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DLN: 93493045008036

# Form **990**

Department of the Treasury Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

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

▶ Do not enter social security numbers on this form as it may be made public

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

Open to Public Inspection

A Fo	r the	2014 ca	l <mark>endar year, or tax year beginni</mark>	ng 07-01-2014 , and ending 06-30-2	2015			
<b>B</b> Ch	eck ıf a	pplicable	C Name of organization THE BROOKINGS INSTITUTION			D Emple	oyer ider	ntification number
☐ Ad	dress cl	hange				53-0	196577	7
Г	me cha	inge	Doing business as					
┌ Ini	tial retu	ım						
Fir	al			mail is not delivered to street address) Room	n/suite	E Telepr	one num	ber
☐ ret	urn/ter	mınated	1775 MASSACHUSETTS AVE NW			(202	797-6	000
☐ Am	ended	return		untry, and ZIP or foreign postal code				
Гар	plicatioi	n pendın <u>q</u>	WASHINGTON, DC 200362103			<b>G</b> Gross	receipts \$	387,664,877
			<b>F</b> Name and address of pr	incipal officer	H(a)	Is this a group	return	for
			STROBE TALBOTT	A.V.E. NIM		subordinates?		┌ Yes 🗸 No
			1775 MASSACHUSETTS / WASHINGTON, DC 2003		11/15			<b></b>
			,		H(B)	Are all subord included?	ınates	Γ Y es Γ No
I Ta	x-exen	npt statu	s ▼ 501(c)(3)	(insert no )			n a list	(see instructions)
	ebsite	e: 🕨 W	WW BROOKINGS EDU		一、	Croup ayamp	tion nur	nhar 🌬
					H(c)	Group exemp		
			n 🔽 Corporation 🗆 Trust 🗀 Associat	ion  Other ►	<b>L</b> Ye	ar of formation 1	939 <b>M</b>	State of legal domicile DC
Pa	rt I	Sur	nmary					
				ion or most significant activities				
		ANALY	ZE POLICY ISSUES AND PROT	DUCE PRACTICAL NEW IDEAS				
<u>ခို</u>								
图								
<u>ş</u>	2	Check	this box দ if the organization o	discontinued its operations or dispose	ed of more	than 25% of its	s net as	sets
							1	
<b>26</b>	1			rning body (Part VI, line 1a)			3	54
ĕ	1			s of the governing body (Part VI, line :			4	53
₹	1			n calendar year 2014 (Part V, line 2a)			5	629
a ब	1			necessary)			6	54
			nrelated business revenue from		7a	2,857		
	b	Net unr	elated business taxable income	from Form 990-T, line 34	· · ·		7b	0
	_					Prior Year		Current Year
	1		ributions and grants (Part VIII,	•	89,488	,/48	76,694,383	
eni	9			line 2g)			207	0
Expenses Revenue Activities & Governance	10			nn (A), lines 3, 4, and 7d)	•	13,114		25,741,998
_	11			), lines 5, 6d, 8c, 9c, 10c, and 11e) 1 (must equal Part VIII, column (A),	line	3,923	.623	3,950,809
	12		<del>-</del>		iiie	106,526	.578	106,387,190
- R	13			rt IX, column (A), lines 1-3)		839,	102	893,434
	14	Bene	fits paid to or for members (Part	IX, column (A), line 4)			0	0
	15	Salar	ries, other compensation, employ	yee benefits (Part IX, column (A ), line	es	55,823	892	59,424,307
82		5-10	•			33,023		
Ŧ	16a			(, column (A), line 11e)	•		0	0
ੜੀ	Ь	Total 1	undraising expenses (Part IX, column (	D), line 25) ►3,152,110	_			
_	17	Othe	r expenses (Part IX, column (A)	, lines 11a-11d, 11f-24e)		42,905	991	47,608,362
	18	Total	expenses Add lines 13-17 (m	ust equal Part IX, column (A), line 25	5)	99,568	985	107,926,103
	19	Reve	nue less expenses Subtract line	e 18 from line 12		6,957	.593	-1,538,913
<u>১ জু</u>					Beg	jinning of Curre	ent	End of Year
Not Assets or Fund Balances	1					Year		
3.00 10.00	20					496,001		482,069,162
<u> </u>	21		liabilities (Part X, line 26) .	52,763		61,160,022		
	22	_		t line 21 from line 20		443,238	.012	420,909,140
	rt II	_	nature Block					
my k	nowle	dge and	l belief, it is true, correct, and co	xamined this return, including accompomplete Declaration of preparer (othe				
	41 C	u э ану I	knowledge					
		IB	***			2016-02-14		
Sign		Sıgı	nature of officer			Date		
Her	е		WART URETSKY VP, CFO, & TREASURE	ER				
		17	e or print name and title		To :		T	
_			Print/Type preparer's name WILLIAM E TURCO CPA	Preparer's signature WILLIAM E TURCO CPA	Date	Check If self-employed	PTIN P00369	217
Pai		Ì	Firm's name FRSM US LLP	<b>'</b>		Firm's EIN 🕨		
	pare		Firm's address • 0727 MACHINETONIA	N RIVD 400		Dhone no (30	1) 206 20	500
Use	On	ly	Firm's address • 9737 WASHINGTONIA			Phone no (30	1) 296-36	900
			GAITHERSBURG, MD	208787340		1		

	990 (2014)			Page
Par	Statement of Program S Check if Schedule O contains			۶
1	Briefly describe the organization's m	ISSION		
ORG RESE AME AND BRO AND	BROOKINGS INSTITUTION (BROOK ANIZATION BROOKINGS'S MISSIO EARCH, TO ADVANCE INNOVATIVE RICAN DEMOCRACY, FOSTER THE I SECURE A MORE OPEN, SAFE, PRO OKINGS HAS ANALYZED CURRENT, THE WORLD RESEARCH AT BROOK -PARTISAN ANALYSIS ON THE CHA	N IS TO CONDUCT HIGH, PRACTICAL RECOMMEN CONOMIC AND SOCIAL SPEROUS AND COOPERA AND EMERGING ISSUES A INGS IS CONDUCTED TO	-QUALITY INDEPENDENT RESEAR( DATIONS THAT ADVANCE THREE WELFARE, SECURITY AND OPPORT TIVE INTERNATIONAL SYSTEM FOR NOTICE STATE IND PRODUCED NEW IDEAS THAT INFORM THE PUBLIC DEBATE AN	CH AND, BASED ON THAT BROAD GOALS STRENGTHEN UNITY OF ALL AMERICANS, DR ALMOST 100 YEARS, MATTER - FOR THE NATION D PROVIDE HIGH-QUALITY,
2	Did the organization undertake any s the prior Form 990 or 990-EZ? . If "Yes," describe these new services		during the year which were not listed	on 
3	Did the organization cease conductin services?	g, or make significant chang • • • • • • •	ges in how it conducts, any program	
	If "Yes," describe these changes on	Schedule O		
4	Describe the organization's program expenses Section 501(c)(3) and 50 the total expenses, and revenue, if an	1(c)(4) organizations are re	quired to report the amount of grants	
4a	(Code ) (Expenses \$	24,399,898 includir	ng grants of \$ 645,426 ) (Reve	nue \$ )
	ADDRESS THE GREAT CHALLENGES FACING AIMS TO STRENGTHEN AMERICA'S FOREIGN INTERNATIONAL ORDER TOWARDS PEACE, SOVERSEAS CENTERS IN BEIJING, DOHA AND THE ARAB WORLD, THE EFFECT OF THE EUI ISRAEL AND PALESTINE, ARMS CONTROL AN EVOLVING TRANSATLANTIC RELATIONSHIPS,	THE UNITED STATES AND THE INT AND NATIONAL SECURITY POLICI SECURITY AND HUMAN PROGRESS NEW DELHI EXAMINED A WIDE R. ROZONE CRISIS, THE CONTINUING D NUCLEAR NON-PROLIFERATION HUMANITARIAN AID AND THE CH	ORMS ACADEMICS, POLICYMAKERS, THE PUB FERNATIONAL COMMUNITY IN THE 21ST CENT ES, ENLIGHTEN THE PUBLIC POLICY DEBATE, IN THE PAST YEAR, FOREIGN POLICY EXPER ANGE OF TOPICS INCLUDING THE RAPIDLY CI CONFLICTS IN AFGHANISTAN AND IRAQ, BE , ENERGY SECURITY, MILITARY TECHNOLOGY ANGING GLOBAL ROLE OF CHINA IN ADDITIO OVIDED CONGRESSIONAL TESTIMONY AND PR	TURY THE FOREIGN POLICY PROGRAM AND HELP GUIDE THE EMERGING ITS BOTH IN WASHINGTON AND IN OUR HANGING DEVELOPMENTS THROUGHOU'T WEEN RUSSIA AND UKRAINE AND ', IRAN, INDIA, SYRIA, LIBYA, THE N TO PUBLISHING NUMEROUS WORKS
4b	(Code ) (Expenses \$	5 18,044,964 ıncludır	ng grants of \$ ) (Rever	nue \$ )
עד	ECONOMIC STUDIES THE ECONOMIC STUDIES WORLDWIDE ITS RESEARCH AIMS TO INCR BETTER IN THE PAST YEAR, ECONOMIC STUSUCH DIVERSE ISSUES AS THE LABOR MARK ECONOMIC MOBILITY ECONOMIC STUDIES EMPIRICAL RESEARCH ON MACROECONOMI 152 EVENTS BOTH PUBLIC AND PRIVATE, SC	ES PROGRAM ANALYZES CURRENTEASE THE PUBLIC'S UNDERSTAND JDIES EXPERTS EXAMINED THE FEAT AND JOB CREATION, FISCAL A ALSO PRODUCES THE BROOKINGS CS IN ADDITION TO PUBLISHING THOLARS ALSO SPOKE AT 90 EXTERD HILL 15 TIMES, AND WERE CITE	T AND EMERGING ECONOMIC POLICY ISSUES ING OF HOW THE ECONOMY WORKS AND WHEDERAL BUDGET DEFICIT AND THE RISING NAND MONETARY POLICY, AND THE ROLE OF ELE PAPERS ON ECONOMIC ACTIVITY, THE LEAD NUMEROUS WORKS OF SCHOLARSHIP IN FYZRNAL EVENTS, WROTE 633 OP-EDS AND BLOGED OR INTERVIEWED IN 27,389 MEDIA STORI	IN THE UNITED STATES AND HAT CAN BE DONE TO MAKE IT WORK TIONAL DEBT, AND COMMENTED ON DUCATION AND OPPORTUNITY IN ING SOURCE OF POLICY-ORIENTED, 1015, ECONOMIC STUDIES HELD OVER 105, PRODUCED 123 PAPERS AND BRIEFS
	/Code	11.620.527	) (Davier	
<b>4</b> c	ECONOMY AND THE PRIMARY PLACES WHEF CHANGES CONFRONTING THE NATION OUR METROPOLITAN LEADERS BUILD AN ADVANC METROPOLITAN AREAS MUST IMPLEMENT PO	I POLICY PROGRAM BELIEVES THA RE PEOPLE SEEK JOBS AND OPPOR MISSION AT THE METROPOLITAN ED ECONOMY THAT WORKS FOR DLICIES THAT (1) MAXIMIZE WORI	ng grants of \$ (Rever T CITIES AND METROPOLITAN AREAS ARE TH TUNITY THEY ARE AT THE FOREFRONT OF T POLICY PROGRAM IS TO DELIVER RESEARCH ALL IN ORDER TO CREATE AN ADVANCED EC KERS' POTENTIAL, (2) FUEL ADVANCED INDU INVIRONMENT, FACILITATES ECONOMIC ACTIV	E HUBS OF THE NATIONAL AND GLOBAL HE MAJOR DEMOGRAPHIC AND SOCIAL I AND SOLUTIONS THAT HELP ONOMY THAT WORKS FOR ALL, STRIES, (3) ENGAGE THE GLOBAL
	See Additional Data			
4d	Other program services (Describe III (Expenses \$ 22,223,614		248 008 \/Pavanua #	1 700 601 \
			248,008 ) (Revenue \$	1,709,691)
4e	Total program service expenses 🕨	76,297,003		

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

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	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			1
		28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$ .	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	_	No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note, All Form 990 filers are required to complete Schedule O	38	Yes	

Pal	Statements Regarding Other IRS Fillings and Tax Compliance			G.
	Check if Schedule O contains a response or note to any line in this Part V	- 1	Yes	 No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   451		105	110
	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable  1b  0	1		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
	gaming (gambling) winnings to prize winners?	<b>1</b> c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered			
<b>L</b>	by this return	┧		
D	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		Νo
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country ►QA, UK, IN  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		110
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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?	<b>7</b> c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year	-		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
а	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	1		
1	Section 501(c)(12) organizations. Enter			
а	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 )			
2a	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 year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	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			
c	Enter the amount of reserves on hand	1		
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	į į	No
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14b		

Form 990 (2014) Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a Part VI "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax 1a 54 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 Enter the number of voting members included in line 1a, above, who are Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any 2 Yes Did the organization delegate control over management duties customarily performed by or under the direct 3 Nο supervision 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 4 Yes Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 Nο Νo Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Νo Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, Nο Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following **b** Each committee with authority to act on behalf of the governing body? . . . . . . . . . . Yes Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . . . Nο Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code 10a Did the organization have local chapters, branches, or affiliates? . . . . . . . . . . . . . . . 10a Νo **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing Yes 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . . . 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . . . . . . Yes 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12b Yes Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Yes 12c 13 Yes Did the organization have a written document retention and destruction policy? . . . . . . . . . . . 14 Yes 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official . . . . . . . . . . . . . . . 15a

## 15b Yes If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a Nο **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . . . . . . . . . . . . . .

## **Section C. Disclosure**

- 17 List the States with which a copy of this Form 990 is required to be filed AK, AL, AR, CA, CO, CT, FL, GA, IL, KS, KY, MA, MD, ME, MI, MS, NC, ND, NH, NJ, NM, NY, OH, OK, OR, PA, RI, SC, TN, VA, WA, WI, WV
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
  - Own website Another's website Upon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, address, and telephone number of the person who possesses the organization's books and records ►STEWART A URETSKY

16b

Form 990 (2014)	
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)	a	g	e	7
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# Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)	( <b>D)</b> Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Former Highest compensated employee Key employee Officer Institutional Trustee Individual trustee or chiector	2/1099-MISC)	2/1099-MISC)	organization and related organizations

Form 990 (2014)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					;	(D) Reportable compensation from the organization (W-	<b>(E)</b> Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

1b	Sub-Total	►			
c	Total from continuation sheets to Part VII, Section A	►[			
d	Total (add lines 1b and 1c)	<b>►</b> [	5,670,035	0	901,210

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization►154

			Yes	No		
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee					
	on line 1 a? If "Yes," complete Schedule I 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 I for such					
	ındıvıdual	4	Yes			
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for					
	services rendered to the organization? If "Yes," complete Schedule I for such person	5		No		

#### **Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

• • • • • • • • • • • • • • • • • • • •	, -	•
(A) Name and business address	( <b>B</b> ) Description of services	(C) Compensation
CDW DIRECT LLC PO BOX 75723 CHICAGO, IL 606735723	IT/COMPUTER HARDWARE, SOFTWARE & MAINT	1,747,144
SODEXO INC & AFFILIATES PO BOX 536922 ATLANTA, GA 303536922	FOOD SERVICES & CAFETERIA & FACILITIES M	1,215,050
DIVERSIFIED SYSTEMS 23475 ROCK HAVEN WAY BLDG D2 SUITE DULLES, VA 20166	BROADCAST, AUDIO/VISUAL, RF AND IT INDU	1,126,817
HBW GROUP 1055 FIRST STREET ROCKVILLE, MD 20850	CONSTRUCTION, COMMERCIAL REAL ESTATE, PR	1,098,478
ACCENTURE LLP PO BOX 70629 CHICAGO, IL 60673	GLOBAL MGMT, CONSULTING & TECHNOLOGY SVC	996,096
2 Total number of independent contractors (including but not limited to th	ose listed above) who received more than	

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶55

Part V	Ш	Statement o						_
		Check if Schedu	ule O contains a respoi	nse or note to any II	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
(0	1a	Federated camp	paigns 1a					
Contributions, Giffs, Grants and Other Similar Amounts	ь	Membership du	es <b>1b</b>					
<u> </u>								
S, (	С	Fundraising eve						
<u>#</u> ≥	d	Related organiz	ations 1d					
] ⊒`%	е	Government grants	s (contributions) <b>1e</b>	2,474,897				
ë i⊼	f	All other contribution	ons, gifts, grants, and <b>1f</b>	74,219,486				
量量	_	sımılar amounts no						
불률	g	Noncash contribution 1a-1f \$	ons included in lines	5,333,677				
	h	Total. Add lines	s 1 a - 1 f		76,694,383			
O e				· · · · •				
en l				Business Code				
Yen	2a							
22	Ь							
92	С							
<u> </u>	d							
Program Serwce Revenue	e							
្ន	f	All other progra	ım service revenue					
<u>&amp;</u>	g	Total Add lines	s 2a – 2f	<b>L</b>				
	3		ome (including dividen					
			ar amounts)		13,894,953			13,894,953
	4	Income from inves	tment of tax-exempt bond	proceeds 🕨				
	5	Royalties		🕨				
			(ı) Real	(11) Personal				
	6a	Gross rents	503,843					
	b	Less rental expenses	323,342					
	С	Rental income	180,501					
	d	or (loss)	me or (loss)	<u> </u>	180,501			180,501
	_	l l	(ı) Securities	(II) O ther	,			
	7a	Gross amount from sales of assets other	292,395,502	(ii) o ciioi				
	ь	than inventory Less cost or other basis and sales expenses	280,548,457					
	С	Gain or (loss)	11,847,045					
	d	Net gain or (los	s)		11,847,045			11,847,045
Other Revenue	8a		luding  reported on line 1c)					
er He		See Part IV, lin	e 18 a					
<u> </u>	Ь		penses b					
٠	C		loss) from fundraising	events 🛌				
	9a	Gross income fi See Part IV, lin	rom gaming activities					
			a					
	ь	Less direct ex	penses <b>b</b>					
	С		(loss) from gamıng actı	vities				
	10a	Gross sales of						
		returns and allo		4 700 600				
			a .	1,709,692				
	b		oods sold b	405,888	1 202 004	1,300,947	2,857	
	С		(loss) from sales of inv		1,303,804	1,300,947	2,857	
	11-	Miscellaneous		Business Code 900099	2,280,852			2,280,852
	11a	CAFETERIA IN						
	Ь	OTHER INCOM	1E	900099	185,652			185,652
	С							
	d	All other revenu	ue					
	е	Total. Add lines	s 11a-11d	🕨	2,466,504			
	12	Total revenue.	See Instructions .	🕨	106 387 190	1 300 947	2 857	28 389 003

D	Chatamant of Functional Functions				r age 10
	Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must complete all columns All	other organizati	ons must comp	lete column (Δ )	
<u> </u>	Check if Schedule O contains a response or note to any line in this				
Do no	ot include amounts reported on lines 6b,		(B)	(c)	(D)
	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 domestic organizations and domestic governments See Part IV, line 21				· ·
2	Grants and other assistance to domestic individuals See Part IV, line 22	538,224	538,224		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	355,210	355,210		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	4,591,824	1,798,258	2,298,915	494,651
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	36,512,297	29,025,258	6,529,826	957,213
8	Pension plan accruals and contributions (include section 401(k)	, ,	, ,	, ,	
	and 403(b) employer contributions)	4,190,771	207,837	3,982,934	
9	Other employee benefits	11,041,959	13,863,989	-3,413,163	591,133
10	Payroll taxes	3,087,456		3,087,456	
11	Fees for services (non-employees)				
а	Management				
b	Legal	883,860	47,654	836,206	
C	Accounting	215,386	48,319	167,067	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	3,720,869		3,720,869	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	12,118,585	9,831,752	2,210,451	76,382
12	Advertising and promotion	447,110	387,656	5,823	53,631
13	Office expenses	1,993,991	1,055,272	874,380	64,339
14	Information technology	2,740,793	1,918,938	776,578	45,277
15	Royalties				
16	Occupancy	2,743,210	7,306,867	-4,908,419	344,762
17	Travel	4,086,439	3,127,371	777,574	181,494
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	39,560	39,560		
19	Conferences, conventions, and meetings	4,305,597	3,912,662	71,692	321,243
20	Interest	1,860,060		1,860,060	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,510,169	943,290	4,566,879	
23	Insurance	348,385		348,385	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	OTHER DIRECT COSTS	4,889,957	728,482	4,139,490	21,985
b	PUBLISHING	1,142,100	1,130,913	11,187	
c	REPAIR/MAINTENANCE	547,981	45,060	502,921	
d	BAD DEBT	33,455	31,980	1,475	
e	All other expenses	-19,145	-47,549	28,404	
25	Total functional expenses. Add lines 1 through 24e	107,926,103	76,297,003	28,476,990	3,152,110
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)				

Form 990 (2014)

Part X Balance Sheet

Par	't X	Balance Sheet Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	19,739,962	1	17,921,029
	2	Savings and temporary cash investments	25,145,539	2	33,698,595
	3	Pledges and grants receivable, net	90,045,932	3	73,381,988
	4	Accounts receivable, net	375,256	4	684,880
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
ts	6	Loans and other 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) Complete Part II of Schedule L		_	
Assets		Nichara and Irana massivality mak		6 7	
AS	7	Notes and loans receivable, net	277,943		105 705
	8	Inventories for sale or use	858,388	8 9	185,795 1,324,728
	9 10a	Prepaid expenses and deferred charges	·	9	1,324,720
	ь	Complete Part VI of Schedule D  Less accumulated depreciation		10c	39,454,660
	11	Investments—publicly traded securities	78,272,689	11	88,494,946
	12	Investments—other securities See Part IV, line 11	240,604,812	12	223,335,505
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	967,358	15	3,587,036
	16	Total assets. Add lines 1 through 15 (must equal line 34)	496,001,963	16	482,069,162
	17	Accounts payable and accrued expenses	8,909,205	17	9,023,314
	18	Grants payable		18	
	19	Deferred revenue	209,794	19	557,449
	20	Tax-exempt bond liabilities	39,341,663	20	
S	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilitie	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
qе		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	1,317,063	23	48,339,270
	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	2 000 000		0.000.000
		D	2,986,226	25	3,239,989
	26	Total liabilities. Add lines 17 through 25	52,763,951	26	61,160,022
ces		Organizations that follow SFAS 117 (ASC 958), check here ▶ ▽ and complete lines 27 through 29, and lines 33 and 34.			
<u>8</u>	27	Unrestricted net assets	212,677,352	27	202,164,069
Ö	28	Temporarily restricted net assets	148,721,246	28	135,007,845
Fund Balance	29	Permanently restricted net assets	81,839,414	29	83,737,226
or Fu		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
9	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
AS	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	443,238,012	33	420,909,140
_	34	Total liabilities and net assets/fund balances	496,001,963	34	482,069,162

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				F
1	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>		106.3	387,190
2	Total expenses (must equal Part IX, column (A), line 25)	2			926,103
3	Revenue less expenses Subtract line 2 from line 1				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	3		-1,5	538,913
		4		443,2	238,012
5	Net unrealized gains (losses) on investments	5		-11,4	483,972
6	Donated services and use of facilities	6			
7	Investment expenses				
8	Prior period adjustments	7			
0	Prior period adjustifients	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-9,:	305,987
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			909,140
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	ewed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both	arate			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig audit, review, or compilation of its financial statements and selection of an independent accountant?	ht of the	e <b>2c</b>	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın			
За	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?	ne	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	

#### **Additional Data**

Software ID: Software Version:

**EIN:** 53-0196577

Name: THE BROOKINGS INSTITUTION

#### Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

(Code ) (Expenses \$ 10,273,424 including grants of \$ 248,008 ) (Revenue \$ GLOBAL ECONOMY AND DEVELOPMENT THE GLOBAL ECONOMY AND DEVELOPMENT PROGRAM EXAMINES THE OPPORTUNITIES AND CHALLENGES PRESENTED BY GLOBALIZATION, WHICH HAS BECOME A CENTRAL CONCERN FOR INTERNATIONAL POLICYMAKERS, BUSINESS LEADERS, THE MEDIA AND CIVIL SOCIETY GLOBAL ECONOMY AND DEVELOPMENT EXPERTS ADDRESS THE ISSUES SURROUNDING GLOBALIZATION WITHIN TWO KEY AREAS STRENGTHENING THE DRIVERS OF SUSTAINABLE GROWTH AND ENDING EXTREME POVERTY BY 2030 IN THE PAST YEAR, THE RESEARCH AGENDA FOR THE PROGRAM EXAMINED THE GLOBAL AND REGIONAL RISKS SHAPING THE GLOBAL ECONOMY. HOW GLOBAL INSTITUTIONS CAN ACHIEVE BETTER ECONOMIC POLICY COORDINATION, POLICIES THAT STIMULATE GROWTH AND SOCIAL MOBILITY, THE KNOWLEDGE GAPS, PATHWAYS AND RISKS TO ENDING EXTREME POVERTY, HOW THE POST-2015 GOALS CAN BE EFFECTIVELY FINANCED, IMPLEMENTED, AND MEASURED, AND, POLICY INTERVENTIONS THAT FACILITATE OPPORTUNITIES FOR LIFE AND LIVELIHOOD IN ADDITION TO PUBLISHING NUMEROUS WORKS OF SCHOLARSHIP IN FY 2015, GLOBAL ECONOMY AND DEVELOPMENT HELD NUMEROUS EVENTS OPEN TO THE GENERAL PUBLIC

(Code ) (Expenses \$ 7,336,759 including grants of \$ ) (Revenue \$

GOVERNANCE STUDIES THE GOVERNANCE STUDIES PROGRAM BRINGS TOGETHER PEOPLE INTERESTED IN IMPROVING THE PERFORMANCE OF OUR NATIONAL GOVERNMENT AND BETTERING THE ECONOMIC SECURITY, SOCIAL WELFARE, AND OPPORTUNITY AVAILABLE TO ALL AMERICANS IN THE PAST YEAR, GOVERNANCE STUDIES EXPERTS EXAMINED THE POLITICS BEHIND HEALTH CARE REFORM, AMERICA'S ECONOMIC RECOVERY, PARTISAN POLITICS AND COMMENTED ON OTHER TIMELY TOPICS, SUCH AS THE NATIONAL ELECTIONS, US BUDGET CRISES, US JOB POLICIES, CONGRESSIONAL PRIMARIES, STRENGTHENING US DEMOCRACY, JUDICIAL SELECTION REFORM, THE US EDUCATIONAL SYSTEM, PARTISAN GRIDLOCK IN LEGISLATION, MOBILE FINANCIAL INCLUSION AND THE USE OF ONLINE TOOLS AND INFORMATION TECHNOLOGY TO INCREASE GOVERNMENT EFFICIENCY IN ADDITION TO PUBLISHING NUMEROUS WORKS OF SCHOLARSHIP IN FY 2015, GOVERNANCE STUDIES HELD 45 EVENTS OPEN TO THE GENERAL PUBLIC

## Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

(Code	) (Expenses \$	2,159,749	including grants of \$	) (Revenue \$	1,709,691 )
BROOKINGS PRESS	THE BROOKINGS PRES	S PUBLISHE:	S PUBLIC POLICY RESEARC	H FROM BROOKINGS' OWN SCHO	LARS AS
				OUND AND INSIGHT ON IMPORTA	ANT PUBLIC
POLICY ISSUES IN	BUSINESS, ECONOMICS	5, GOVERNM	ENT AND INTERNATIONAL	AFFAIRS	
(Code	) (Expenses \$	2,443,840	including grants of \$	) (Revenue \$	)
COMMUNICATIONS	S AND WEB THE COMMU	NICATIONS	DEPARTMENT DISSEMINAT	ES INFORMATION ABOUT BROC	KINGS, ITS
	•			FFERS COMMUNICATIONS OVE	
			•	/ BROOKINGS EDU) AND THAT A	
				GITAL COMPONENTS OF OUTRE	
				DING VIDEO, GRAPHIC DESIGN A	
	,			RANGING INTERVIEWS AND REP	UBLISHING
CONTENT IT ALSO	HOUSES THE ORGANIZ	ATTON'S PH	BLISHING HOUSE BROOKII	NGS INSTITUTION PRESS	

## Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

(Code	) (Expenses \$	9,842	including grants of \$	) (Revenue \$	)
OTHER RESEARCH	INCLUDES RESEARCH IN	ITIATIVES	OF THE EXECUTIVE OFFICE	AND BROOKINGS' EXECUTIVE EDU	JCATION
PROGRAM, A PART	NERSHIP WITH WASHING	TON UNIVE	ERSITY IN ST LOUIS		

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

X	Compensated Employees, and Inde	ependent Cor	ntracto	rs					<b>!</b>	l	1
Comparison   Com		Average hours per week (list any hours	more the person and a	ion ( nan o n is b	do no ne b ooth ctor,	ox, ι an o ⁄trus	ınless fficer tee)	_	Reportable compensation from the organization (W-	Reportable compensation from related organizations (W-	Estimated amount of other compensation from the
X		below	ndividual trustee or director	Institutional Trustee	Жісеі	(e) emplojee	tighest compensated imployee	ioner .			
COLCINED FTHE BOADS    COLCINED	(1) DAVID M RUBENSTEIN		X		×				0	0	0
X	CO-CHAIR OF THE BOARD								_		
22 GLEAN HUNCHENS			x		х				0	0	0
C   CARDAN, SANDANDERS COUNTY   C   C   C   C   C   C   C   C   C		3 50						_			
3.5 SULPANDE ROPA DOMESON   3.50			х		Х				0	0	0
VICE CHANGE GORDOCHMARE NOVETNERS	(3) SUZANNE NORA JOHNSON	3 50			l				_		
Common   C	VICE CHAIR, BOARD/CHAIR, INVESTMENT		X		X				0	0	0
CHARL POYLOPMENT COMMITTEE  300 300 300 300 300 300 300 300 300	(4) CHERYL COHEN EFFRON		X						0	0	0
Color   Colo	CHAIR, DEVELOPMENT COMMITTEE								, and the second		
(6) BERNAMIR R JACOBS  JO (7) PRACE R SUBJECT & FRANCE COMMITTEE  JO (7) PRACE R SUBJECT RECONSTITURE  JO (8) ROCKET J AGENERACITY  ZO (9) PRACE R SUBJECT RECONSTITURE  ZO (10) LAUGHT RECONSTITURE  ZO (10) LAUGHT R JACHELITURE  ZO (11) LAUGHT R JACHELITURE  ZO (12) LAUGHT R JACHELITURE  ZO (13) LAUGHT R JACHELITURE  ZO (14) CHARADALL BOWLES  ZO (15) LAUGHT R JACHELITURE  ZO (15) LAUGHT R JACHE	• •		x						0	0	0
Color   Colo	CHAIR, AUDIT COMMITTEE  (6) BENJAMIN R JACORS	3.00									
(2) TRACE NO MININATIONS & COVERNANCE COMMITTEE			х						0	0	0
CHAIR, MONITATIONS & COVERNANCE COMMITTE  (8) ROBERT I ARRENTITY  (9) PAUL M ACCRIETINER  (10) LAUDAUT MIAMED  (11) LAUDAUT MIAMED  (11) LAUDAUT MIAMED  (12) LAUDAUT MIAMED  (13) LAUDAUT MIAMED  (13) LAUDAUT MIAMED  (14) LAUDAUT MIAMED  (14) LAUDAUT MIAMED  (14) LAUDAUT MIAMED  (14) LAUDAUT MIAMED  (15) MARIAND BASS  (16) LAUDAUT MIAMED  (16) LAUDAUT MIAMED  (17) WE COMPAND LEURAUT MIAMED  (16) PAUL LEEDAU  (16) PAUL LEEDAU  (16) PAUL LEEDAU  (17) WE COMPAND LEEDAUT MIAMED  (17) WE COMPAND LEEDAUT MIAMED  (17) WE COMPAND LEEDAUT MIAMED  (18) LAUDAUT	(7) TRACY R WOLSTENCROFT	3 00									
(8) ROBERT JABERNETHY  (9) PAUL M ACHLETIMER  (9) PAUL M ACHLETIMER  (10) LUNCHAT MANDED  (10) LUNCHAT MANDED  (11) CONTROLLER  (11) CONTROLLER  (12) CARRIER MASS  (13) CARRIER MASS  (14) CARRIER MASS  (14) CARRIER MASS  (15) CARRIER MASS  (16) CARRIER MASS  (16) CARRIER MASS  (17) CARRIER MASS  (18) CARRIER MASS  (19) CARRIER MASS  (19) CARRIER MASS  (19) CARRIER MASS  (10) CARRIER MASS  (11) CARRIER MASS  (12) CARRIER MASS  (13) CARRIER MASS  (			X						0	0	0
TRUSTEE	(8) ROBERT J ABERNETHY		V						0	0	0
TRUSTEE	TRUSTEE		_ ^						0	0	0
(19) LAQUAT ARAMED	• •		X						0	0	0
TRUSTEE	TRUSTEE  (10) LIAQUIAT AHAMED	2.00									
CLI DOMBLIC BARTON			х						0	0	0
TRUSTEE  (12) AUAIN R BATKIN  2 00	(11) DOMINIC BARTON	2 00									
TRUSTEE	TRUSTEE		X						0	0	0
IRUSTEE (13) ALAIN BATKIN 2 0	(12) ROBERT M BASS		×						0	0	0
TRUSTEE	TRUSTEE								Ů,		
Company	• •		x						0	0	0
X	TRUSTEE (14) CRANDALL BOWLES	2 00									
15   HANZADE DOGAN BOYNER			x						0	0	0
TRUSTEE (16) PAUL L CEJAS (17) W EDMUND CLARK  (18) ABBY JOSEPH COHEN (19) BETSY Z COHEN (20) ARTHUR R COLLINS (20) X  TRUSTEE (20) ARTHUR R COLLINS (21) W ARTHUR B CULVAHOUSE JR (22) ARTHUR B CULVAHOUSE JR (23) ALAN M DACHS (24) PAUL DESMARAIS JR (20) A TRUSTEE (24) PAUL DESMARAIS JR (20) A TRUSTEE (22) ARTHUR S CULVAHOUSE JR (23) ALAN M DACHS (24) PAUL DESMARAIS JR (20) A TRUSTEE	(15) HANZADE DOGAN BOYNER	2 00									
X	TRUSTEE		×						0	0	0
TRUSTEE	(16) PAUL L CEJAS		X						0	0	0
X	TRUSTEE										
(18) ABBY JOSEPH COHEN			x						0	0	0
X		2 00									
19   BETSY Z COHEN			х						0	0	0
TRUSTEE (20) ARTHUR R COLLINS	(19) BETSY Z COHEN	2 00									
X	TRUSTEE		X						0	0	0
TRUSTEE (21) HOWARD E COX	(20) ARTHUR R COLLINS		X						0	0	0
X	TRUSTEE										
California   Cal			x						0	0	0
X		2 00									
(23) ALAN M DACHS			X						0	0	0
TRUSTEE (24) PAUL DESMARAIS JR 2 00	(23) ALAN M DACHS										_
``	TRUSTEE		x						0	0	0
	(24) PAUL DESMARAIS JR								0	0	0
	TRUSTEE										

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

(A) (B) (C) (D)

Compensated Employees, and Inde	ependent Cor	ntracto	rs			·	-		1	
<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours for related	Posit more th perso and a	ion (e nan o n is b	ne both a	ox, u an of trus	inless fficer tee)		(D)  Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Ke, emplojee	Highest compensated employee	Former			related organizations
(26) KENNETH M DUBERSTEIN	2 00	х						0	0	0
TRUSTEE (1) ALFONSO FANJUL	2 00									
		×						0	0	0
TRUSTEE (2) ANN M FUDGE	2 00									
TRUSTEE		×						0	0	0
(3) ELLEN V FUTTER	2 00									
TRUSTEE		×						0	0	0
(4) BRIAN L GREENSPUN	2 00									
TRUSTEE		×						0	0	0
(5) PETE HIGGINS	2 00	,,								
TRUSTEE		X						0	0	0
(6) SHIRLEY A JACKSON	2 00	х						0	0	0
TRUSTEE		_ ^						0	U	0
(7) RICHARD A KIMBALL JR	2 00	х						0	0	0
TRUSTEE		^						0	0	0
(8) KLAUS KLEINFELD	2 00	x						0	0	0
TRUSTEE		^						Ů	Ů	
(9) PHILIP H KNIGHT	2 00	l x						0	0	0
TRUSTEE								,		
(10) NIGEL MORRIS	2 00	×						0	0	0
TRUSTEE	2.00									
(11) JAMES MURREN	2 00	×						0	0	0
TRUSTEE (12) THOMAS C RAMEY	2 00									
		×						0	0	0
TRUSTEE (13) EDGAR RIOS	2 00									
		×						0	0	0
TRUSTEE (14) JAMES ROGERS	2 00									
TRUSTEE		×						0	0	0
(15) WILBUR ROSS	2 00									
TRUSTEE		×						0	0	0
(16) HAIM SABAN	2 00									
TRUSTEE		×						0	0	0
(17) VICTORIA P SANT	2 00	,,								
TRUSTEE		X						0	0	0
(18) LEONARD D SCHAEFFER	2 00	х						0	0	0
TRUSTEE		^						Ů	Ů	
(19) PETER SCHER	2 00	l x						0	0	0
TRUSTEE								·	-	
(20) AMY SCHULMAN	2 00	l x						0	0	0
TRUSTEE										
(21) LYNN THOMAN	2 00	×						0	0	0
TRUSTEE										
(22) ANDREW H TISCH	2 00	x						0	0	0
TRUSTEE	2.00									
(23) BEATRICE WELTERS	2 00	x						0	0	0
TRUSTEE (24) JOHN H WHITE JR	2 00									
		x						0	0	0
TRUSTEE		<u> </u>	<u> </u>		1	<u> </u>		<u> </u>		

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

Compensated Employees, and Inde	pendent Cor	ntracto	rs					1	l	ı
(A) Name and Title	(B) Average hours per week (list any hours for related	Posit more th persoi and a	ion (e nan o n is b	ne b oth ctor,	ox, u an of trus	inless ficer tee)	_	( <b>D)</b> Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2,2033 (1200)	2,2033 11200)	related organizations
(51) DANIEL YERGIN	2 00	l x						0	0	0
TRUSTEE		_ ^						Ů		
(1) LEI ZHANG	2 00	l x						0	0	0
TRUSTEE		_ ^						Ů		
(2) DANIEL B ZWIRN	2 00	l x						0	0	0
TRUSTEE								Ů		
(3) N STROBE TALBOTT	40 00	l x		×				606,140	0	158,424
PRESIDENT		_ ^						000,110		150,121
(4) STEWART URETSKY	40 00			×				325,634	0	54,438
VP, CFO, & TREASURER								323,031		
(5) DAVID PORTER	40 00			х				198,658	0	48,610
(6) AMANDA MAYS	40 00			х				54,304	0	13,323
ASST SECRETARY				^				34,304	0	13,323
(7) LEIGH SLOANE	40 00			×				154,933	0	43,748
SECRETARY				^				154,933	O	45,740
(8) MARTIN S INDYK	40 00			×				340,048	0	58,187
EXECUTIVE VICE PRESIDENT								340,048	U	36,167
(9) TED GAYER	40 00				x			347,617	0	39,847
VP & DIR OF ECONOMIC STUDIES					^			547,017	Ů	39,047
(10) BRUCE J KATZ	40 00				×			347,991	0	65,905
VP & CO-DIR, METROPOLITAN POLICY								317,331		
(11) DARRELL M WEST	40 00				×			286,814	0	52,835
VP & DIR OF GOVERNANCE STUDIES								200,011		
(12) KEMAL DERVIS	40 00				X			314,934	0	36,074
VP & DIR OF GLOBAL								,		, , , , , , , , , , , , , , , , , , ,
(13) STEVEN J BENNETT	40 00				X			300,670	0	33,353
CHIEF OPERATIONS OFFICER								·		
(14) CATHERINE A PIEZ	40 00				х			287,176	0	44,846
CHIEF INVESTMENT OFFICER	40.00									
(15) KIMBERLY CHURCHES	40 00				х			278,159	0	39,452
VP FOR IAER	40.00									
(16) WILLIAM G GALE	40 00					x		396,442	0	47,123
SR FELLOW & DIR, TAX POLICY CENTER	40.00									
(17) MARK B MCCLELLAN	40 00					x		300,575	0	46,952
DIR, IIVH & SR FELLOW, ES	40.00									
(18) GROVER WHITEHURST SR FELLOW & BROWN CENTER DIR	40 00					х		264,663	0	31,082
(19) DAVID WESSEL	40 00					x		289,543	0	0
SR FELLOW & DIR, HUTCHINS CENTER						<u> </u>		203/3.3		
(20) DAVID NASSAR	40 00					l x		266,535	0	28,955
VP FOR COMMUNICATIONS						<u> </u>		200,333		20,333
(21) WILLIAM J ANTHOLIS	40 00						x	309,199	0	58,056
FORMER SECRETARY								, -		, -

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OMB No 1545-0047

## **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Total

## **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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

		ne organization NGS INSTITUTION					Employer identific	ation number
INC	ROOKIN	NGS INSTITUTION					53-0196577	
Pa	rt I	Reason for Publi	c Charity S	<b>itatus</b> (All organiza	tions must co	mplete this r		ons.
		zation is not a private fo						
1	Γ	A church, convention	of churches, o	r association of churc	hes described i	n <b>section 170(l</b>	o)(1)(A)(i).	
2	Г	A school described in				_		
3		A hospital or a cooper				tion 170(b)(1)	(A)(iii).	
4	r	A medical research or hospital's name, city,	ganızatıon ope	_				i). Enter the
5	Г	An organization opera	ted for the ber	nefit of a college or uni	versity owned o	or operated by a	a governmental unit d	escribed in
	•	section 170(b)(1)(A)			,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
6	Г	A federal, state, or loc			described in se	ection 170(b)(1	)(A)(v).	
7	, V	An organization that n						neneral public
•	'	described in <b>section 1</b>				om a governme	incar anne or from the s	general pasite
8	Γ	A community trust de				tII)		
9	Γ	An organization that n	ormally receiv	es (1) more than 33	1/3% of its supp	ort from contri	butions, membership	fees, and gross
		receipts from activitie	s related to it:	s exempt functions—s	ubject to certai	n exceptions, a	ind (2) no more than :	331/3% of
		ıts support from gross	ınvestment ır	ncome and unrelated b	usıness taxable	e income (less	section 511 tax) fron	n businesses
		acquired by the organ	ızatıon after Ju	ine 30, 1975 See <b>sec</b>	tion 509(a)(2).	(Complete Pai	tIII)	
10	Γ	An organization organ	ized and opera	ited exclusively to tes	t for public safe	ety See <b>sectio</b> i	ı 509(a)(4).	
11	Γ	An organization organ one or more publicly s the box in lines 11a th	upported orga	nızatıons described in	section 509(a	)(1) or section	509(a)(2) See <b>sectio</b>	on <b>509(a)(3).</b> Check
а	Γ	<b>Type I.</b> A supporting of supported organization	rganization op	perated, supervised, oi	r controlled by 1	ts supported o	rganization(s), typica	lly by giving the
		organization You mus				cy of the direct	ors or crustees or the	Supporting
b	Γ	Type II. A supporting				with its suppo	rted organization(s),	by having control or
		management of the su			same persons t	hat control or r	nanage the supported	organization(s) <b>You</b>
_	_	must complete Part IV Type III functionally			n anaratad in a	onnoction with	and functionally into	aratad with ita
C	ļ	supported organization						grated with, its
d	Г	Type III non-function						janization(s) that is
		not functionally integr					ement and an attentiv	eness requirement
	_	(see instructions) Yo						
е	ı	Check this box if the contegrated, or Type II.					s a rype i, rype ii, l	ype III functionally
f		Enter the number of si						
g		Provide the following i						
_		J		5	, ,			
	(i)Na	ame of supported	(ii) EIN	(iii) Type of	(iv) Is the org	ganızatıon	(v) A mount of	(vi) A mount of
		organization		organization	listed in your	governing	monetary support	other support (see
				(described on lines 1-9 above or IRC	docume	ent?	(see instructions)	ınstructions)
				section (see				
				instructions))		<u>r</u>		
				<i>"</i>	Yes	No		
				i e				i

supported organization

instructions

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.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 1 Gifts, grants, contributions, and membership fees received (Do 86,934,790 114,836,670 80,276,594 89,488,748 76,694,383 448,231,185 not include any "unusual grants ") 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 86,934,790 114,836,670 80,276,594 89,488,748 76,694,383 448,231,185 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 23,993,628 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 424,237,557 from line 4 Section B. Total Support Calendar year (or fiscal year **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (a) 2010 (f) Total beginning in) 🟲 114,836,670 80,276,594 89,488,748 76,694,383 Amounts from line 4 86,934,790 448,231,185 Gross income from interest, dividends, payments received 4,004,951 on securities loans, rents, 3,851,328 7,056,159 3,244,431 14,398,796 32,555,665 rovalties and income from sımılar sources 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 504,358 2,135,707 2,141,934 2.039.560 2,466,504 9,288,063 capital assets (Explain in Part VI) 11 Total support Add lines 7 490,074,913 through 10 12 Gross receipts from related activities, etc (see instructions) 12 8,780,395 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 14 86 570 % Public support percentage for 2013 Schedule A, Part II, line 14 15 88 620 % 16a 33 1/3% support test-2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box **▶**▽ and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test -2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2014 Page 3 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.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Amounts from line 6 Gross income from interest, 10a 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 C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11. and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))

16 Public support percentage from 2013 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

17 Investment income percentage from 2014 (line 10c, column (f) divided by line 13, column (f))

18 Investment income percentage from 2013 Schedule A, Part III, line 17

18

19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V  $\,)$ 

Section A. All Supporting Organizations
---

Se	ection A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or $(2)$ ? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section $509(a)(1)$ or $(2)$ .	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)^7$ If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If</i> "Yes," provide detail in <b>Part VI</b> .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		
L0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
l1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below,			
	the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

11c

Pa	rt IV Supporting Organizations (continued)			
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
S	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see  The organization satisfied the Activities Test Complete line 2 below  The organization is the parent of each of its supported organizations. Complete line 3 below  The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions.			
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3				
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each		1 1	

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

## Part V - Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	_	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other
ype	[]	II non-functionally integrated supporting organizations must complete Sections A through E

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		

## Section C - Distributable Amount

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 A mounts paid to perform activity that directly furthexcess of income from activity	ported organizations, in		
3 Administrative expenses paid to accomplish exemp	anızatıons		
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	nured)		
6 Other distributions (describe in Part VI) See instru	JCTIONS		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2014 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		(::)	(:::)
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2014			
<b>a</b> From 2009			
<b>b</b> From 2010			
<b>c</b> From 2011			
d From 2012			
<b>e</b> From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount  i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
A pplied to underdistributions of prior years			
<b>b</b> Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2015.</b> Add lines 3j and 4c			
8 Breakdown of line 7			
<b>a</b> From 2010			
<b>b</b> From 2011			
<b>c</b> From 2012			
d From 2013			

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test	

Return Reference	Explanation				
, , , , , , , , , , , , , , , , , , , ,	OTHER INCOME - 2010 AMOUNT \$ 504,358 2011 AMOUNT \$ 2,135,707 2012 AMOUNT \$ 2,141,934 2013 AMOUNT \$ 2,039,560 2014 AMOUNT \$ 2,466,504				

Schedule A (Form 990 or 990-EZ) 2014

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#### DLN: 93493045008036

OMB No 1545-0047

## **SCHEDULE D** (Form 990)

# **Supplemental Financial Statements**

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

Open to Public

Department of the Treasury Internal Revenue Service

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

	The vertice of vide	<u> </u>				
	<b>me of the organization</b> E BROOKINGS INSTITUTION		Emp	loyer ident if icat	ion numb	er
				0196577		
Pa	organizations Maintaining Donor Advorganization answered "Yes" to Form 990	vised Funds or Other Similar F 1, Part IV, line 6.	unds	or Accounts.	Comple	te if the
		(a) Donor advised funds		<b>(b)</b> Funds and o	theracco	unts
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisor funds are the organization's property, subject to the or	<del>-</del>	nor adv	ısed	┌ Yes	┌ No
6	Did the organization inform all grantees, donors, and dused only for charitable purposes and not for the bene				┌ Yes	□ No
D-	conferring impermissible private benefit?			- 000 D IV	<u> </u>	j NO
	rt II Conservation Easements. Complete if		o Forn	n 990, Part IV	, iine 7.	
1	Purpose(s) of conservation easements held by the org Preservation of land for public use (e.g., recreation		hictor	ucally important	land area	
	Protection of natural habitat	Preservation of a				
	Preservation of open space	, reservation or a	ccreme	a mistorite struct	uic	
_						
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	a qualified conservation contribution in	tne forn	n of a conservat	ion	
				Held at the	End of the	Year
а	Total number of conservation easements		2a			
ь	Total acreage restricted by conservation easements		2b			
С	Number of conservation easements on a certified histo	oric structure included in (a)	2c			
d	Number of conservation easements included in (c) accomistoric structure listed in the National Register	quired after 8/17/06, and not on a	2d			
3	Number of conservation easements modified, transferi	red, released, extinguished, or terminate	ed by th	ne organization o	luring	
	the tax year ►		·	-		
4	Number of states where property subject to conservat	ion easement is located ►				
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?	the periodic monitoring, inspection, han	dling of	violations, and	┌ Yes	┌ No
6	Staff and volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation ease	ments o	during the year		
_	A mount of expenses incurred in monitoring, inspecting	a, and enforcing conservation easement	s durin	a the vear		
7	<b>▶</b> \$	,,		g ,		
8	Does each conservation easement reported on line 2(and section 170(h)(4)(B)(ii)?	d) above satisfy the requirements of sec	ction 17	70(h)(4)(B)(ı)	┌ Yes	┌ No
9	In Part XIII, describe how the organization reports co balance sheet, and include, if applicable, the text of th the organization's accounting for conservation easeme	e footnote to the organization's financia				
Par	<b>t III</b> Organizations Maintaining Collection Complete if the organization answered "Y		or Ot	her Similar <i>A</i>	\ssets.	
1a	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar assesservice, provide, in Part XIII, the text of the footnote to	ets held for public exhibition, education,	or rese	arch in furtherai		
b	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide the following amounts relating to thes	ets held for public exhibition, education,				lıc
	(i) Revenue included in Form 990, Part VIII, line 1			<b>►</b> \$		
	(ii) Assets included in Form 990, Part X			<u></u>	2	03,875
2	If the organization received or held works of art, histor following amounts required to be reported under SFAS			' -		·
а	Revenue included in Form 990, Part VIII, line 1	, , , ,		<b>►</b> \$		

**b** Assets included in Form 990, Part X

**▶**\$\_\_\_

Part	Organizations Maintaining Co	ollections of Art	<u>, His</u>	torical <sup>-</sup>	Γreasι	<u>ıres, or Ot</u>	<u>:her Sim</u>	<u>ilar As</u>	sets (co	ontinued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other recor	ds, ch	neck any o	f the foll	lowing that a	re a sıgnıfı	cant use	of its	
а	Public exhibition		d	┌ Loa	n or exc	hange progra	ams			
b	Scholarly research		e	┌ Oth	er					
c	Preservation for future generations									
4	Provide a description of the organization's c Part XIII	ollections and expla	ın hov	v they furt	her the	organızatıon'	s exempt <sub>l</sub>	ourpose i	n	
5	During the year, did the organization solicit	or receive donations	ofar	t, historica	al treası	ures or other	sımılar	_	_	
	assets to be sold to raise funds rather than								Yes	✓ No
Par	Part IV, line 9, or reported an ar					n answered	I "Yes" to	Form 9	90,	
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	dian or other interme	ediary	for contro	outions	or other asse	ets not	Γ	_ Yes	☐ No
b	If "Yes," explain the arrangement in Part XI	II and complete the	follov	ving table		_				
						_		Am	ount	
C	Beginning balance						1c			
d	Additions during the year					<u>                                     </u>	1d			
е	Distributions during the year					_	1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	e 21,	for escrow	orcust	odıal accoun	t liability?	Γ	_ Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	II Check here if the	expla	anation ha	s been p	orovided in P	art XIII			Γ
Pa	rt V Endowment Funds. Complete	ıf the organızatıoı	n ans	wered "Y						
		(a)Current year	(b)	Prior year		wo years back				ears back
1a	Beginning of year balance	441,281,539		404,469,00	_	381,988,094		5,490,353		02,934,775
b	Contributions	66,444,006		6,136,11	1	3,773,990	36	9,783,421		15,192,166
С	Net investment earnings, gains, and losses	11,159,614		45,195,85	4	32,490,567		-583,565	!	51,676,961
d	Grants or scholarships									
е	Other expenditures for facilities and programs	92,011,199		13,463,73		12,995,750	12	2,787,612	:	12,419,859
f	Administrative expenses	1,148,693		1,055,69	7	787,899		914,503		893,690
g	End of year balance	425,725,267		441,281,53	9	404,469,002	381	1,988,094	3!	56,490,353
2	Provide the estimated percentage of the cur	rent year end baland	ce (lın	e 1g, colu	mn (a))	held as				
а	Board designated or quasi-endowment ►	48 620 %								
b	Permanent endowment ► 19 670 %									
c	Temporarily restricted endowment ► 31 The percentages in lines 2a, 2b, and 2c sho	710 % uld equal 100%								
За	Are there endowment funds not in the posse	ssion of the organiz	atıon '	that are he	eld and a	admınıstered	for the			
	organization by								Yes	No
	(i) unrelated organizations							. 3a(	<del>-</del> +	No
L	(ii) related organizations If "Yes" to 3a(ii), are the related organization							. 3a(i	<del></del>	No
ь 4	Describe in Part XIII the intended uses of t	· · · · · · · · · · · · · · · · · · ·						30	<u>'                                    </u>	<u> </u>
	t VI Land, Buildings, and Equipme				on ansv	wered 'Yes'	to Form	990. Pa	rt IV. lı	ne
	11a. See Form 990, Part X, line			rgamzad	on ans	wered res	10 1 01111		1010, 11	
	Description of property			(a) Cost of basis (inve		<b>(b)</b> Cost or other basis (other		cumulated reciation	( <b>d</b> ) Bo	ok value
1a	Land					4,155,	620			4,155,620
b	Buildings					52,940,		25,841,583	3 2	7,098,967
c	Leasehold improvements					<u> </u>				<u> </u>
	Equipment					20,348,	890	13,144,521	ı	7,204,369
e	Other					6,380,		5,384,320		995,704
	I. Add lines 1a through 1e (Column (d) must o		X, colu	mn (B), lin	e 10(c).	)	<u> </u>	. ►	+	9,454,660
							Sc	hedule D	(Form 9	90) 2014

See Form 990, Part X, line 12.  (a) Description of security or category	( <b>b)</b> Book value	(c) Method of variation	
(including name of security) (1)Financial derivatives		Cost or end-of-year	market value
(2)Closely-held equity interests	223,335,505	F	
Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12 )	223,335,505		
Part VIII Investments—Program Related. Com	plete if the organization	answered 'Yes' to Fo	orm 990, Part IV, line 11c
See Form 990, Part X, line 13.  (a) Description of investment	(b) Book value	(c) Method of va	aluation
(-)	(-,	Cost or end-of-year	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )			
Part IX Other Assets. Complete if the organization a	nswered 'Yes' to Form 990,	, Part IV , line 11d See	Form 990, Part X, line 15
(a) Descript			(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)			
Part X Other Liabilities. Complete if the organi			ine 11e or 11f. See
Form 990, Part X, line 25.	(b) Book value	·	
	(b) book value		
Federal income taxes  ACCRUED POST-RETIREMENT BENEFIT OBLIGATION	2,107,000		
DEFERRED RENT EXPENSE PAYABLE	883,658		
DEFERRED COMPENSATION	249,331		
+			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )	3,239,989		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )	3,239,989		

Part	TEXT Reconciliation of Revenue per Audited Financial Statements With Re	venue p	er R	<b>eturn</b> Complete ıf
1	the organization answered 'Yes' to Form 990, Part IV, line 12a.  Total revenue, gains, and other support per audited financial statements	_	1	90,775,165
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	·	_	201.101200
– a		,483,972		
b	Donated services and use of facilities	47,549		
С	Recoveries of prior year grants	,		
d		532,689		
e	Add lines <b>2a</b> through <b>2d</b>		2e	-11,969,112
3	Subtract line <b>2e</b> from line <b>1</b>	[	3	102,744,277
4	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>	-		· · ·
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 4	,048,801		
b	Other (Describe in Part XIII ) 4b	405,888		
c	Add lines <b>4a</b> and <b>4b</b>		4c	3,642,913
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)	[	5	106,387,190
Part	Reconciliation of Expenses per Audited Financial Statements With E if the organization answered 'Yes' to Form 990, Part IV, line 12a.		per	· -
1	Total expenses and losses per audited financial statements		1	104,332,431
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	47,549		
b	Prior year adjustments			
С	Other losses			
d	Other (Describe in Part XIII )	407,579		
е	Add lines 2a through 2d	• • •	2e	455,128
3	Subtract line <b>2e</b> from line <b>1</b>		3	103,877,303
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а		,048,801		
b	Other (Describe in Part XIII )			
С	Add lines <b>4a</b> and <b>4b</b>	-	4c	4,048,801
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	107,926,104
ınforı	t V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete t rmation  Return Reference Explanation  TIII, LINE 4 BROOKINGS PHOTOGRAPHY COLLECTION WAS DONATED			
PARI	WHERE BROOKINGS PHOTOGRAPHY COLLECTION WAS DONATED  WHERE BROOKINGS SCHOLARS MEET WITH OTHER KEY PI  WORLD THIS CONTRIBUTES TO AN ATMOSPHERE THAT P  INTERACTION	EOPLE IN	THE	PUBLIC POLICY
PART	F V, LINE 4  BROOKINGS CAREFULLY BALANCES ITS FUNDING TO RES  AS WELL AS UNDERTAKE LONG-TERM RESEARCH PROJECT  THE ENDOWMENT IS USED TO MAKE NEW RESEARCH PRO  CORE ADMINISTRATIVE COSTS, AS WELL AS, SCHOLAR-D	TS AS NEV JECTS PO	W CH. SSIB	ALLENGES EMERGE, LE, SUPPORTING
PART	BROOKINGS IS EXEMPT FROM FEDERAL INCOME TAXES O SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (T DESIGNATED BY THE INTERNAL REVENUE SERVICE AS A ORGANIZATION UNDER SECTION 509(A)(1) OF THE CODE CERTAIN ACTIVITIES THAT PRODUCE UNRELATED BUSIN FEDERAL INCOME TAX REGULATIONS WHEN TAX RETURN CERTAIN THAT SOME POSITIONS TAKEN WOULD BE SUST THE TAXING AUTHORITIES, WHILE OTHERS ARE SUBJECT MERITS OF THE POSITION TAKEN OR THE AMOUNT OF TH ULTIMATELY SUSTAINED THE BENEFIT OF A TAX POSITI FINANCIAL STATEMENTS IN THE PERIOD DURING WHICH EVIDENCE, MANAGEMENT BELIEVES IT IS MORE LIKELY T WILL BE SUSTAINED UPON EXAMINATION, INCLUDING TH LITIGATION PROCESSES, IF ANY TAX POSITIONS TAKEN AGGREGATED WITH OTHER POSITIONS TAX POSITIONS THAN-NOT RECOGNITION THRESHOLD ARE MEASURED A BENEFIT THAT IS MORE THAN 50% LIKELY OF BEING REA THE APPLICABLE TAXING AUTHORITY THE PORTION OF TAX POSITIONS TAKEN THAT EXCEEDS THE AMOUNT ME REFLECTED AS A LIABILITY FOR UNRECOGNIZED TAX BEI BALANCE SHEET, ALONG WITH ANY ASSOCIATED INTERE BE PAYABLE TO THE TAXING AUTHORITIES UPON EXAMI INCOME TAX RETURNS IN THE U S FEDERAL JURISDICTI THE YEAR THEN ENDED, THERE WERE NO MATERIAL UNRE BENEFITS OR TAX PENALTIES OR INTEREST GENERALLY, SUBJECT TO U S FEDERAL INCOME TAX EXAMINATIONS	HE CODE) "PUBLICL" E BROOKI NESS INCO NS ARE FIL TAINED UP TO UNCE HE POSITI ON IS RECO HAN NOT HE RESOLU I ARE NOT THAT MEE S THE LAF LIZED UP THE BENE ASURED A NEFITS IN EST AND P NATION E COGNIZE BROOKIN	AND Y SUF NGS OME, ED, I P RTAI ON T COGN THA JTIO OFFS THE ENAL BROO D/DE GS IS	HAS BEEN PPORTED ENGAGES IN AS DEFINED BY T IS HIGHLY EXAMINATION BY NTY ABOUT THE HAT WOULD BE IZED IN THE L AVAILABLE T THE POSITION N OF APPEALS OR SET OR E MORE-LIKELY- T AMOUNT OF TAX ETTLEMENT WITH ASSOCIATED WITH SCRIBED ABOVE IS ACCOMPANYING TIES THAT WOULD KINGS FILES E 30, 2015, AND FOR ERECOGNIZED TAX END LONGER
	BEFORE 2011  T XI, LINE 2D - OTHER GAIN/(LOSS) ON FOREIGN CURRENCY EXCHANGE -532,68  JSTMENTS	39		
A D J U S	COST OF GOODS SOLD REPORTED ON LINE 10B -405,888 JSTMENTS			
	F XII, LINE 2D - OTHER AFFILIATE EXPENSES INCLUDED ON THE CONSOLIDATED  COST OF GOODS SOLD REPORTED ON LINE 10B 405,888	FINANCI	ALS	TATEMENT 1,691

Jenedale 2 (1 01111 330) 2013		r age s				
Part XIII Supplemental Information	on (continued)					
Return Reference	Explanation					
-						

Schedule D (Form 990) 2014

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE F** 

(Form 990)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990,

Part IV, line 14b, 15, or 16. ► Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

DLN: 93493045008036

Open to Public **Inspection** 

	e of the organization BROOKINGS INSTITUTION	Employer ident	Employer identification number							
1111	BROOKINGS INSTITUTION				53-0196577					
Pai	rt I General Information "Yes" to Form 990, Pai			ne United States. Co	omplete if the organiz	ation answered				
1	<ul> <li>For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?</li></ul>									
2										
3	Activites per Region (The follow	ing Part I, line 3	3 table can be d	uplicated if additional spa	ace is needed )					
	<b>(a)</b> Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	for and investments in region				
(1)	EAST ASIA AND THE PACIFIC	1		PROGRAM SERVICES, FUNDRAISING ACTIVITIES, MAINTAINING OFFICES	PUBLIC POLICY RESEARCH	341,903				
(2)	MIDDLE EAST AND NORTH AFRICA	1	11	PROGRAM SERVICES, FUNDRAISING ACTIVITIES, MAINTAINING OFFICES	PUBLIC POLICY RESEARCH	5,460,314				
(3)	SOUTH ASIA	1	13	PROGRAM SERVICES, FUNDRAISING ACTIVITIES, MAINTAINING OFFICES	PUBLIC POLICY RESEARCH	998,033				
	EAST ASIA AND THE PACIFIC	0	0	GRANT TO RECIPIENTS LOCATED IN REGION		311,911				
(5)	MIDDLE EAST AND NORTH AFRICA	0	0	GRANT TO RECIPIENTS LOCATED IN REGION		43,299				
	Sub-total	3	30			7,155,460				
b	Total from continuation sheets to Part I	0	0			0				

30

c Totals (add lines 3a and 3b)

7,155,460

				eived more than \$5,0					to Form 990,
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	( <b>g)</b> A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(	1)		EAST ASIA AND THE PACIFIC	RESEARCH	311,911	WIRE TRANSFER			
(	2)								
(	3)								
(	4)								
2				sted above that are ree or counsel has pro					
3	Enter total nun	nber of other	organizations or ei	ntities					1

Schedule F (Form 990) 2014

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.

(3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (15) (16) (17) (17) (18) (18) (19) (19) (10) (11) (11) (12) (13) (14) (15) (15) (17)	Part III can be duplicated if additional space is needed.										
1   PROGRAM SERVICES   MIDDLE EAST AND NORTH AFRICA		(b) Region		(d) A mount of cash grant	(e) Manner of cash disbursement	non-cash	of non-cash	valuation (book, FMV,			
(3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (15) (16) (17) (17) (18) (18) (19) (19) (10) (11) (11) (12) (13) (14) (15) (15) (17)		MIDDLE EAST AND NORTH AFRICA	7	43,299	WIRE TRANSFER						
(4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17)	( 2)										
(5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17)	(3)										
(6) (7) (8) (8) (10) (11) (12) (13) (14) (15) (16) (17) (17)	(4)										
(7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17)	( 5)										
(8) (9) (10) (11) (12) (13) (14) (15) (16) (17)	( 6)										
(9) (10) (11) (12) (13) (14) (15) (16) (17)	(7)										
(10)       (11)       (12)       (13)       (14)       (15)       (16)       (17)	(8)										
(11) (12) (13) (14) (15) (16) (17)	(9)										
(12)       (13)       (14)       (15)       (16)       (17)	(10)										
(13) (14) (15) (16) (17)	(11)										
(14) (15) (16) (17)	( 12)										
(15) (16) (17)	( 13)										
(16)	(14)										
(17)	( 15)										
	(16)										
(18)	( 17)										
	(18)										

## Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	্ব	Yes	Г	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Γ	Yes	ি	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	굣	Yes	Γ	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Γ	Yes	ি	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	굣	Yes	Γ	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	্ব	Yes	Г	No

Schedule F (Form 990) 2014

Schedule F (Form 990) 2014 Page **5** 

#### Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

#### 990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 2	THE BROOKINGS INSTITUTION MAINTAINS RECORDS OF HOW GRANT FUNDS ARE USED AND VERIFIES THROU GH REGULAR REPORTS AND COMMUNICATIONS THAT GRANTS ARE USED IN A WAY CONSISTENT WITH THEIR ORIGINAL PURPOSE

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493045008036 OMB No 1545-0047 Schedule I Grants and Other Assistance to Organizations, (Form 990) 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 Department of the Treasury **Inspection** Internal Revenue Service Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Employer identification number Name of the organization THE BROOKINGS INSTITUTION 53-0196577 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (c) IRC section (a) Name and address of **(b)** EIN (d) Amount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization ıf applıcable valuation non-cash assistance or assistance grant cash or government assistance (book, FMV, appraisal, other)

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

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) FELLO WSHIP STIPENDS	16	538,224			

Part IV Supplemental I	<b>nformation.</b> Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.
Return Reference	Explanation
•	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

Schedule I (Form 990) 2014

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

DLN: 93493045008036

OMB No 1545-0047

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, line 23. ► Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization THE BROOKINGS INSTITUTION **Employer identification number** 

53-0196577

Pai	t I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax idemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	✓ Compensation committee			
	✓ Independent compensation consultant ✓ Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		Νo
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		Νo
b	Any related organization?	5b		Νο
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		Νo
b	Any related organization?	6b		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	Yes	
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 Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III			
_		8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

## Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation (C)		(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of	<b>(F)</b> Compensation in	
	(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	columns (B)(ı)-(D)	column(B) reported as deferred in prior Form 990
See Additional Data Table							

Schedule J (Form 990) 2014

#### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Return Reference	Explanation
•	STROBE TALBOTT PARTICIPATES IN A NONQUALIFIED RETIREMENT PLAN UNDER IRC 457(F) PLAN PARTICIPATION IS EXPECTED TO LAST UNTIL 06/30/2018
PART I, LINE 7	BONUSES ARE DISCRETIONARY AND ARE BASED ON INSTITUTIONAL AFFORDABILITY, AS DETERMINED ANNUALLY BY THE PRESIDENT

Schedule J (Form 990) 2014

Software ID: Software Version:

**EIN:** 53-0196577

Name: THE BROOKINGS INSTITUTION

### Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Breakdown (i) Base Compensation	of W-2 and/or 1099-MI: (ii) Bonus & incentive compensation	SC compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	( <b>D)</b> Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
N STROBE TALBOTT, PRESIDENT	(I) 532,25 (II)	56,250 0	17,635 0	147,950 0	11,728 0	765,818 0	0
STEWART URETSKY, VP, CFO, & TREASURER	(I) 283,44 (II)	1 0 21,500 0	20,693 0	32,658 0	25,333 0	383,625 0	0
DAVID PORTER, ASSOC VP & ASSISTANT TREASURER	(I) 190,81	7,500 0	345 0	24,330 0	27,508 0	250,496 0	0
LEIGH SLOANE, SECRETARY	(I) 154,78	3 0 0	150 0	20,543	31,957 0	207,433	0
MARTIN S INDYK, EXECUTIVE VICE PRESIDENT	(ı) 337,39 (ıı)	7 0 0	2,651 0	<b>41,227</b> 0	18,702 0	399,977 0	0
TED GAYER, VP & DIR OF ECONOMIC STUDIES	(I) 324,41	6 23,000 0 0	201 0	39,847 0	5,862 0	393,326 0	0
BRUCE J KATZ, VP & CO- DIR, METROPOLITAN POLICY	(I) 330,34 (II)	6 0 17,000 0	645 0	41,227 0	28,181 0	417,399 0	0
DARRELL M WEST, VP & DIR OF GOVERNANCE STUDIES	(I) 285,82	4 0 0	990 0	34,977 0	18,721 0	340,512 0	0
KEMAL DERVIS, VP & DIR OF GLOBAL	(I) 298,02 (II)	9 0 15,000 0	1,905 0	36,074 0	3,502 0	354,510 0	0
STEVEN J BENNETT, CHIEF OPERATIONS OFFICER	(I) 280,94 (II)	5 0 19,500 0	225 0	33,353 0	607 0	334,630 0	0
CATHERINE A PIEZ, CHIEF INVESTMENT OFFICER	(I) 278,80	5,000 0	3,372 0	31,200 0	14,704 0	333,080 0	0 0
KIMBERLY CHURCHES, VP FOR IAER	(I) 259,50 (II)	9 0 18,500 0	150 0	31,629 0	10,410 0	320,198 0	0 0
WILLIAM G GALE, SR FELLOW & DIR, TAX POLICY CENTER	(I) 358,07 (II)	1 0 25,175 0	13,196 0	31,200 0	16,785 0	444,427 0	0
MARK B MCCLELLAN, DIR, IIVH & SR FELLOW, ES	(I) 286,86 (II)	9,125 0 0	4,588 0	31,200 0	19,254 0	351,029 0	0
GROVER WHITEHURST, SR FELLOW & BROWN CENTER DIR	(I) 259,07 (II)	3 0 2,500 0	3,090 0	31,082 0	862 0	296,607 0	0
DAVID WESSEL, SR FELLOW & DIR, HUTCHINS CENTER	(I) 288,55	3 0 0		0	1,142 0	290,685 0	0
DAVID NASSAR, VP FOR COMMUNICATIONS	(I) 254,81	0 0 11,500 0		11,085 0	19,657 0	297,277 0	0
WILLIAM J ANTHOLIS, FORMER SECRETARY	(I) 293,97	15,000 0		36,107 0	22,522 0	367,828 0	0

DLN: 93493045008036

OMB No 1545-0047

**SCHEDULE M** (Form 990)

Department of the Treasury

Internal Revenue Service

## **Noncash Contributions**

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

▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

**Inspection** 

Name of the organization THE BROOKINGS INSTITUTION **Employer identification number** 

53-0196577

				53	-01965//			
Pa	rt I Types of Property				Г			
	A vit. Walles of suit	(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash contr		_	nts
	Art—Works of art							
	Art—Historical treasures .							
	Art—Fractional interests							
	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .	X	20	3,519,236	FM∨			
	Securities—Closely held stock .			, ,				
	Securities—Partnership, LLC,							
	or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Oualified conservation							
	contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
	Archeological artifacts							
	Other►(	X	1	1,814,441	FM∨			
	TWARE/HARDWARE)	-						
	Other ► ()							
	Other ▶()							
	Other ► ()				<u> </u>			
29	Number of Forms 8283 received by the for which the organization completed F				و ا			
	101 Willett the organization completed i	01111 0203,	Talt IV, Dollee Acknowled	ugement			Yes	No
30a	During the year, did the organization	receive by	contribution any property r	reported in Part I. lines 1	through 28. that			
	it must hold for at least three years fr							
	for exempt purposes for the entire ho			•		30a		No
j.	If "Yes," describe the arrangement in					Jua		No_
31	Does the organization have a gift acc		licy that requires the revie	w of any non-standard co	ntributions?	31	Yes	
32-	Does the organization hire or use thir							
JZa	contributions?	•	· · · · · · · ·			32a		No
b	If "Yes," describe in Part II							
33	If the organization did not report an a describe in Part II	mount in co	olumn (c) for a type of prop	erty for which column (a)	ıs checked,			

Page 2

Schedule M (Form 990) (2014)

Part II Supplemental Information. Provide the information required by Part I, lines 30b,

32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference Explanation

Schedule M (Form 990) (2014)

efile GRAPHIC print - DO NOT PROCESS

SCHEDULE O

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93493045008036

**Employer identification number** 

OMB No 1545-0047

2014

Open to Public Inspection

# Supplemental Information to Form 990 or 990-EZ

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. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at

Information about Schedule 0 (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Return Reference	Evolanation
	53-0196577
THE BROOKINGS INSTITUTION	N

Return Reference	Explanation
, , ,	THE BROOKINGS INSTITUTION IS AWAITING ADDITIONAL INFORMATION IN ORDER TO TIMELY FILE A COMPLETE AND ACCURATE FORM 990-T BY THE EXTENDED DEADLINE OF MAY 15, 2016

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	JOHN THORNTON AND BRIAN GREENSPUN - BUSINESS RELATIONSHIP

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	THE BOARD OF TRUSTEES APPROVED AMENDING THE TERMS FOR COMMITTEE CHAIRS ELECTED FOR FY 15 TO BE A TERM OF ONE YEAR, AND ALSO APPROVED THAT THE WORD "BUILDING" BE MADE PLURAL AND THAT THE WORDS AND 1780 MASSACHUSETTS AVENUE' BE ADDED TO SECTION 7 01(C) OF THE BY LAWS APPROVED ON 7 MARCH 2014 THIS AMENDMENT WAS ADOPTED THE 30TH DAY OF MAY, 2014

Return Reference	Explanation
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 990T EACH YEAR STARTING WITH THE FISCAL YEAR ENDED JUNE 30, 2009 ONCE THE FORM HAS BEEN COMPLETED IT IS REVIEWED INTERNALLY BY THE PRESIDENT, THE CHIEF FINANCIAL OFFICER, THE CONTROLLER, THE GENERAL COUNSEL, AND OTHER MEMBERS OF THE SENIOR STAFF, ALONG WITH THE AUDIT COMMITTEE. ONCE THOSE REVIEWS ARE COMPLETED AND THE DOCUMENT HAS BEEN APPROVED, IT IS SENT TO ALL VOTING MEMBERS OF THE BOARD OF TRUSTEES BEFORE IT IS FILED WITH THE INTERNAL REVENUE SERVICE.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	EACH YEAR, ALL BROOKINGS PERSONNEL AND CERTAIN AFFILIATES ARE REQUIRED TO COMPLETE A DISCLOSURE AND ACKNOWLEDGMENT FORM RELATED TO THE INSTITUTION'S CONFLICT OF INTEREST POLICY SPECIFICALLY, ALL EMPLOYEES ARE REQUIRED TO ACKNOWLEDGE THAT THEY HAVE READ, UNDERSTOOD, AND ARE COMMITTED TO ABIDING BY THE INSTITUTION'S CONFLICT OF INTEREST POLICY AS WELL AS CERTAIN OTHER INSTITUTIONAL POLICIES AND ARE ADDITIONALLY ASKED TO MAKE CERTAIN DISCLOSURES ABOUT THEIR ACTIVITIES OUTSIDE OF WORK AND FINANCES TO HELP IDENTIFY POSSIBLE 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. 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 HAVE BEEN REFERRED TO THE AUDIT COMMITTEE. THE GENERAL COUNSEL REGULARLY CONFERS WITH THE CHAIR OF THE AUDIT COMMITTEE REGARDING THE INSTITUTION'S CONFLICT OF INTEREST POLICY AND ANY CONFLICT OF INTEREST ISSUES

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE INSTITUTION'S BY LAWS PROVIDE FOR A COMPENSATION COMMITTEE CONSISTING OF THE CHAIR (OR CO-CHAIRS) OF THE BOARD OF TRUSTEES, THE VICE-CHAIRS, AND THE CHAIRS OF THE STANDING COMMITTEES OF THE BOARD (AUDIT, BUDGET AND FINANCE, NOMINATING AND GOVERNANCE, INVESTMENT AND DEVELOPMENT) THE CHAIR (OR CO-CHAIRS) DETERMINES THAT THE MEMBERS ARE 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 CHIEF OPERATING OFFICER AND THE CHIEF HUMAN RESOURCES OFFICER TO GATHER RELEVANT SALARY COMPARABILITY DATA AND RECORD COMMITTEE MINUTES WHICH CLEARLY DOCUMENT THE COMMITTEE'S DECISIONS AND THE RATIONALE UNDERLYING SUCH DECISIONS. THE COMMITTEE TENDS TO USE AN OUTSIDE CONSULTANT TO ESTABLISH SALARY COMPARABLES AND TO DETERMINE THE REASONABLENESS OF THE COMPENSATION RECEIVED BY ALL DISQUALIFIED PERSONNEL.

Return Reference	Explanation
'	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

Return Reference	Explanation
	CONTACTS/PROFESSIONAL SERVICES PROGRAM SERVICE EXPENSES 7,654,928 MANAGEMENT AND GENERAL EXPENSES 2,046,525 FUNDRAISING EXPENSES 76,382 TOTAL EXPENSES 9,777,835 QUALIFIED SUBCONTACTS PROGRAM SERVICE EXPENSES 1,365,931 MANAGEMENT AND GENERAL EXPENSES 334 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 1,366,265 TEMPORARY HELP PROGRAM SERVICE EXPENSES 810,893 MANAGEMENT AND GENERAL EXPENSES 163,592 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 974,485

Return Reference	Explanation
FORM 990, PART XI, LINE 9	GAIN/(LOSS) ON FOREIGN CURRENCY EXCHANGE -532,689 EFFECT OF ADOPTION PROVISIONS SFAS NO 158 -23,000 INDIA PRIVATE EXPENSES NOT INCLUDED IN FORM 990 -1,691 FOREIGN CURRENCY -670 LOSS ON BOND REFINANCING -8,747,937

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Open to Public Inspection

**SCHEDULE R** (Form 990)

Department of the Treasury Internal Revenue Service

**Related Organizations and Unrelated Partnerships** 

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

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization THE BROOKINGS INSTITUTION

**Employer identification number** 

53-0196577

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.										
(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity					
					<u> </u>					

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))		(g) Section 512(b (13) controlled entity?	
						Yes	No
(1) BROOKINGS CENTER - DOHA PO BOX 22694 DOHA QA	ANALYSIS AND RESEARCH	QA		I .	THE BROOKINGS INSTITUTION	Yes	

Part III	Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34
	because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h	)	(i)	(j)	(k)
Name, address, and EIN of	Primary activity	Legal	Direct	Predominant	Share of	Share of	Disprop	rtionate	Code V-UBI	General	
related organization		domicile	controlling	income(related,	total income	end-of-year	allocat	ions?	amount in box	managı	ng owners
		(state or	entity	unrelated,		assets			20 of	partner	7
		foreign		excluded from					Schedule K-1		
		country)		tax under					(Form 1065)		
				sections 512-							
				514)						<u> </u>	
				,			Yes	No		Yes N	0
							•	•	-		

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(g) Share of end-of- year assets	<b>(h)</b> Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
							Yes	No
(1) INDIAN PRIVATE LIMITED  1568 CHURCH ROAD KASHMERE GATE NEW DELHI 110006 IN	ANALYSIS AND RESEARCH		THE BROOKINGS INSTITUTION	С	3,622	100 000 %	Yes	

cheddle it (Form 550) 2014				Ра	ge <b>J</b>
Part V Transactions With Related Organizations Complete if the organization answer	ered "Yes" on Form	n 990, Part IV, line	e 34, 35b, or 36.		
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more re	lated organizations li	sted in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			1a		No
<b>b</b> Gift, grant, or capital contribution to related organization(s)			1b		No
<b>c</b> Gift, grant, or capital contribution from related organization(s)			1c		No
<b>d</b> Loans or loan guarantees to or for related organization(s)			1d		No
e Loans or loan guarantees by related organization(s)			1e		No
f Dividends from related organization(s)			1f		No
g Sale of assets to related organization(s)			<b>1</b> g		No
h Purchase of assets from related organization(s)			1h		No
i Exchange of assets with related organization(s)			1i		No
j Lease of facilities, equipment, or other assets to related organization(s)			<u>1j</u>		No
k Lease of facilities, equipment, or other assets from related organization(s)			1k		No
I Performance of services or membership or fundraising solicitations for related organization(s)			11		No
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)			1m	1	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1n		No
• Sharing of paid employees with related organization(s)			10		No
p Reimbursement paid to related organization(s) for expenses			1p		No
<b>q</b> Reimbursement paid by related organization(s) for expenses			1q		No
r Other transfer of cash or property to related organization(s)			1r		No
s Other transfer of cash or property from related organization(s)			1s		No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including co	overed relationships	and transaction thresholds		
(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	<b>(d)</b> Method of determining amount	involved	

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

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN of entity	Primary activity	/ Legal	Predominant	Are all partners	Share of	Share of	Disproprtionate	e Code V-UBI	General or	Percentage
1	1	domicile	ıncome	section	total	end-of-year	allocations?	amount in	managing	ownership
1	1	(state or	(related,	501(c)(3)	ıncome	assets	1	box 20	partner?	' '
1	1	foreign	unrelated,	organizations?		1	1	of Schedule	1	, , , , , , , , , , , , , , , , , , ,
1	1	country)	excluded from	1		1	1	K-1	1	·
1	1	1 "	tax under	1		1	1	(Form 1065)	1	1
1	1	1	sections 512-	1		1	1	' ' '	1	
1	1	1	514)	$\overline{}$	$\neg$	,		<b>⊣</b> '		+
	1	1	1 ' '	Yes No		'	Yes N	No	Yes No	7
1	<u> </u>		1	$\overline{}$	+	<del>                                     </del>				_
1			<u> </u>			'				

Schedule R (Form 990) 2014

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

Schedule R (Form 990) 2014

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