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Form 990

Return of Organization Exempt From Income Tax

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

OMB No 1545 0047 2011

Department of the Treasury

Open to Public Inspection

me	mai Revenue	Service	The digalization may have to use a copy of this return to satisfy state reporting to	equil entertes	
<u>A</u>	For the 2	011 calen		Mar 31	, 2012
В	Check if app	olicable	C Name of organization Brookings Foundation	D Employer I	dentification Number
	Addres	s change	Doing Business As	46-03	42366
	Name	change	Number and street (or P O box if mail is not delivered to street addr) Room/suite	E Telephone	number
	Initial r	eturn	c/o Kurt Osborne, 1028 7th Ave.	(605)	274-6012
	Termin	ated	City, town or country State ZIP code + 4		
	Amend	ed return	Brookings SD 57006	G Gross rece	ipts \$ 302,488.
	Applica	ition pending	F Name and address of principal officer H(a)	Is this a group return for	or affiliates? Yes X No
			Kurt Osborne, Pre 1028 Seventh Ave. Brookings SD 57006 H(b)	Are all affiliates include if 'No,' attach a list (se	
ī	Tax-exem	pt status	X 501(c)(3)	ii 140, attacii a iist (se	e instructions)
J	Websit			Group exemption numb	er ►
ĸ	Form of o	rganization	X Corporation Trust Association Other ► L Year of Formation	1977 M State	e of legal domicile SD
Pa	art I	Summar	y		
			be the organization's mission or most significant activities. Provide assis	stance to meet	needs in Brookings,
0	So	uth Dak	ota through sixteen separate funds, which consist primar	ily of donor	designated funds.
auc					
Activities & Governance		-			
õ			if the organization discontinued its operations or disposed of more the	1	
۵.			oting members of the governing body (Part VI, line 1a)	ļ	3 8 4 8
ies	1		dependent voting members of the governing body (Part VI, line 1b) of individuals employed in calendar year 2011 (Part V, line 2a)	 	5
Š	II.		of individuals employed in calendar year 2011 (Fart V, line 2a) of volunteers (estimate if necessary)		5 7
¥	1		ed business revenue from Part VIII, column (C), line 12		7a 0.
	I .		business taxable income from Form 990-T, line 34		7b
				Prior Year	Current Year
	8 Coi	ntributions	and grants (Part VIII, line 1h)	364,55	9. 277,580.
Ž,	9 Pro	gram serv	vice revenue (Part VIII, line 2g)	2,00	
= <u>8</u>	1		ncome (Part VIII, column (A), lines 3, 4, and 7d)	43,62	
Revenue	1		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6	
-			e – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	410,25	
	1		imilar amounts paid (Part IX, column (A), lines 1-3)	349,05	9. 876,180.
びつせ	1		to or for members (Part IX, column (A), line 4)		- 10 01.
	15 Sal		er compensation, employee benefits (Part IX, column (A), lines 5-10)	8,76	5. 10,214.
	16a Pro	fessional	fundraising fees (Part IX, column (A), line 11e)		
Expenses	b Tot	al fundrais	sing expenses (Part IX, column (D), line 25) ►	÷	
, ü	17 Oth	ner expens	ses (Part IX , column (A), lines 11a-11d, 11f- 24e)	4,73	7. 4,202.
<u> </u>	18 Tot	al expens	es Add lines 13-17 (must equal Part IX, column (A), line 25)	362,56	1. 890,596.
	19 Re	venue less	expenses Subtract line 18 from line 12 O	47,69	2. <u>-588,108</u> .
88			(Part X, III) AUG 1 6 2012	eginning of Current Y	ear End of Year
a a	20 Tot	al assets	(Part X, Inte 46) AUU 1 0 2012 3	1,765,05	7. 1,174,998.
Net Assets or Fund Balancos	21 Tot	al habilitie			
_			fund balances Subtrate line 21 from line 20	1,765,05	7. 1,174,998.
Pa	art II	Signatui	re Block		
Und	er penalties o	of perjury, I deation of prepare	eclare that I have examined this return, including accompanying schedules and statements, and to the barer (other than officer) is classed on all information of which preparer has any knowledge	oest of my knowledge ar	nd belief, it is true, correct, and
		IN.	hat About	1 he 10	2012
~ :		Signati	ge of officer	Date Date	1012
Sig He	gn Ye	L.	•	2010	
110	:1 C		t Osborne, Treasurer		 .
			preparer's name Preparer's Agnature Date	Check X	, PTIN
ъ.	الم:	1		. –	" P01289429
Pa	iid eparer			self-employed	1101703473
	eparer se Only	Firm's name			91-1757880
	iny	Firm's addre			 -
N4=		<u> </u>	Brookings SD 57006	Phone no (605) 697-9058 X Yes No
			is return with the preparer shown above? (see instructions)	0.07.05.07	
RA	A For Pa	perwork R	eduction Act Notice, see the separate instructions. TEEA01	01 07/05/11	Form 990 (2011)

) Brookings Foundation	46-0	34236	6	F	Page 2
Part III	atement of Program Service Accomplishments		_			
Che	eck if Schedule O contains a response to any question in this Part III					
1 Briefly des	scribe the organization's mission					
Provid	e assistance to meet needs in Brookings,	_				
	akota through sixteen separate funds, which consist primarily	of donor	lesign	ated	fun	ds.
2 Did the ord	ganization undertake any significant program services during the year which were not lister	d on the prior			-	-
_	or 990-EZ?		П	Yes	X	No
	escribe these new services on Schedule O		ш			
	ganization cease conducting, or make significant changes in how it conducts, any program	services?		Yes	X	No
	escribe these changes on Schedule O	30. 1.005				
· ·	he organization's program service accomplishments for each of its three largest program s	ervices as m	easured	hv exi	oense	s
Section 50	01(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the total expenses, and revenue, if any, for each program service reported	e amount of g	rants ar	id alloc	ation	s to
4a (Code) (Expenses \$ 1,972. including grants of \$ 239,352	.) (Revenue	\$			0.)
Van D. a	and Barbara B. Fishback Donor Advised Fund contributed \$239,352 to F	irst Unite	d Meth	odis	t Chi	irch.
and Ac	t secondary students showing Scholastic Merit ademic promise.		 	 		
4c (Code:) (Expenses \$					20.)
were re	ons designated for the Boys and Girls Club of Brooking eceived and grants were made to the Boys and Girls Cluokings to pay interest on the building and to fund ional expenses of the Boys and Girls Club of Brookings	b				
(Expenses		e \$)	
4e Total prog	ram service expenses ► 5,744.			F	~ ^^^	(2011)
	TEEA0102 07/05/11			rorr	11 990	~~U)

TEEA0102 07/05/11

46-0342366

Form 990 (2011) Brookings Foundation Park W 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	_x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	х	
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		х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5	_	х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6	Х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
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		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10	ules: A Fefer	X
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable			
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10° If 'Yes,' complete Schedule D, Part VI	11 a		X
ı	b Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		Х
•	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	11 c		х
(d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		x
(Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
1	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		х
12:	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a		х
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13	 	Х
14:	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
i	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16		х
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 (see instructions)	17		х
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		х
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		х
20	aDid the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		X
_	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b	<u> </u>	
	-			

Form 990 (2011) Brookings Foundation

Part M Checklist of Required Schedules (continued)

رايتي س	Greekist of Reduied Schedules (Continued)		Yes	No.
		, 1	res	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	х	
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	х	
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23	!	<u>x</u> _
24 a	a 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	[_
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	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		X
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		Х
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		<u>x</u> _
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27	Constitution of the	X
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		<u>X</u> _
b	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		X_
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		<u>X</u> _
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
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		х
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		х
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		_x_
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		х_
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		х
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		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	x	1265
BAA		Form	1 990 ((2011)

-	Check if Schedule O contains a response to any question in this Part V				
	Chook ii Danada O Containe d respense to any que			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 0			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors	and reportable gaming	1		
·	(gambling) winnings to prize winners?	,	1 c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-	2a			
	ments, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment		2b	x	-
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . (see ins				
2-	Did the organization have unrelated business gross income of \$1,000 or more during the year		3a		X
	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	·	3b		
		or other authority ever a			
	At any time during the calendar year, did the organization have an interest in, or a signature of financial account in a foreign country (such as a bank account, securities account, or other first of the foreign country.	rancial account)?	4 a		Х
_	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Fil	nancial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax		5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter		5b		Х
	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5с		
	Does the organization have annual gross receipts that are normally greater than \$100,000, ar solicit any contributions that were not tax deductible?	d did the organization	6a	ļ	х
b	If 'Yes,' did the organization include with every solicitation an express statement that such coincit tax deductible?	ntributions or gifts were	6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and paservices provided to the payor?	rtly for goods and	 7a	-	X
b	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 wh	ich it was required to file	_		١
	Form 828Ž?	. 	7c		X
	If 'Yes,' indicate the number of Forms 8282 filed during the year	7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal to		7e 7f		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal bene		/1		X
	If the organization received a contribution of qualified intellectual property, did the organization as required?	<u> </u>	7 g		
ł	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C?	organization file a	7 h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting supporting organization, or a donor advised fund maintained by a sponsoring organization, had holdings at any time during the year?	g organizations. Did the ave excess business	8		 X_
9	Sponsoring organizations maintaining donor advised funds.			_	
	Did the organization make any taxable distributions under section 4966?		9 <u>a</u>	<u></u>	Х
Ŀ	Did the organization make a distribution to a donor, donor advisor, or related person?	_	9b		X
10	Section 501(c)(7) organizations. Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
Ŀ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter	1 1			
-	Gross income from members or shareholders	11 a			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11 Ь		-	
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of		12 <u>a</u>	ļ	-
	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.		12		
a	Is the organization licensed to issue qualified health plans in more than one state?	_	13a	} -	+-
	Note. See the instructions for additional information the organization must report on Schedule	υ			
t	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13ь			
	Enter the amount of reserves on hand	13c			
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х
	olf 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in S	chedule O	14b		

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 1 a 8 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 8 b Enter the number of voting members included in line 1a, above, who are independent 1ь Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 officer, director, trustee or key employee? Х Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Х 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7a Х members of the governing body? **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, Х 7b stockholders, or other persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8a a The governing body? Х b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O 9 Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Х 10a Did the organization have local chapters, branches, or affiliates? b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Х 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 Х 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12a b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12b Х to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Х 12c Schedule O how this is done 13 Х 13 Did the organization have a written whistleblower policy? Х 14 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х 15a a The organization's CEO, Executive Director, or top management official 15b Х **b** Other officers of key employees of the organization If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ► South_Dakota_ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available. Check all that apply X Upon request Another's website Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization. 1028 Seventh Ave. Brookings SD 57006 ____(605)_274-6012 BAA Form 990 (2011) TEEA0106 01/23/12

orm 990 ((2011)	Brookings	Foundation
VIII JJU 1	2011)	Drookriida	LOUINGGLOII

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

Check this box if neither the organization	nor any r	elated	org	janiz	zatio	n con	npen	sated any current office	cer, director, or truste	e
(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					box, cer	(D) Reportable compensation from	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	(describe hours for related organiza- tions in Schedule O)	and with the state of direction	anstitutionel trustee	Offi el	Key employee	Highest connectisated employee	FUTTIEI	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
_(1) Tom Yseth President	1.00	x		i				0.	0.	0.
(2) Joyce Wrage			 		-					
Vice Pres.	1.00	х						0.	0.	0.
(3) James O. Pedersen				<u> </u>						
Secretary	1.00	Х						0.	0.	0.
(4) Kurt Osborne										
Director, Treasurer	5.00	Х	L		Х	X		8,140.	0.	0.
_(5)										
<u>(6)</u>										
<u></u>							-			
(8)										
<u>(9)</u>										
(10)										
(11)										
(12)										
<u>(13)</u>		_	-							
(14)		_						•		
			'		<u> </u>			·		

Rart VII Section A. Officers, Directors, Trust	tees, l	<u> </u>	Em	plo	ye	es,	anc	Highest Compensated Employees (cont)					
				-	(C)								
(A) Name and title	(B) Average hours	box.	unle	heck ss pe	ition more irson lirecto	s both	h an	(D) Reportable compensation from	(E) Reportable compensation from	Estin amount		r	
	per week (describ e hours for related organi- zations in	rector	institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organizatio and relate organizatio			
(15)	Sch O)		,		_	led							
(16)	1								· · · · · · · · · · · · · · · · · · ·				
(17)	1												
	1												
<u>(18)</u>													
(19)	-												
<u>(20)</u>	-												
(21)	-	<u> </u>						-					
(22)													
(23)		-											
(24)	+								-				
(25)		<u> </u>								<u> </u>			
1 b Sub-total	<u> </u>	<u> </u>	<u> </u>	<u> </u>		<u> </u>	<u> </u>	8,140.	0.		-	0.	
c Total from continuation sheets to Part VII, Section	A						>						
d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited	to tho	se lis	sted	abo	ve)	who	rece	8,140. eived more than \$	0 . 100,000 of reportab	le comper	satio	0. n	
from the organization		_								,	/es	No	
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	or trust Idividua	ee, i	ey e	emp	loye	e, or	r hig	hest compensated	i employee	3		х	
4 For any individual listed on line 1a, is the sum of rethe organization and related organizations greater the	portable nan \$15	e cor 50,00	nper	nsat If 'Ye	ion a	and o	othe <i>lete</i>	r compensation fr Schedule J for	om	4		v	
such individual 5 Did any person listed on line 1a receive or accrue or	ompens	satio	n fro	m a	ny ι	ınrel	ated	l organization or ii	ndıvıdual	5	_	X	
for services rendered to the organization? If 'Yes,' c Section B. Independent Contractors	ompiet	9 30	ieuu	iie J	101	Suci	ı pei	5011		131		X	
Complete this table for your five highest compensate compensation from the organization. Report compensation.	ed inde	pend for t	lent he c	con	tract	ors i	that r end	received more tha	n \$100,000 of the organization's	tax year	-		
(A) Name and business addres	ss							(B Description) of services	(C) Compens	sation		
						_				·			
				_						-			
		-											
2 Total number of independent contractors (including	but not	lımı	ted t	o th	ose	liste	d ab	ove) who received	d more than				
\$100,000 in compensation from the organization								·			_		

Par	t VIII Statement of Revenue				
7 400		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lns 1a-1f h Total. Add lines 1a-1f				
PROGRAM SERVICE REVENUE	Business Code 2a b c d e f All other program service revenue g Total. Add lines 2a-2f				
	 Investment income (including dividends, interest and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties 	39,364.	39,364.	0.	0.
	6a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss)				
	7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) (i) Securities (ii) Other -14,468.				
	d Net gain or (loss)	-14,468.	-14,468.	0.	. o.
OTHER REVENUE	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 a b Less direct expenses b				
	c Net income or (loss) from fundraising events				
	9a Gross income from gaming activities See Part IV, line 19 a b Less: direct expenses b	-			
	c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns and allowances				
	b Less: cost of goods sold c Net income or (loss) from sales of inventory				
	Miscellaneous Revenue Business Code				
	11a				
	b				ļ
	c				
	d All other revenue	12.	12.	0,	0.
	e Total. Add lines 11a-11d 12 Total revenue. See instructions		24,908.	0.	0.
	12 Ioda levenue. See Histractions	JUZ,400.	<u> </u>	ι	. U.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	Check if Schedule O contains a re	sponse to any question	in this Part IX		
Do r 6b, 2	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	693,765.	693,765.		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	182,415.	182,415.		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	8,140.	0.	8,140.	0.
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				
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	_			
9	Other employee benefits				
10	Payroll taxes	2,074.	0.	2,074.	0.
11	Fees for services (non-employees)				
a	Management				
t	Legal	928.	0.	928.	0.
C	Accounting	254.	0.	254.	0.
C	Lobbying				
6	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
ć	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology	-			
15					
16	Occupancy				. <u>.</u>
	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	, , , , ,				
23 24	Insurance Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)	1,000.	0.	1,000.	0.
á	Misc. Expenses	28.	0.	28.	0.
	Trust Administration Fees	1,750.	0.	1,750.	0.
	Envelopes & Paper	242.	0.	242.	0.
	; <u></u>				
•	All other expenses				
	Total functional expenses. Add lines 1 through 24e	890,596.	876,180.	14,416.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here ► if following SOP 98-2 (ASC 958-720)				

7.0	<u>, v.u</u>	balance Sneet	(A) Beginning of year		(B) End of year
			Beginning of year		——————————————————————————————————————
	1	Cash – non-interest-bearing		1	
	2	Savings and temporary cash investments	1,091,206.	2	520,870.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	. <u>.</u> .
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
A	7	Notes and loans receivable, net		7	
Š	8	Inventories for sale or use		8	
SSETS	9	Prepaid expenses and deferred charges		9	
	_				
	10 a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D			
		Less accumulated depreciation 10b	,	10 c	
	11	Investments – publicly traded securities	673,851.	11	654,128.
	12	Investments – other securities See Part IV, line 11	0,0,001	12	
	13	Investments – program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
			1,765,057.	16	1,174,998.
—	16 17	Total assets. Add lines 1 through 15 (must equal line 34) Accounts payable and accrued expenses	1,703,037.	17	1/1/1/330.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities .		20	<u> </u>
Ī	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
LIABILIT	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II	35		
Ţ		of Schedule L		22	
E S	23	Secured mortgages and notes payable to unrelated third parties		23	
S	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
Ĕ		Organizations that follow SFAS 117, check here ► X and complete lines			
T		27 through 29 and lines 33 and 34.			-
Ş	27	Unrestricted net assets		27	1 171 000
(NOET-S	28	Temporarily restricted net assets	1,765,057.	28	1,174,998.
	29	Permanently restricted net assets		29	
R		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete	,		
FUZD		lines 30 through 34.			
Ď	30	Capital stock or trust principal, or current funds		30	
B	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ä	32	Retained earnings, endowment, accumulated income, or other funds		32	
BALAZCES	33	Total net assets or fund balances	1,765,057.	33	1,174,998.
<u>\$</u>	34	Total liabilities and net assets/fund balances	1,765,057.	34	1,174,998.
BA	Α				Form 990 (2011)

TEEA0111 07/06/11

<u></u> ⊢orm	1990 (2011) Brookings Foundation 46-034236	, 6	P	age 12	
Ŗäi	Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
	1 1	_			
1	Total revenue (must equal Part VIII, column (A), line 12)			188.	
2	Total expenses (must equal Part IX, column (A), line 25)		890,596.		
3	Revenue less expenses Subtract line 2 from line 1		-588 , 108.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<u>1,7</u>)57.	
5	Other changes in net assets or fund balances (explain in Schedule O)		-1,	951.	
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	1,1	74,	998.	
Par	*XIII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
			Yes	No	
1	Accounting method used to prepare the Form 990 X Cash Accrual Other	_		,	
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O					
2a Were the organization's financial statements compiled or reviewed by an independent accountant?				Χ_	
b Were the organization's financial statements audited by an independent accountant?				Х	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?					
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			·	
C	If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both			1	
	Separate basis Consolidated basis Both consolidated and separate basis	- 4	. '	l bane i	
3 a	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		х	
t	olf '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	3 b			
BAA		Forr	n 990	(2011)	

TEEA0112 07/06/11

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support**

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

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

OMB No 1545 0047

Open to Public Inspection

Name o	f the	organ	ization						-			tion number		
Bro	ok:	ings	<u>Foundation</u>	on						46-03	34236	6		
Part	1	Rea	son for Pub	lic Charity Status	(All organizations	must o	comple	te this	part.)	See ii	<u>nstruct</u>	ions.		
The o	rgai	nızatı	on is not a priva	te foundation because	it is (For lines 1 through	gh 11, c	heck on	ly one b	ox)					
1		A ch	urch, convention	of churches or assoc	iation of churches descr	ribed in s	section	170(b)(1)(A)(i).					
2		A sc	nool described in	section 170(b)(1)(A)	(ii). (Attach Schedule E)								
3		A ho	spital or a coope	erative hospital service	e organization described	in sect	ion 170(b)(1)(A)	(iii).					
4	П	A me	edical research of	organization operated	in conjunction with a ho	spital de	escribed	ın secti	on 170(l	b)(1)(A)(iii). Ente	er the hospi	tal's	
	_		e, city, and state	- ,	•	,			•	, , ,	, ,			
5		An o 170(i	rganization oper b)(1)(A)(iv). (Co	ated for the benefit of mplete Part II)	a college or university		•	•	•	nental u	nit desc	ribed in sec	tion	
6 7	X	An o	rganization that		vernmental unit describ ubstantial part of its sup t II)					or from t	he gene	ral public d	escrib	ed
8		А со	mmunity trust de	escribed in section 17	0(b)(1)(A)(vi). (Complete	e Part II)							
9		from	activities related stment income a	d to its exempt functio	more than 33-1/3% of ns — subject to certain taxable income (less s nplete Part III.)	exceptic	ns, and	(2) no r	more tha	ın 33-1/3	3% of its	s support fro	om gro	SS
10		An o	rganızatıon orga	nized and operated ex	clusively to test for pub	lic safet	ty.See s	ection 5	5 09(a)(4)).				
11	Ш	more	publicly suppor	ted organizátions desi	sclusively for the benefit cribed in section 509(a) on and complete lines 1	(1) or se	ection 50	he funct 19(a)(2)	tions of, See se	or carry ction 50	out the 9(a)(3).	purposes of Check the	of one box th	or at
	a Type I b Type II c Type III - Functionally integrated d Type III - Other													
е	e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)													
f			organization rek k this box	ceived a written deter	mination from the IRS t	hat is a	Type I,	Гуре II с	r Type I	ll suppo	rting org	ganization,		
g		Since	e August 17, 200	06, has the organization	on accepted any gift or	contribu	ition froi	n any o	f the foll	owing p	ersons?			
			-	-				-					Yes	No
	(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?													
		(ii)	A family memb	mber of a person described in (i) above?										
	(iii) A 35% controlled entity of a person described in (i) or (ii) above?													
<u>h</u>		Prov	ide the following	information about the	supported organization	n(s)								
	(i) Name of supported organization (ii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (iv) Is the organization in column (i) isted in your governing document? (v) Did you notify the organization in column (i) of your support? (vi) Is the organization in column (i) of your support? (vii) Amour of your support?					nt of sup	port							
						Yes	No	Yes	No	Yes	No			
						}	}	l						
<u>(A)</u>			···											
							}		ì					
<u>(B)</u>			<u> </u>											
(C)							L							
							1	1	1					
<u>(D)</u>								 		_ ,				
<u>(E)</u>												, 		_
Total														

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

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

Sec	tion A. Public Support							
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011		(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants')							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)		şîr:					
6	Public support. Subtract line 5 from line 4	100	, , ,					
Sec	tion B. Total Support							
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011		(f) Total
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
11	Total support. Add lines 7 through 10						_	
12	Gross receipts from related activ	ities, etc (see insti	ructions)			Ļ	12	
	First five years. If the Form 990 organization, check this box and	stop here		d, third, fourth, or	fifth tax year as a	section 501(d	:)(3)	▶ □
	tion C. Computation of Pu					·		
	Public support percentage for 20	•	• ,	e 11, column (f))		1	14	<u>%</u>
	Public support percentage from 2	·				<u>-</u>	15	97.16%
16 a	16a 33-1/3% support test − 2011. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
ŧ	33-1/3% support test — 2010. If the and stop here. The organization				a, and line 15 is 3	3-1/3% or moi	e, che	eck this box ► X
	on 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-ar -and-circumstance	nd-circumstances es' test. The orgai	test, check this t nization qualifies	box and stop here as a publicly supp	. Explain in Pa orted organiza	art IV I Ition	how -
	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-and	meets the 'facts-ar d-circumstances' to	nd-circumstances est. The organiza	test, check this land tion qualifies as a	box and stop here. a publicly supporte	. Explain in Pa d organization	art IV I	how the
	Private foundation. If the organiz	zation did not ched	ck a box on line 1	3, 16a, 16b, 17a,				
RAA					Se	cnequie 🗛 (Fo	rm 99	0 or 990-EZ) 2011

Page 3

Rantill Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Sec	tion A. Public Support		<u></u>	<u> </u>			
Calen	dar year (or fiscal yr beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Gifts, grants, contributions and membership fees received (Do not include any unusual grants')			<u> </u>			
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						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	: Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)	· 通过 100000000000000000000000000000000000	, a	*B (**)		· * -,	
<u>Sec</u>	tion B. Total Support			<u> </u>			
Calen	dar year (or fiscal yr beginning in)►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6 .						
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources • Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add Ins 9, 10c, 11, and 12)		-				
	First five years. If the Form 990 organization, check this box and	is for the organizat	tion's first, second	i, third, fourth, o	r fifth tax year as a	section 501(c)(3)	▶ □
	tion C. Computation of Pu						
15				13, column (f))		15	
16	Public support percentage from 2	•	• •			16	8
	tion D. Computation of Inv						
17	Investment income percentage for				mn (f))	17	ક્ર
18	Investment income percentage fr	•	• • • • • • • • • • • • • • • • • • • •	•	· · //	18	8
	33-1/3% support tests - 2011. If				nd line 15 is more		
	is not more than 33-1/3%, check	this box and stop	here. The organiz	ation qualifies a	s a publicly suppor	ted organization	▶ [_]
b	33-1/3% support tests - 2010. If line 18 is not more than 33-1/3%	the organization of the check this box ar	did not check a bo nd stop here. The	x on line 14 or li organization qua	ne 19a, and line 16 alifies as a publicly	is more than 33- supported organia	1/3%, and zation ► □
20	Private foundation. If the organiz	zation did not chec	k a box on line 14	1, 19a, o <u>r</u> 19b, c	heck this box and s	ee instructions	

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection Employer identification number

Brookings	Foundation			46-0342366	
Part Oro	anizations Maintaining Dono	Advised Funds or Other Similar Fun	ds or Acc		e ıf
the	organization answered 'Yes' to	o Form 990, Part IV, line 6.		·	
		(a) Donor advised funds	(b) l	Funds and other acc	ounts
1 Total nun	nber at end of year	1.			15.
2 Aggregat	e contributions to (during year)	0.			277,580.
3 Aggregat	e grants from (during year)				876,180.
4 Aggregat	e value at end of year	85,348.		1,	089,650.
		or advisors in writing that the assets held in don the organization's exclusive legal control?	or advised	X Yes	No No
used only	rganization inform all grantees, donor r for charitable purposes and not for th conferring impermissible private benei	s, and donor advisors in writing that grant funds ne benefit of the donor or donor advisor, or for a hit?	can be ny other	X Yes	No
Part II Cor	servation Easements. Compl	ete if the organization answered 'Yes'	to Form 9	990, Part IV, line	7.
Prese Prote Prese 2 Complete	ervation of land for public use (e.g , rection of natural habitat ervation of open space	· · · · · · · · · · · · · · · · · · ·	of a certified	ally important land a historic structure conservation easem	
				Held at the End of ti	he Tax Year
a Total nun	ber of conservation easements		2a		
b Total acre	eage restricted by conservation easen	nents	2b	<u> </u>	
c Number o	of conservation easements on a certifi	ed historic structure included in (a)	2c		
d Number of structure	of conservation easements included in listed in the National Register	(c) acquired after 8/17/06, and not on a historic	2 d		
3 Number of tax year		ransferred, released, extinguished, or terminate	d by the orga	anization during the	
4 Number of	of states where property subject to cor	nservation easement is located >	_		
5 Does the and enfor	organization have a written policy regorement of the conservation easemen	arding the periodic monitoring, inspection, hand ts it holds?	dling of viola	tions, Yes	No
6 Staff and	volunteer hours devoted to monitoring	g, inspecting, and enforcing conservation easen	nents during	the year	
7 Amount o	of expenses incurred in monitoring, in	specting, and enforcing conservation easements	s during the	year	
	h conservation easement reported on (B)(i) and section 170(h)(4)(B)(ii)?	line 2(d) above satisfy the requirements of sect	tion	Yes	No
ınclude, r	V, describe how the organization report fapplicable, the text of the footnote to the reasements.	orts conservation easements in its revenue and the organization's financial statements that de-	expense sta scribes the c	tement, and balance organization's accour	e sheet, and nting for
Part III. Ord Co	ganizations Maintaining Colle mplete if the organization ans	ctions of Art, Historical Treasures, or wered 'Yes' to Form 990, Part IV, line	Other Sir 8.	nilar Assets.	
art, histoi	ical treasures, or other similar assets	SFAS 116 (ASC 958), not to report in its revenuely held for public exhibition, education, or research statements that describes these items	ue statement th in furthera	and balance sheet ince of public service	works of e, provide,
historical	anization elected, as permitted under treasures, or other similar assets hel amounts relating to these items:	SFAS 116 (ASC 958), to report in its revenue sid for public exhibition, education, or research in	tatement and furtherance	d balance sheet worl of public service, pr	ks of art, ovide the
(i) Reve	nues included in Form 990, Part VIII,	line 1		► \$	
(ii) Asset	s included in Form 990, Part X			► \$	
2 If the organization	anization received or held works of ar required to be reported under SFAS 1	t, historical treasures, or other similar assets for 16 (ASC 958) relating to these items:	r financial ga	ain, provide the follo	wing
a Revenues	included in Form 990, Part VIII, line	1		►\$	
b Assets in	cluded in Form 990, Part X			▶\$	

Schedule D (Form 990) 2011 Brook				46-034		Page 2
PadⅢ Organizations Mainta	ining Collect	ions of Art, Histo	rical Treasures, c	or Other Similar Ass	ets (continu	ıed)
3 Using the organization's acquisiting items (check all that apply)	on, accession, a	nd other records, che	ck any of the following	that are a significant use	of its collection	in
a Public exhibition		d Loan (or exchange programs			
b Scholarly research		e 🔲 Other				
c Preservation for future gener	ations					
4 Provide a description of the organ Part XIV		·	•		ın	
5 During the year, did the organiza assets to be sold to raise funds r.	tion solicit or rec	eive donations of art,	historical treasures, o	r other similar	T Yes	No
Part IV Escrow and Custodia line 9, or reported an	I Arrangeme	nts. Complete if	he organization a	nswered 'Yes' to For		
1 a Is the organization an agent, trus included on Form 990, Part X?	stee, custodian, c	or other intermediary	for contributions or oth	er assets not	Yes	No
b If 'Yes,' explain the arrangement						
					Amount_	
c Beginning balance				1c		
d Additions during the year .				1 d		
e Distributions during the year				1 e		
f Ending balance				1f		
2a Did the organization include an a		990, Part X, line 21?			Yes	No
b If 'Yes,' explain the arrangement				200 5 1 11/1		
Part V. Endowment Funds. Co						
	(a) Current yea	ar (b) Prior yea	(c) Two years ba	ck (d) Three years back	(e) Four year	's back
1 a Beginning of year balance					 	
b Contributions					***	
 Net investment earnings, gains, and losses 						
d Grants or scholarships						
 Other expenditures for facilities and programs 					1,3,3,4	
f Administrative expenses					1	
g End of year balance	<u></u>		<u> </u>	<u> </u>	<u> </u>	
2 Provide the estimated percentage	-	ear end balance (line	: 1g, column (a)) held	as'		
a Board designated or quasi-endov		 %				
b Permanent endowment ▶	 &	_				
c Temporarily restricted endowmer		%				
The percentages in lines 2a, 2b,	and 2c should e	qual 100%				
3a Are there endowment funds not i organization by:	n the possession	of the organization t	hat are held and admii	nistered for the	Yes	No
(i) unrelated organizations					3a(i)	
(ii) related organizations					3a(ii)	
b If 'Yes' to 3a(II), are the related of	-	•			3b	<u> </u>
4 Describe in Part XIV the intended						
Park Land, Buildings, and						
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book v	alue ——-—
1a Land	<u> </u> -			3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		
b Buildings	<u> </u>			 		
c Leasehold improvements	<u> </u>			+		
d Equipment	<u> </u>					
e Other	n (d) must se::-	I Form 000 Port Y o	olumn (R) line 10(a)	<u> </u>		
Total. Add lines 1a through 1e (Colum	ııı (u) must eyua	I FUIIII 330, FAILA, C	oranin (b), line 10(c))		tule D (Form 9	90) 2011

2 FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

(10) (11)

Total. (Calumn (b) must equal Form 990, Part X, column (B) line 25.)

Schedule D (Form 990) 2011 Brookings Foundation	40-0342366	Page 4
Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		
1 Total revenue (Form 990, Part VIII, column (A), line 12)		
2 Total expenses (Form 990, Part IX, column (A), line 25)		
3 Excess or (deficit) for the year Subtract line 2 from line 1		
4 Net unrealized gains (losses) on investments		
5 Donated services and use of facilities		
6 Investment expenses		
7 Prior period adjustments		
8 Other (Describe in Part XIV)		
9 Total adjustments (net). Add lines 4 through 8		
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue	per Return	
1 Total revenue, gains, and other support per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains on investments		
b Donated services and use of facilities 2b		
c Recoveries of prior year grants		
d Other (Describe in Part XIV)		
e Add lines 2a through 2d		
3 Subtract line 2e from line 1	3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIV)		
c Add lines 4a and 4b	4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expense	1 . 1	
1 Total expenses and losses per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities 2a		
b Prior year adjustments 2b		
c Other losses 2c		
d Other (Describe in Part XIV)		
e Add lines 2a through 2d		
3 Subtract line 2e from line 1	3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIV)		
c Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	4c	
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 V, line 4; Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also con any additional information	art IV, lines 1b and 2b; nplete this part to provide	

TEEA3304 05/25/11

Schedule **D** (Form 990) 2011

BAA

SCHEDULE I (Form 990)	

Department of the Treasury Internal Revenue Service Name of the organization

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

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 21 or 22. ► Attatch to Form 990.

2011

OMB No 1545-0047

Open to Public Inspection

Employer identification number 46-0342366 **ջ** □

X Yes

Part I General Information on Grants and Assistance Brookings Foundation

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000 Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Part II can be duplicated if additional space is needed Part

Port II can be duplicated if additional space is needed	ior ariy recipierit f additional space	is needed	G G G G G G G G G G G G G G G G G G G	מי וו אסמ פוווא אסמי			△
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) South Dakota Community Fo 207 E. Capitol Pierre SD 57501	46-0398115		209,629.	0	N/a	0	Donor Ad.
und lary	46-0273801		11,600.	0.	N/a	0	Various
(3) Boys_& Girls_Club_of_Brool_1126_Southland_LaneBrookings_SD_57006	73-1630215		163,542.				Operating Supp
(4)					ļ		
(5) First United Methodist Ch - 625 - 5th St	46-0224724		239, 352.				Building Fund
<i>ω</i>							
(8)							
2 Enter total number of section 501(c)(3) and government organizations	3) and government or		listed in the line 1 table				4

Schedule I (Form 990) (2011)

TEEA3901 06/01/11

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

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

Page 2

Schedule I (Form 990) (2011) Brookings Foundation

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Part III can be duplicated if additional space is needed.	onai space is need	Jed.			•
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 Post secondary scholarships	68	160,200.	.0	N/a	Scholarships
2 Small amounts of financial assistance to many	54	20,465.	0.	N/A	Various needs
1					
V					
n					
9					
		oronide the information required in Part line 2	on required in Par		and any other additional information.
Randing Supplemental information. Complete this part to		יסעותב חוב ווויסוווומו	מו זפלותו		
Pt_I Line 2The Executive Director supervises	<u>Director supe</u>		each Donor Advised Fund	<u>nd_and</u>	
Pt_I Line 2monitors_all of the expenditures which can be	of the expendi	tures which ca	n be accomplished	<u>hed</u>	
Pt_I Line 2because the number of Donor Advised Funds	umber of Donor	. Advised Funds	and the number of	r_of	
Pt_I_Line_2expenditures_are_somewhat_	are_somewhat_l	limited and proper oversight	per_oversight	<u>can</u>	
Pt_I_Line_2therefore_be_accomplished	accomplished.	1	 		
	1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	 	 	
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	 		 	1 	
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Schedule I (Form 990) (2011)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047 2011 ් (pabsegon ලෝග (ලෝදග්)ල්

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990 or 990-EZ.

Name of the organization	Employer identification number
Brookings Foundation	46-0342366
Pt_VI,_Line_11aForm 990 is presented along with the Financial Statements to the B	Board of Directors by the Executive Director.
Pt_VI, Line 12c Conflicts of Interest are raised during Bo	pard of Directors meetings.
Pt_VI, Line 15 Total compensation of \$6600 for Ex. Dir. is	reviewed by Board annually.
	