 990, Part VI, Section B, line 11 | | 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 990-T 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 form 990 and 990-T has been approved, it is sent to all voting members of the Board of Trustees before it is filed with the Internal Revenue Service |

| ldentifier | Return Reference | Explanation |
|---|---------------------|---|
| Form 990, Part VI, Section B, Iine 12c | | Each year, all Brookings personnel and certain affiliates are required to complete a disclosure and acknow ledgment form related to the institution's conflict of interest policy. Specifically, all employees are required to acknow ledge that they have read, understood and are committed to abiding by Brookings' 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 acknow ledgment form to the Brookings trustees. The board coordinator then ensures that each trustee returns his or her acknow ledgment and reviews the forms for any relevant conflicts of interest. 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 issues 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 regarding Brookings' conflict of interest policy and any conflict of interest issues. |

| ldentifier | Return Reference | Explanation |
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| Form 990, Part VI, Section B, line 15a | | Brookings bylaws as amended on May 5, 2010, provide for a compensation committee consisting of the Chair of the Board of Trustees and four (4) "at-large" elected Trustees appointed 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. The Compensation Committee has the authority to set the salary of the President and such other officers, directors, managers or employees as the Executive Committee or Audit Committee recommends be set by the Compensation Committee. In setting such salaries, the Compensation Committee asks the Director of HR to gather relevant salary comparability data and record Committee minutes which clearly document the Committee's decisions and the rationale underlying such decisions. |

| 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 |