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## DLN: 93493042008227

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

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

Department of the

Form **990** 

▶ Do not enter social security numbers on this form as it may be made public ▶ Information about Form 990 and its instructions is at <a href="https://www.IRS.gov/form990">www.IRS.gov/form990</a>

ntern	al Revenue	Servic	re						Inspection
A F	or the 20	15 ca	endar year, or tax year beginnin	g 07-01-2015 ,and ending 06-30-2	2016				_
Ch	eck if appli	cable	C Name of organization THE BROOKINGS INSTITUTION				D Empl	oyer i	dentification number
_	ddress char	_					53-0	1965	577
_	ame chang iitial return	e	Doing business as						
_	nal						E Teleph	none n	umber
	terminated/		Number and street (or P O box if ma 1775 MASSACHUSETTS AVE NW	ail is not delivered to street address) Room	ı/suite				'-6000
_	nended retu		City or town, state or province, coun	try, and ZIP or foreign postal code			(202	) / 9 /	-6000
Ap	plication pe	enaing	WASHINGTON, DC 200362103	dy, and 21 of foreign postal code			<b>G</b> Gross	receip	ts \$ 283,005,301
			<b>F</b> Name and address of princip	al officer		(a) I			
			STROBE TALBOTT		"		s this a grou ubordinates?	•	Yes 🗸
			1775 MASSACHUSETTS AVE WASHINGTON, DC 2003621				No		
Та	x-exempt :	status			— Н		re all subord cluded?	lınate	Yes No
			<b>√</b> 501(c)(3)	nsert no ) 4947(a)(1) or 527				h a lis	st (see instructions)
W	ebsite: ▶	• ww	W BROOKINGS EDU		Н	(c) (	Group exemp	tion r	number 🟲
<b>(</b> For	m of organi	ızatıon	✓ Corporation Trust Associate	tion		<b>L</b> Year	of formation 1	939	<b>M</b> State of legal domicile D
Pa	1		mary						
			scribe the organization's mission		.W. I D. E	A C E C	ND IMPROVI	INC C	COVEDNANCE AND
				T RESEARCH THAT LEADS TO NE AT THE LOCAL, NATIONAL AND				ING	30 VERNANCE AND
ų	301	VIIVO	FROBELMS FACING SOCIETY	AT THE EOCAL, NATIONAL AND	GLOD	ALLL	VLL		
₹									
Ξ	-								
<u> </u>	2 Che	ck th	is how • □ if the organization dis	scontinued its operations or dispose	ed of m	ore th	an 25% of it	c net	acceto
GOVERNABICE	- 0110	CK (III	is box P   If the organization dis	scontinued its operations of dispose	cu oi ii	iore en	an 25 % or it	.5 1100	433013
	3 Nun	nberd	of voting members of the governing	ng body (Part VI, line 1a)				3	51
Ê			-	f the governing body (Part VI, line 1				4	51
Ĭ			· -	alendar year 2015 (Part V, line 2a)	•			5	636
ACUVIUES &				cessary)		_		6	55
•			,	rt VIII, column (C), line 12		_		7a	864,789
				m Form 990-T, line 34				7b	331,132
				,			Prior Year		Current Year
	8 0	`ontri	hutions and grants (Part VIII Ju	ne 1h)	F		76,694	383	90,539,10
<u>Q</u>			ım service revenue (Part VIII, lir		. ⊦		70,054	0	50,555,10
ën uë Aë		-	,	(A), lines 3, 4, and 7d)	·  -		25,741	_	14,841,130
Ę.				lines 5, 6d, 8c, 9c, 10c, and 11e)	·  -		3,950	_	4,014,19
			, , , , , , , , , , , , , , , , , , , ,	(must equal Part VIII, column (A),	line				
	1	. 2)		(,			106,387	,190	109,394,429
	13 (	arants	and similar amounts paid (Part	IX, column (A), lines 1-3)			893	,434	577,114
	14 E	Benefit	ts paid to or for members (Part I	X, column (A), line 4)	. [			0	(
(0				e benefits (Part IX, column (A), line	es		59,424	.307	59,593,20
Si Si		5-10)			F		· · ·		, ,
Expenses			,	column (A), line 11e)	` • ⊦			0	
죠			ndraising expenses (Part IX, column (D)		-  -				
			, , , , , , , , , , , , , , , , , , , ,	ines 11a-11d, 11f-24e)	·  -		47,608		44,464,96
			·	t equal Part IX, column (A), line 25	´ ⊢		107,926		104,635,280
un .	<b>19</b> F	leven	ue less expenses. Subtract line :	18 from line 12	- +		-1,538	,913	4,759,14
Fund Balances					B	leginni	ng of Current	Year	End of Year
333	<b>20</b> T	otala	assets (Part X, line 16)		.		482,069	,162	473,918,510
Z 2			iabilities (Part X, line 26)		61,160	_	59,631,37		
ĘĘ			sets or fund balances Subtract I		.		420,909	,140	414,287,13
Pai			ature Block						· · · · · · · · · · · · · · · · · · ·
Jnde	r penaltie	es of p	perjury, I declare that I have exa	mined this return, including accomp	panyıng	gsche	dules and st	atem	ents, and to the best of
				plete Declaration of preparer (other	r than	officer	) is based or	n all II	nformation of which
repa	arer has a	any kr	nowledge						
		****	* *				2017-02-11		
Sigr	, ∣₱	Signa	ture of officer				Date		
der:		DAV/II	D L PORTER AVP, ASST TREAS, CONTR						
			or print name and title						
	17		rint/Type preparer's name	Preparer's signature	Date		Charle II .r	PTIN	
Paid	d	L <sub>w</sub>	/ILLIAM E TURCO CPA	WILLIAM E TURCO CPA			Check   ıf self-employed	P00	369217
	- parer	F	ırm's name 🕨 RSM US LLP				Fırm's EIN ▶ 4	12-071	.4325
		1.5	ırm's address ▶ 9737 WASHINGTONIAN	DIVD 400		1	Phone no (30	1) 206	3600
	Only		IIII S address P 9737 WASHINGTONIAN	BLVD 400			Priorie no (30	1) 290	5-3600

May the IRS discuss this return with the preparer shown above? (see instructions)

Par	t IV Checklist of Required Schedules			
	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 💆	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{9}$	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		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19?  If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?  If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III 💆	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? 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, VIII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Yes	
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	<b>11</b> c		No
	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 2	<b>11</b> d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?  If "Yes," complete Schedule D, Part X	<b>11</b> f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII 2	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
	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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? 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
	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		

Form	990 (2015)			Page <b>4</b>
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? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer 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?	<b>24</b> c		
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, Pait I	25a		No
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			l

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

instructions for applicable filing thresholds, conditions, and exceptions)

29

31

or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

**b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

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*Did the organization complete Schedule O and provide explanations in Schedule O for Part VI. lines 11b and 19?

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV,

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . .

25b

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28a

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**28**c

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35a

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Yes

Yes

Yes

Yes

Form 990 (2015)

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Nο

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Nο

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Νo

Νo

Νo

Nο

Nο

Part V Statements Regarding Other IRS Filings and Tax Complian
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Pai	t V	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this		V			
		effect if seffective of contains a response of flote to any line in this	uic	<u> </u>	·	Yes	No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	468			
		the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
		L ie organization comply with backup withholding rules for reportable payments to	vend	lors and reportable			
٠		g (gambling) winnings to prize winners?		· · · · · ·	1c	Yes	
2a	Enter	the number of employees reported on Form W-3, Transmittal of Wage and					
		tatements, filed for the calendar year ending with or within the year covered	30	636			
<b>L</b>	•	s return	2a		2b	Yes	
U		If the sum of lines 1a and 2a is greater than 250, you may be required to e-file				103	
3a	Did th	e organization have unrelated business gross income of \$1,000 or more during	the v	year?	3a	Yes	
b	If "Ye	s," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanatic</i>	on in S	Schedule O	3b	Yes	
4a	Atany	y time during the calendar year, did the organization have an interest in, or a sig	gnatu	re or other authority			
		a financial account in a foreign country (such as a bank account, securities acc	ount,	, or other financial	4a		
		int)?			70	Yes	
Ь	If"Ye	s," enter the name of the foreign country $\triangleright$ QA , IN , UK					
	(FBAF	nstructions for filing requirements for FinCEN Form 114, Report of Foreign Bank R)	and	Financial Accounts			
5a	•	' he organization a party to a prohibited tax shelter transaction at any time durin	a the	tax vear?	5a		No
		ny taxable party notify the organization that it was or is a party to a prohibited t	_		5b		No
					<b>3</b> D		
Ü	11 16	s," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a		the organization have annual gross receipts that are normally greater than \$10			6a		No
_	-	ization solicit any contributions that were not tax deductible as charitable cont					
D		s," did the organization include with every solicitation an express statement th not tax deductible?	at su-	cn contributions or gifts	6b		
7	Organ	izations that may receive deductible contributions under section 170(c).					
а		e organization receive a payment in excess of \$75 made partly as a contribution		d partly for goods and	7a		No
		es provided to the payor?					
		s," did the organization notify the donor of the value of the goods or services pi			7b		
С		le organization sell, exchange, or otherwise dispose of tangible personal proper orm 8282?	ty for •	which it was required to	<b>7</b> c		No
d	If"Ye	s," indicate the number of Forms 8282 filed during the year $\ldots$	7d				
_	Did th	ie organization receive any funds, directly or indirectly, to pay premiums on a p	arcon	nal henefit contract?			
Č	Dia tii	ne organization receive any lands, uneerly of muneerly, to pay premiums on a p	CISON	iai benene contrace.	7e		No
f	Did th	e organization, during the year, pay premiums, directly or indirectly, on a perso	nal b	enefit contract?	<b>7</b> f		No
g		organization received a contribution of qualified intellectual property, did the or	rganız	zation file Form 8899 as	7g		
h	requir	organization received a contribution of cars, boats, airplanes, or other vehicles	· ·	the organization file a	, d		
"		1098-C?	•	· · · · · ·	<b>7</b> h		
8	-	oring organizations maintaining donor advised funds.					
		donor advised fund maintained by the sponsoring organization have excess bus i the year?	siness	s holdings at any time			
٥-	_	,			8		
		ie sponsoring organization make any taxable distributions under section 49667			9a 9b		
10		le sponsoring organization make a distribution to a donor, donor advisor, or rela on <b>501(c)(7) organizations.</b> Enter	iteu p	erson,	90		
		tion fees and capital contributions included on Part VIII, line 12	10a				
		receipts, included on Form 990, Part VIII, line 12, for public use of club	10b				
	facılıt	1 7					
11	Section	on 501(c)(12) organizations. Enter		ı			
		Income from members or shareholders	11a				
Ь		Income from other sources (Do not net amounts due or paid to other sources st amounts due or received from them )	11b				
17-	_	ے on <b>4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990	un lu-	of Form 10413	12a		
		s," enter the amount of tax-exempt interest received or accrued during the	IIe	.a or roim 1041,	120		
-	year	2, 22. and amount of tax exempt meetest received of decruce during the	12b				
13	Section	on 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the	organization licensed to issue qualified health plans in more than one state? <b>N</b> o	ote. S	See the instructions for			
		onal information the organization must report on Schedule O			13a		
b		the amount of reserves the organization is required to maintain by the states	13b				
_		ch the organization is licensed to issue qualified health plans					
		the amount of reserves on hand	<b>13c</b>	2	14a		No.
		ie organization receive any payments for indoor tanning services during the tax s," has it filed a Form 720 to report these payments? <i>If "No," provide an explana</i> :	•		14a 14b		NO
ע	11 16	5, has temed a rollin 720 to report these payments '11 No, provide di expididi	LIOII II	, serieuaie U	17U		

orm	990 (2015)			Page			
Par	For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, describe the circumstances, processes, or changes in Schedule O. See instructions.  Check if Schedule O contains a response or note to any line in this Part VI		)b belo	w, 			
Se	ection A. Governing Body and Management						
			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year 51						
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O						
b	Enter the number of voting members included in line 1a, above, who are independent 1b 51						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?.						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No			
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No			
6	Did the organization have members or stockholders?	6		No			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following						
а	The governing body?	8a	Yes				
b	Each committee with authority to act on behalf of the governing body?	<b>8</b> b	Yes				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No			
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Re	event	ue Cod	e.)			

Yes No 10a **10a** Did the organization have local chapters, branches, or affiliates? . . Nο **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 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 . . . . . . . . **12**a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Yes c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe **12**c Yes Did the organization have a written whistleblower policy? . . . 13 Yes 14 Did the organization have a written document retention and destruction policy? . . . Yes Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official . . . **15**a Yes

	taxable entity during the year?	16a	No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	
S	ection C. Disclosure		
17	List the States with which a copy of this Form 990 is required to be filed ► AL, AR, CA, CT, FL, GA, IL, KS, K' MS, MN, NC, NJ, NH, NM, NY, OR, VA, WI, WV		
18	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		

**16a** Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

interest policy, and financial statements available to the public during the tax year

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)

State the name, address, and telephone number of the person who possesses the organization's books and records
►DAVID L PORTER & AMANDA MAYS 1775 MASSACHUSETTS AVE NW WASHINGTON, DC 200362103 (202) 797-6000

Yes

Part VII

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

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

1a Complete this table for all persons required to be listed 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 (B) (C) (D) (F) (A) (E) Name and Title Average Position (do not check Reportable Reportable Estimated hours per more than one box, unless compensation compensation amount of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization (Worganizations from the (W-2/1099for related 2/1099-MISC) organization and Former Highest compensat employee Individual trustee É organizations MISC) related ũ stitutional below organizations employee 更合 dotted line) Trustee See Additional Data Table

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

<b>(A)</b> Name and Title	(B) Average hours per week (list any hours	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)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
See Additional Data Table	See Additional Data Table									
1b Sub-Total			٠.			<b> </b>				
c Total from continuation sheet d Total (add lines 1b and 1c) .	s to Part VII, S	ection A	٠.		•	. •		5,537,831	0	854,937
<ul><li>d Total (add lines 1b and 1c) .</li><li>2 Total number of individuals (in</li></ul>					•					755,750

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

## Section B. Independent Contractors

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	IT/COMPUTER HARDWARE, SOFTWARE & MAINT	2,298,123
PO BOX 75723		
CHICAGO, IL 606735723		
SODEXO INC & AFFILIATES	FOOD SERVICES & CAFETERIA & FACILITIES M	1,351,919
PO BOX 536922		
ATLANTA, GA 303536922		
HBW GROUP	CONSTRUCTION, COMMERCIAL REAL ESTATE, PR	962,540
1055 FIRST STREET STE 200	<b>'</b>	
ROCKVILLE, MD 20850		
ACCENTURE LLP	GLOBAL MGMT, CONSULTING & TECHNOLOGY SVC	904,954
PO BOX 70629		
CHICAGO, IL 60673		
COVINGTON & BURLING	ATTORNEY	712,793
ONE CITY CENTER 850 10TH ST NW		
WASHINGTON, DC 20001		
2 Total number of independent contractors (including but not limited to those listed above	) who received more than	

Form 99	0 (20	15)						Page <b>S</b>
Part V	1	Statement o						_
		Check If Schedu	ule O contains a respon	ise or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
रे रे	1a	Federated cam	paigns 1a					
ons, Gifts, Grants Similar Amounts	b	Membership du	es <b>1b</b>					
٠ <u>٠</u>	С	Fundraising eve	ents <b>1c</b>					
ifts ar /	d	Related organiz	zations 1d					
s, G	е	Government grants	s (contributions) <b>1e</b>	1,558,794				
Contributions, Gifts, and Other Similar A	f		ons, gifts, grants, and <b>1f</b>	88,980,308				
tributio Other	_	similar amounts no	ot included above ons included in lines				-	
E O	g	1a-1f \$	ons included in lines	346,590				
Cont and	h	Total. Add lines	s 1a-1f	· · · •	90,539,102			
Program Service Revenue	2a b		_	Business Code				
υ E	С							
E VE	d							
S E	е							
grar	f	All other progra	am service revenue					
Æ	g	Total. Add lines	l s 2a-2f	▶				
	3	Investment inc	ome (including dividend	ds, interest,	3,037,932		857,224	2,180,708
	4	and other simils	ar amounts) stment of tax-exempt bond p	-	3,037,932		037,224	2,100,700
	5		· · · · · · · · · · · · · · · · · · ·					
		,	(ı) Real	(II) Personal				
	6a	Gross rents	551,865					
	ь	Less rental	334,620					
	С	expenses Rental income	217,245					
	d	or (loss) Net rental inco	me or (loss)		217,245			217,245
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	184,662,182					
	ь	Less cost or	172.050.070					
		other basis and sales expenses	172,858,978					
	c d	Gain or (loss)	11,803,204		11,803,204			11,803,204
Other Revenue	8a	Gross income f events (not inc \$ of contributions	rom fundraising luding s reported on line 1c)		, ,			<u> </u>
Other R	ь	See Part IV, lin	ne 18 a penses b					
•	C		(loss) from fundraising ε Γ	events <b>&gt;</b>				
		See Part IV, lin	rom gaming activities ne 19 a					
			penses <b>b</b> [ (loss) from gaming activ	t.o.o				
				<b>&gt;</b>				
	10a	Gross sales of returns and allo		1,714,703				
		Less cost of g	L	417,274			= = = =	
	C	Net income or (	(loss) from sales of inve	Business Code	1,297,429	1,289,864	7,565	
	11a	CAFETERIA IN		900099	2,332,134			2,332,134
	ь	OTHER INCOM		900099	167,383			167,383
	c	5ER 111001	· <del>-</del>					
	d	All other reven	ue					
	e	Total. Add lines	s 11a-11d	•	2,499,517			
	12	Total revenue.	See Instructions		109,394,429	1,289,864	864,789	16,700,674
					102,334,429	1,203,004	304,769	10,700,074

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

	✓				
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> 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	355,454	355,454		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	221,660	221,660		
4	Benefits paid to or for members	·			
5	Compensation of current officers, directors, trustees, and key employees	4,559,807	1,476,106	2,485,106	598,595
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	36,995,225	29,427,969	6,623,149	944,107
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	4,331,621	134,745	4,196,876	
9	Other employee benefits	10,638,768	13,890,070	-3,859,382	608,080
10	Payroll taxes				
		3,067,784		3,067,784	
11	Fees for services (non-employees)				
а	Management				
Ь	Legal	143,880	10,960	132,920	
С	Accounting	222,427	37,971	184,456	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	2,299,892		2,299,892	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	12,520,479	10,475,371	2,016,899	28,209
12	Advertising and promotion	493,772	418,016	9,465	66,291
13	Office expenses	2,012,929	1,084,435	858,948	69,546
14	Information technology	2,751,327	1,657,326	1,051,816	42,185
15	Royalties				
16	Occupancy	3,098,916	7,538,336	-4,790,830	351,410
17	Travel	3,627,369	3,238,186	235,374	153,809
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	11,427	11,427		
19	Conferences, conventions, and meetings	3,391,835	2,875,038	13,200	503,597
20	Interest	1,207,364		1,207,364	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,900,372	710,677	5,189,695	
23	Insurance	354,007		354,007	
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	3,108,055	716,020	2,362,069	29,966
b	BAD DEBT	1,729,209	29,209	1,700,000	
c	PUBLISHING	1,075,529	1,066,368	9,161	
d	REPAIR/MAINTENANCE	487,752	33,238	454,514	
е	All other expenses	28,426		28,426	
25	Total functional expenses. Add lines 1 through 24e	104,635,286	75,408,582	25,830,909	3,395,795
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)				

34

Form 99	90 (2	2015)					Page <b>11</b>
Part	Х	Balance Sheet					
		Check if Schedule O contains a response or note to any	line in t	his Part X			· · · · · <u>· · · · · · · · · · · · · · </u>
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			17,921,029	1	17,416,654
	2	Savings and temporary cash investments			33,698,595	2	30,205,702
	3	Pledges and grants receivable, net			73,381,988	3	81,210,179
	4	Accounts receivable, net			684,880	4	643,875
	5	Loans and other receivables from current and former of trustees, key employees, and highest compensated em II of Schedule L				5	
Assets	6	Loans and other receivables from other disqualified per section 4958(f)(1)), persons described in section 4958 contributing employers and sponsoring organizations o voluntary employees' beneficiary organizations (see in	3 (c)(3)( f sectio	B), and n 501(c)(9)		6	
As	7	Notes and loans receivable, net				7	
-	8	Inventories for sale or use			185,795	8	222,366
	9	Prepaid expenses and deferred charges			1,324,728	9	1,447,357
	9 10a	· · · · ·	 I I		1,024,720	9	1,441,001
	IUa	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	87,403,523			
	b	Less accumulated depreciation	<b>10</b> b	50,088,074	39,454,660	<b>10</b> c	37,315,449
	11	Investments—publicly traded securities			88,494,946	11	62,815,691
	12	Investments—other securities See Part IV, line 11 .			223,335,505	12	240,455,332
	13	Investments—program-related See Part IV, line 11 .				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			3,587,036	15	2,185,905
	16	Total assets.Add lines 1 through 15 (must equal line 34	1) .		482,069,162	16	473,918,510
	17	Accounts payable and accrued expenses			9,023,314	17	8,675,895
	18	Grants payable				18	
	19	Deferred revenue			557,449	19	79,160
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV	of Sch	edule D		21	
	22	Loans and other payables to current and former officers key employees, highest compensated employees, and o					
Liabilit		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated thir	•		48,339,270	23	47,620,104
	24	Unsecured notes and loans payable to unrelated third p				24	
	25	Other liabilities (including federal income tax, payables and other liabilities not included on lines 17-24) Complete Part X of Schedule D	to rela	ted third parties,			0.050.044
	26	Tabel Making And Inner 47 Absence 25			3,239,989	25	3,256,214
	26	Total liabilities. Add lines 17 through 25			61,160,022	26	59,631,373
or Fund Balances		Organizations that follow SFAS 117 (ASC 958), check h lines 27 through 29, and lines 33 and 34.	iere ▶	<b>√</b> and complete			
<u> </u>	27	Unrestricted net assets			202,164,069	27	192,251,524
<u>ش</u>	28	Temporarily restricted net assets			135,007,845	28	137,764,888
<u> </u>	29	Permanently restricted net assets			83,737,226	29	84,270,725
년		Organizations that do not follow SFAS 117 (ASC 958),	check h	ere 🕨 🦵 and			
		complete lines 30 through 34.					
ا يو	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building or equipmen				31	
t	32	Retained earnings, endowment, accumulated income, o				32	
ž	33	Total net assets or fund balances			420,909,140	33	414,287,137

Total liabilities and net assets/fund balances

34

482,069,162

Investment expenses

Schedule O

Schedule O

Separate basis

Separate basis

basis, consolidated basis, or both

Prior period adjustments .

Total revenue (must equal Part VIII, column (A), line 12)	
Total expenses (must equal Part IX, column (A), line 25)	

Other changes in net assets or fund balances (explain in Schedule O) .

Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . .

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,

If the organization changed its method of accounting from a prior year or checked "Other," explain in

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

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

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

**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

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

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

**b** Were the organization's financial statements audited by an independent accountant?

✓ Consolidated basis

Revenue less expenses Subtract line 2 from line 1 . .

Net unrealized gains (losses) on investments .

Donated services and use of facilities .

Cash ✓ Accrual COther

Both consolidated and separate basis

Both consolidated and separate basis

2 3

1

4

5

6

7

8

9

10

104,635,286 4,759,143

Page **12** 

109,394,429

1,500,808

No

Νo

414,287,137

Yes

Yes

Yes

Yes

Yes Form 990 (2015)

2a

2b

2c

3a

3b

420,909,140 -12,881,954

column (B)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII . . . . .

1 Accounting method used to prepare the Form 990

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

### **Additional Data**

(Code

Software ID: Software Version:

**EIN:** 53-0196577

Name: THE BROOKINGS INSTITUTION

) (Revenue \$

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

) (Expenses \$

THEY ARE AT THE FORI MISSION AT THE METR LEADERS BUILD AN AD	EFRONT OF THE MAJOR ROPOLITAN POLICY PRO VANCED ECONOMY THA	DEMOGRAPHIC AN OGRAM IS TO DELIN AT WORKS FOR ALL	D SOCIAL CHANGES /ER RESEARCH AND IN ORDER TO CREA	PEOPLE SEEK JOBS AND OPPO S CONFRONTING THE NATION SOLUTIONS THAT HELP METR TE AN ADVANCED ECONOMY MIZE WORKERS' POTENTIAL. (	OUR OPOLITAN THAT
	ES, (3) ENGAGE THE GLC ITATES ECONOMIC ACT		, , ,	INFRASTRUCTURE THAT PROPORTUNITY	TÉCTS THE
(Code	) (Expenses \$	7,006,741 includi	ng grants of \$	) (Revenue \$	)
PERFORMANCE OF OUR OPPORTUNITY AVAILAR POLITICS BEHIND HEAR OTHER TIMELY TOPICS PRIMARIES, STRENGTH GRIDLOCK IN LEGISLA TECHNOLOGY TO INCR	R NATIONAL GOVERNME ABLE TO ALL AMERICAN ALTH CARE REFORM, AMI S, SUCH AS THE NATION HENING US DEMOCRAC TION, MOBILE FINANCI	ENT AND BETTERINS IN THE PAST YEAR ERICA'S ECONOMINAL ELECTIONS, UNITED TO AN INCLUSION AND FICIENCY IN ADDITED	G THE ECONOMIC S AR, GOVERNANCE S C RECOVERY, PARTI S BUDGET CRISES, TION REFORM, THE D THE USE OF ONLIN ITION TO PUBLISHI	EOPLE INTERESTED IN IMPRO ECURITY, SOCIAL WELFARE, A FUDIES EXPERTS EXAMINED T SAN POLITICS AND COMMEN US JOB POLICIES, CONGRESS US EDUCATIONAL SYSTEM, I NE TOOLS AND INFORMATION NG NUMEROUS WORKS OF SCH	ND HE TED ON GIONAL PARTISAN

10,055,852 including grants of \$

METROPOLITAN POLICY THE METROPOLITAN POLICY PROGRAM BELIEVES THAT CITIES AND METROPOLITAN AREAS ARE THE

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Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)
  (Code
                      ) (Expenses $ 8,291,570 including grants of $
                                                                         221,660 ) (Revenue $
INSTITUTIONAL INITIATIVES INCLUDES RESEARCH INITIATIVES OF THE EXECUTIVE OFFICE AND ALL CROSS-PROGRAM
RESEARCH EFFORTS E.G. (BROOKINGS OFFICE OF THE CENTENNIAL SCHOLAR AND RACE, PLACE, AND OPPORTUNITY
PROJECT) IT ALSO INCLUDES EXPENSES ASSOCIATED WITH PARTNERSHIPS WITH TWO UNIVERSITIES THE BROOKINGS
MOUNTAIN WEST PROGRAM WITH THE UNIVERSITY OF NEVADA LAS VEGAS AND BROOKINGS' EXECUTIVE EDUCATION
PROGRAM. A PARTNERSHIP WITH WASHINGTON UNIVERSITY IN ST LOUIS OTHER RESEARCH INCLUDES THE WORK OF
BROOKINGS' THREE FOREIGN CENTERS BASED IN BEIJING, DOHA, AND NEW DELHI
   (Code
                      ) (Expenses $ 2,622,469 including grants of $
                                                                              ) (Revenue $
COMMUNICATIONS AND WEB THE COMMUNICATIONS DEPARTMENT DISSEMINATES INFORMATION ABOUT BROOKINGS, ITS
SCHOLARS AND RESEARCH, AND THE ARRAY OF RESOURCES THAT BROOKINGS OFFERS. COMMUNICATIONS OVERSEES THE
COMMENTARY AND ANALYSIS THAT APPEAR ON THE BROOKINGS' WEBSITE (WWW BROOKINGS EDU) AND THAT ARE
DISTRIBUTED THROUGH BROOKINGS'S SOCIAL MEDIA CHANNELS AND OTHER DIGITAL COMPONENTS OF OUTREACH AND
EDUCATION THE DEPARTMENT SUPPORTS THE RESEARCH PROGRAMS BY PROVIDING VIDEO, GRAPHIC DESIGN AND OTHER
MULTIMEDIA SERVICES, AND INTERACTS WITH MEDIA FOR THE PURPOSES OF ARRANGING INTERVIEWS AND REPUBLISHING
CONTENT IT ALSO HOUSES THE ORGANIZATION'S PUBLISHING HOUSE, BROOKINGS INSTITUTION PRESS
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### Form 990, Part III - 4 Program Service Accomplishments (See the Instructions) (Code ) (Expenses \$ including grants of \$ 2.038.621 ) (Revenue \$ 1.714.703) BROOKINGS PRESS THE BROOKINGS PRESS PUBLISHES PUBLIC POLICY RESEARCH FROM BROOKINGS' OWN SCHOLARS AS

WELL AS OTHER AUTHORS THESE PUBLICATIONS PROVIDE EXTENSIVE BACKGROUND AND INSIGHT ON IMPORTANT PUBLIC POLICY ISSUES IN BUSINESS, ECONOMICS, GOVERNMENT AND INTERNATIONAL AFFAIRS

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

Compensated Employees, and Inde					rus	stee	5, r		es, nignest	
(A) Name and Title	(B) A verage hours per week (list any hours for related	unles	ore ti ss pe	han ersoi icer	not one on is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
DAVID M RUBENSTEIN CO-CHAIR OF THE BOARD	4 00	x		×				0	0	0
JOHN L THORNTON CO-CHAIR OF THE BOARD	4 00	×		×				0	0	0
GLENN H HUTCHINS VICE CHAIR, BOARD/CAMPAIGN CHAIR	3 50	×		x				0	0	C
SUZANNE NORA JOHNSON VICE CHAIR, BOARD/INVESTMENT COMMT CHAIR	3 50	x		x				0	0	C
ARTHUR R COLLINS CHAIR, DEVELOPMENT COMMITTEE	3 00	×						0	0	C
BART FRIEDMAN	3 00	x						0	0	0

3 00

3 00

3 00

2 00

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CHAIR, AUDIT COMMITTEE

CHAIR, IMPACT TASK FORCE

TRACY R WOLSTENCROFT

ROBERT J ABERNETHY

TRUSTEE

CHAIR, FINANCE/CHAIR, STRATEGIC

CHAIR, NOMINATIONS & GOVERNANCE COMMT

BENJAMIN R JACOBS

PETE HIGGINS

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

<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours for related	unles	ore tl ss pe	than ersoi icer	not one on is and		,	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	individual trustee or director	Institutional Trustee		key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
PAUL M ACHLEITNER TRUSTEE	2 00	x						0	0	0
LIAQUAT AHAMED TRUSTEE	2 00	x						0	0	0
DOMINIC BARTON TRUSTEE	2 00	x						0	0	0
ROBERT M BASS TRUSTEE	2 00	x						0	0	0
ALAN R BATKIN TRUSTEE	2 00	×						0	0	C
CRANDALL BOWLES TRUSTEE	2 00	x						0	0	0

2 00

2 00

2 00

2 00

Х

Χ

HANZADE DOGAN BOYNER

TRUSTEE

TRUSTEE

TRUSTEE

PAUL L CEJAS

...... TRUSTEE

W EDMUND CLARK

ABBY JOSEPH COHEN

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

Compensated Employees, and Inde	pendent Co	ntrac	ctor	S				•	
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	m unles	ore t ss pe	han erso cer tor/t	not one n is and trus		( <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 related organizations
BETSY Z COHEN TRUSTEE	2 00	×					0	0	0
HOWARD COX TRUSTEE	2 00	×					0	0	0
ARTHUR B CULVAHOUSE JR TRUSTEE	2 00	×					0	0	0
ALAN M DACHS TRUSTEE	2 00	×					0	0	0
PAUL DESMARAIS JR TRUSTEE	2 00	×					0	0	0
KENNETH M DUBERSTEIN TRUSTEE	2 00	х					0	0	0

2 00

2 00

2 00

2 00

Х

Χ

CHERYL COHEN EFFRON

......

TRUSTEE

TRUSTEE

TRUSTEE

ANN M FUDGE

ELLEN V FUTTER TRUSTEE

ALFONSO FANJUL

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

Compensated Employees, and Inde	pendent co	ntrac	.tor	5						
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	unles	ore tl ss pe	than ersoi icer a tor/t	not one on is and trust	e Highest compensate	an	(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 related organizations
	'	1	1 '	1 '	'	8	1 '	1	1 '	1
HELENE GAYLE TRUSTEE	2 00	x						0	0	0
BRIAN L GREENSPUN TRUSTEE	2 00	x						0	0	0
VICTOR L HYMES TRUSTEE	2 00	x						0	0	0
SHIRLEY ANN JACKSON TRUSTEE	2 00	x						0	0	0
KENNETH M JACOBS TRUSTEE	2 00	x						0	0	C
KLAUS KLEINFELD TRUSTEE	2 00	x						0	0	С

2 00

2 00

2 00

2 00

Х

Χ

PHILIP M KNIGHT .....

JAMES MURREN

JAMES ROGERS

WILBUR ROSS TRUSTEE

........

TRUSTEE

TRUSTEE

TRUSTEE

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

(A) Name and Title	(B) A verage hours per week (list any hours for related	unles	ore ti ss pe	than ersor icer a tor/t	not one on is and trust			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated	Former	MISC)	MISC)	organization and related organizations
VICTORIA P SANT TRUSTEE	2 00	х						0	0	0
LEONARD D SCHAEFFER TRUSTEE	2 00	х						0	0	0
PETER SCHER TRUSTEE	2 00	х						0	0	0
AMY W SCHULMAN TRUSTEE	2 00	x						0	0	0
ARNE M SORENSON TRUSTEE	2 00	x						0	0	С
MICHAEL L TIPSORD TRUSTEE	2 00	х						0	0	C
ANTOINE W VAN AGTMAEL TRUSTEE	2 00	x						0	0	C

2 00

2 00

2 00

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DAVID WEINBERG

JOHN H WHITE JR

TRUSTEE

TRUSTEE

TRUSTEE

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BEATRICE W WELTERS

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

56,150

40,772

50,395

14,952

27,862

329,544

294,509

203,380

66,247

177,578

Compensated Employees, and Inde	pendent Co	ntrac	.tor	s						
(A) Name and Title	(B) A verage hours per week (list any hours for related	unles	ore tl ss pe	than ersor icer a	not one on is and		,	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
DANIEL YERGIN TRUSTEE	2 00	x						0	0	0
LEI ZHANG TRUSTEE	2 00	x						0	0	C
DANIEL B ZWIRN TRUSTEE	2 00	x						0	0	C
N STROBE TALBOTT PRESIDENT	40 00			×				614,490	0	218,881
MARTIN S INDYK EXECUTIVE VICE PRESIDENT	40 00			×				381,681	. 0	64,675
STEWART URETSKY	40 00				$\Box$					

40 00

40 00

40 00

40 00

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VP, CFO, & TREASURER

KIMBERLY CHURCHES

ASSOC VP, CONTROLLER & ASST TREASURER

SECRETARY

DAVID PORTER

AMANDA MAYS

LEIGH SLOANE

ASST SECRETARY

SECRETARY THRU 09/4/15

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

43,593

29,071

48,404

54,516

31,515

18,068

Compensated Employees, and Inde	•				rus	stee	5, r	tey Employed	es, nignest	
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	unles	ore the ss pe office of the of	ore than of sperson officer are trector/true officer are trector/true officer		not check one box, n is both ar and a rustee)		(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 related organizations
TED GAYER  VP & DIR OF ECONOMIC STUDIES	40 00		 		x			356,603	o	28,588
KEMAL DERVIS  VP & DIR OF GLOBAL	40 00				x			324,398	0	25,309
DARRELL M WEST  VP & DIR OF GOVERNANCE STUDIES	40 00				х			316,413	0	55,459
STEVEN J BENNETT  VP & CHIEF OPERATIONS OFFICER	40 00				х			306,843	0	24,975
A		$\overline{}$	$\overline{}$	$\overline{}$	$\overline{}$	$\overline{}$	-			

40 00

40 00

40 00

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40 00

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Χ

295,186

250,251

401,216

358,992

308,310

282,868

CATHERINE A PIEZ

**BRUCE JONES** 

WILLIAM G GALE

BRUCE J KATZ

DAVID WESSEL

CENTENNIAL SCHOLAR

MARK B MCCLELLAN

SR FELLOW & DIR, HUTCHINS

DIR, IIVH & SR FELLOW, ES

CHIEF INVESTMENT OFFICER

VP & DIR, FOREIGN POLICY

SR FELLOW & DIR, TAX POLICY CENTER

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

compensated Employees, and Inde	penaent co	iici a v		•					1	
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	Pos m unle:	ore to see official institutional Tru	(do (do han ersol cer tor/t	not one n is and rust	tee)	e Forme	(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 related organizations
GROVER WHITEHURST	40 00	Ti Ti	ustee			กรณะป				
SR FELLOW & BROWN CENTER DIR						Х		269,322	0	21,752

hospital's name, city, and state

**170(b)(1)(A)(iv).** (Complete Part II )

described in section 170(b)(1)(A)(vi). (Complete Part II)

Employer identification number

53-0196577

SCHEDULE A (Form 990 or 990EZ)

## **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.

**Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

An organization that normally receives a substantial part of its support from a governmental unit or from the general public

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)

OMB No 1545-004 Open to Public Inspection

Treasury Internal Revenue Service Name of the organization

THE BROOKINGS INSTITUTION

Department of the

Part I

1

2

3

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

An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 Seesection 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization Provide the following information about the supported organization(s) (i) (ii)EIN (iii) (iv) (v) (vi) Name of supported organization Type of Is the organization A mount of A mount of other listed in your governing organization monetary support support (see (described on lines document? (see instructions) instructions) 1-9 above (see instructions)) Yes No Cat No 11285F Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 Page 2 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 (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) ▶ 1 Gifts, grants, contributions, and 89,488,748 114,836,670 80,276,594 76,694,383 90,539,102 451,835,497 membership fees received (Do not include any unusual grants ) 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 114,836,670 80,276,594 89,488,748 76,694,383 90,539,102 451,835,497 The portion of total contributions by each person (other than a governmental unit or publicly 8.699.722 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column Public support. Subtract line 5 443,135,775 from line 4

S	ection B. Total Support	•					'	
(01	Calendar year fiscal year beginning in) ▶	<b>(a)</b> 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	<b>(d)</b> 2014	<b>(e)</b> 20	015	<b>(f)</b> ⊤otal
7	Amounts from line 4	114,836,670	80,276,594	89,488,748	76,694,383	90	,539,102	451,835,497
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,004,951	7,056,159	3,244,431	14,398,796	3	3,589,797	32,294,134
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	2,135,707	2,141,934	2,039,560	2,466,504	Ź	2,499,517	11,283,222
11	<b>Total support.</b> Add lines 7 through 10							495,412,853
12	Gross receipts from related activ	ties, etc (see inst	tructions)			12		7,843,894
13	First five years.If the Form 990 is	s for the organizati	on's first, second	, third, fourth, or	fifth tax year as a	section	501(c)(3	) organization,

16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

17a 10%-facts-and-circumstances test - 2015. 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

b 10%-facts-and-circumstances test - 2014. 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

b 33 1/3% support test-2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))

and stop here. The organization qualifies as a publicly supported organization

box and stop here. The organization qualifies as a publicly supported organization

Section C. Computation of Public Support Percentage

Public support percentage for 2014 Schedule A, Part II, line 14

15

supported organization

instructions

Schedule A (Form 990 or 990-EZ) 2015

14

89 450 %

86 570 %

▶▽

▶□

Part III 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.)

Se	ction A. Public Support						
	Calendar year	(a)2011	<b>(b)</b> 2012	(c)2013	(d)2014	(e)2015	<b>(f)</b> ⊤otal
•	iscal year beginning in)	(4)2011	(5)2012	(6)2010	(4)2011	(0)2010	(1)10ta1
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions,						
-	merchandise sold or services						
	performed, or facilities furnished						
	in any activity that is related to						
	the organization's tax-exempt						
	purpose						
3	Gross receipts from activities						
	that are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
•	furnished by a governmental unit						
	to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2,						
	and 3 received from disqualified						
	persons						
b	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						
_	Add lines 7a and 7b						
8	<b>Public support.</b> (Subtract line 7c						
	from line 6 )						
Se	ction B. Total Support				1		I
	Calendar year			1	I	I	
(or f	iscal year beginning in)	<b>(a)</b> 2011	<b>(b)</b> 2012	(c)2013	( <b>d)</b> 2014	<b>(e)</b> 2015	<b>(f)</b> Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
b	Unrelated business taxable						
	income (less section 511 taxes)						
	from businesses acquired after						
_	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						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	VI)						
13	Total support. (Add lines 9, 10c,						
14	11, and 12)  First five years.If the Form 990 is f	or the organization	n's first second	thurd fourth or	fifth tay year ac a	section 501/c	V3) organization
14	•	or the organization	on s mist, second	, tillia, louitii, oi	ilitii tax yeal as a	1 5600001 501(0	)(3) organization,  ▶ □
	check this box and stop here	lia Cunnant D					
	ction C. Computation of Pub						
15	Public support percentage for 2015	(line 8, column	(f) divided by line	: 13, column (f))		15	
16	Public support percentage from 201	l 4 Schedule A, P	art III, line 15			16	
Se	ction D. Computation of Inv	estment Inco	me Percenta	ae			
17	Investment income percentage for				nn (f))	14-1	
	· · · · · ·	•		•	···· (1 <i>))</i>	17	
18	Investment income percentage from	n <b>2014</b> Schedule	A, Part III, line	1 /		18	
19a	<b>33 1/3% support tests—2015.</b> If the	organization did	not check the bo	ox on line 14, and	l line 15 is more t	than 33 1/3%, a	ind line 17 is not
	more than 33 1/3%, check this box	and <b>stop here.</b> T	he organization q	ualıfıes as a publ	icly supported or	ganızatıon	▶┌
b	<b>33 1/3% support tests—2014.</b> If the	organization did	not check a box	on line 14 or line	19a, and line 16	ıs more than 3	3 1/3% and line
	18 is not more than 33 1/3%, check	this box and <b>st</b>	<b>op here.</b> The orga	nızatıon qualıfıes	as a publicly sup	ported organiz	ation ► [
20	Private foundation. If the organizati	on did not check	a box on line 14	. 19a. or 19b. ch	eck this box and	see instruction	s ▶⊤ˈ

## 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, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and D, and complete Part V.)

	I, complete Sections A and D, and complete Part V)			
Se	ction A. All Supporting Organizations			
	Averally of the community of community of community of community of the community of community o		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	2		
	509(a)(1) or (2)			<u> </u>
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)?  If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)?  If "Yes," describe in <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?	<b>3</b> c		
4a	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use  Was any supported organization not organized in the United States ("foreign supported organization")?			l
	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?	4b		
	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			
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 $(2)$ ?  If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported	4c		
	organization was used exclusively for section 170(c)(2)(B) purposes			l
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	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in	5b		
c	the organization's organizing document? <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	5c		
	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	J.		
	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? If "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> .	<b>9</b> c		
0a	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)	<b>10</b> b		
1	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?	<b>11</b> a		
	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	<b>11</b> c		

Part IV	Supporting	Organizations	(continued

I GIC IV		аррог	9	Oi guilleu	LIOIIS	(continue	ч,
Section	n R	Tyne	T Si	innorting	Orga	nization	_

			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		

Section C. Type II Supporting Organization	Section	C.	Type	II	Supporting	Organization	s
--	---------	----	------	----	------------	--------------	---

			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 contiol or management of the supporting organization was vested in the same persons			
	that controlled or managed the supported organization(s)	1		

			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		

## Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satis	fy the Integral Part Test during the year (see instructions)

- 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

С		i ne orga instructi	nization supported a governmental entity. Describe in Part VI now you supported a government entity (see ons)	эe
2	<u>A ctivit</u>	ies Test	_Answer (a) and (b) below.	Y
а			all of the organization's activities during the tax year directly further the exempt purposes of the	

	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 <b>Part VI identify those supported organizations and explain</b> 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	
	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	Parent of Supported Organizations Answer (a) and (b) below.		

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of 3a each of the supported organizations? Provide details in Part VI
- **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

3b

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S			ructions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
	Net short-term capital gain	1		
	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
i	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		
,	Other expenses (see instructions)	7		
;	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)
	Aggregate fair market value of all non-exempt-use assets (see	1		
_	instructions for short tax year or assets held for part of year)	<b>—</b>		
a L	A verage monthly value of securities	1a 1b		
b	A verage monthly cash balances			
C	Fair market value of other non-exempt-use assets	1c 1d		+
d	Total (add lines 1a, 1b, and 1c)  Discount claimed for blockage or other factors	La		
e	(explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting	organization (see

Part V Type III Non-Functionally Integra	ated 509(a)(3) Suppo	rting Organizations (c	ontinued)
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accomp	olish exempt purposes		
2 Amounts paid to perform activity that directly furthe excess of income from activity	ers exempt purposes of supp	oorted organizations, in	
3 Administrative expenses paid to accomplish exemp			
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	uured)		
6 Other distributions (describe in Part VI) See instru			
·	ic tions		
7 Total annual distributions. Add lines 1 through 6			
<b>8</b> Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
a .			
b c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7  \$			
a Applied to underdistributions of prior years			_
<b>b</b> Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2016.</b> Add lines 31 and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013			
d From 2014			
<b>e</b> From 2015			
		Schodulo A	/Form 990 or 990-F7) /2015

Facts And Circumstances Test

Schedule A (Form 990 or 990-EZ) 2015

INCOME

Return Reference Explanation SCHEDULE A, PART II, LINE 10, CAFETERIA - 2011 AMOUNT \$ 2.126.791 2012 AMOUNT \$ 2.081.207 2013 AMOUNT \$ **EXPLANATION OF OTHER** 

185,652 2015 AMOUNT \$ 167,383

Page 8

**SCHEDULE D** (Form 990)

Department of the

Treasury

# **Supplemental Financial Statements**

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

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

OMB No 1545-0047

DLN: 93493042008227

Open to Public Inspection

Interr	nal Revenue Service	` ,			Inspection
Na	me of the organization E BROOKINGS INSTITUTION				oyer identification number
Da	rt I Organizations Maintaining Donor	Advised Funds or	Other Similar F		196577 or Accounts
	Complete if the organization answere			unus c	Accounts.
	· •	(a) Donor advised fund	•	(b)	Funds and other accounts
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 a funds are the organization's property, subject to t			or advis	sed Yes No
6	Did the organization inform all grantees, donors, a used only for charitable purposes and not for the conferring impermissible private benefit?  rt II Conservation Easements. Comple	benefit of the donor or do	onor advisor, or for a	ny other	· purpose <b>Yes N</b> o
	·			וויים ווע	1 990, Part IV, lille 7.
1	Purpose(s) of conservation easements held by th  Preservation of land for public use (e.g., recre	-	i that apply)		
	education)		Preservation of a	n histor	ically important land area
	Protection of natural habitat	Γ	Preservation of a	certifie	d historic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization leasement on the last day of the tax year	held a qualified conserva	ation contribution in t	he form	of a conservation
					Held at the End of the Year
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easeme			2b	
С	Number of conservation easements on a certified		, ,	2c	
d	Number of conservation easements included in (o historic structure listed in the National Register			2d	
3	Number of conservation easements modified, tran	nsferred, released, extin	guished, or terminate	ed by the	e organization during the
	tax year ▶				
4	Number of states where property subject to cons	ervation easement is loc	ated <b>&gt;</b>		
5	Does the organization have a written policy regar violations, and enforcement of the conservation e		ring, inspection, hand	dling of	☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, year	inspecting, handling of v	iolations, and enforc	ing cons	ervation easements during the
_	A mount of expenses incurred in monitoring, inspe	ecting handling of violat	ions, and enforcing c	onserva	tion easements during the year
7	► \$	seeing, namaring or violati	ions, and emorening e	01130174	tion casements daring the year
8	Does each conservation easement reported on lir (B)(i) and section 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the	e requirements of sec	tion 17	0(h)(4) Yes No
9	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the or sements	ganızatıon's fınancıal	statem	ents that describes
Par	Complete if the organization answere	ed "Yes" on Form 990	, Part IV, line 8.		
<b>1</b> a	If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the foot	assets held for public e	xhibition, education,	or resea	arch in furtherance of public
b	If the organization elected, as permitted under SF works of art, historical treasures, or other similar	•	•		

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1

Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

Part	<b>Organizations Maintainin</b> (continued)	g Collections of	Art, Historical	Treasures, or	Other Similar A	ssets	
3	Using the organization's acquisition, ac collection items (check all that apply)	cession, and other r		of the following that	are a significant us	se of its	
а	▼ Public exhibition		d L	oan or exchange pro	grams		
b	Scholarly research		<b>e</b>	ther			
c	Preservation for future generations	6					
4	Provide a description of the organizatio	n's collections and e	explain how they fui	ther the organizatio	n's exempt purpose	e in	
5	During the year, did the organization so assets to be sold to raise funds rather t					s √ No	
Par	rt IV Escrow and Custodial Arr Complete if the organization Part X, line 21.		on Form 990, Pa	rt IV, line 9, or re	'		
1a	Is the organization an agent, trustee, concluded on Form 990, Part X?	ustodian or other int	ermediary for conti	ributions or other as	sets not	s No	
b	If "Yes," explain the arrangement in	Part XIII and compl	ete the following ta	ble .	An	nount	
c	Beginning balance			10	с		
d	Additions during the year			10	i e		
e	Distributions during the year			16	2		
f	Ending balance			11	F		
<b>2</b> a	Did the organization include an amount	on Form 990, Part >	K, line 21, for escro	w or custodial acco	unt liability? <b>Ye</b>	s No	
b	If "Yes," explain the arrangement in Pa						
Pai	rt V Endowment Funds. Comp						
1a	Beginning of year balance	(a)Current year 425,725,267	<b>(b)</b> Prior year 441,281,539	<b>b (c)</b> Two years back 404,469,002	( <b>d</b> )Three years back 381,988,094	<b>(e)</b> Four years back 356,490,353	
b	Contributions	7,474,568	66,444,006	6,136,117	3,773,990	39,783,421	
C	Net investment earnings, gains, and losses	961,390	11,159,614	45,195,854	32,490,567	-583,565	
d	Grants or scholarships						
e	Other expenditures for facilities and programs	15,098,080	92,011,199	13,463,737	12,995,750	12,787,612	
f	Administrative expenses	1,167,786	1,148,693	1,055,697	787,899	914,503	
g	End of year balance	417,895,359	425,725,267	441,281,539	404,469,002	381,988,094	
2	Provide the estimated percentage of the	e current year end b	alance (line 1g, col	umn (a)) held as			
а	Board designated or quasi-endowment	46 870 %					
b	Permanent endowment ► 20 160 %						
c	Temporarily restricted endowment ▶	32 970 %					
	The percentages on lines 2a, 2b, and 2	c should equal 1009	%				
<b>3</b> a	Are there endowment funds not in the p	ossession of the org	janization that are l	neld and administere	ed for the		
	organization by  (i) unrelated organizations				3	Yes No	
	(ii) related organizations					a(ii) No	
b	If "Yes" on 3a(II), are the related organ					3b	
4	Describe in Part XIII the intended uses	of the organization'	's endowment funds	;		<del></del>	
Par	rt VI Land, Buildings, and Equi						
	Complete if the organization  Description of property	answered 'Yes' to	(a) Cost or other	basis Cost or other ba	Accumulated	(d)Book value	
1 ~	Land		(investmei	· · · · · · · · ·	620	4.455.630	
	Land			4,155,0	620	4,155,620	
	Buildings			54,106,9	945 28,393,98	25,712,959	
	Leasehold improvements		• •	22,563,	16,024,45	6,538,983	
	Other						
Tota	al. Add lines 1a through 1e (Column (d) ma			6,577,5 ne 10(c) )	5,669,62	907,887	
	[u] //ii		, ( <i>D</i> /) 11.			D (Form 990) 2015	

	<ul><li>(a) Description of security or category (including name of security)</li></ul>		(b)Book value	(c)Method of valuation
(1)Fınancı	(including name of security) al derivatives			Cost or end-of-year market val
<b>(2)</b> Closely	r-held equity interests		240,455,332	F
<b>(3)</b> 0 ther				
	mn (b) must equal Form 990, Part X, col (B) line 12 )	<b>•</b>	240,455,332	
Part VII	Investments—Program Related. Complete if the organization answered 'Y	'es' on Form 990	Part IV, line 11c.	Form 990 Part X line 13
	(a) Description of investment		(b) Book value	(c) Method of valuation
				Cost or end-of-year market valu
Total. (Colu	mn (b) must equal Form 990, Part X, col (B) line 13 )	<b>&gt;</b>		
Total. (Colu.	mn (b) must equal Form 990, Part X, col (B) line 13 )  Other Assets. Complete if the organization a	nswered 'Yes' on F	orm 990, Part IV, line 1	1d See Form 990, Part X, line 15
			orm 990, Part IV, line 1	1d See Form 990, Part X, line 15  (b) Book value
	Other Assets. Complete if the organization a		orm 990, Part IV, line 1	
	Other Assets. Complete if the organization a		orm 990, Part IV, line 1	
	Other Assets. Complete if the organization a		orm 990, Part IV, line 1	
	Other Assets. Complete if the organization a		orm 990, Part IV, line 1	
	Other Assets. Complete if the organization a		orm 990, Part IV, line 1	
	Other Assets. Complete if the organization a		orm 990, Part IV, line 1	
	Other Assets. Complete if the organization a		orm 990, Part IV, line 1	
	Other Assets. Complete if the organization a		orm 990, Part IV, line 1	
	Other Assets. Complete if the organization a		orm 990, Part IV, line 1	
Part IX	Other Assets. Complete if the organization a  (a) Descript	cion	orm 990, Part IV, line 1	(b) Book value
Part IX	Other Assets. Complete if the organization a  (a) Descript  (a) Descript  (b) must equal Form 990, Part X, col (B) line 15	on and the second secon		(b) Book value
Total. (Colo	Other Assets. Complete if the organization at (a) Descript  (a) Descript  (a) Descript  (b) Must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organic See Form 990, Part X, line 25.	)		(b) Book value
Total. (Colo	Other Assets. Complete if the organization a  (a) Descript  (a) Descript  (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organi	on and the second secon		(b) Book value
Total. (Cold Part X 1.	Other Assets. Complete if the organization at (a) Descript  (a) Descript  (a) Descript  (b) Must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organic See Form 990, Part X, line 25.	)		(b) Book value
Total. (Cold Part X  1.	Other Assets. Complete if the organization a  (a) Descript  (a) Descript  (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organication of See Form 990, Part X, line 25.  (a) Description of liability	)	Yes' on Form 990, Po	(b) Book value
Total. (Color Part X  1.  Federal Inc.	Other Assets. Complete if the organization a  (a) Descript  (a) Descript  (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organication of See Form 990, Part X, line 25.  (a) Description of liability  come taxes	(b) Book value		(b) Book value
Total. (Color Part X  1.  Federal Inc.  ACCRUED  DEFERRE	Other Assets. Complete if the organization a  (a) Descript  (a) Descript  (a) Descript  (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organication See Form 990, Part X, line 25.  (a) Description of liability  come taxes  POST-RETIREMENT BENEFIT OBLIGATION  DIRENT EXPENSE PAYABLE	(b) Book value		(b) Book value
Total. (Color Part X  1.  Federal Inc.  ACCRUED  DEFERRE	Other Assets. Complete if the organization a  (a) Descript  (a) Descript  (a) Descript  (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organic See Form 990, Part X, line 25.  (a) Description of liability  come taxes	(b) Book value		(b) Book value
Total. (Color Part X  1.  Federal Inc.  ACCRUED  DEFERRE	Other Assets. Complete if the organization a  (a) Descript  (a) Descript  (a) Descript  (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organication See Form 990, Part X, line 25.  (a) Description of liability  come taxes  POST-RETIREMENT BENEFIT OBLIGATION  DIRENT EXPENSE PAYABLE	(b) Book value		(b) Book value
Total. (Color Part X  1.  Federal Inc. ACCRUED	Other Assets. Complete if the organization a  (a) Descript  (a) Descript  (a) Descript  (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organication See Form 990, Part X, line 25.  (a) Description of liability  come taxes  POST-RETIREMENT BENEFIT OBLIGATION  DIRENT EXPENSE PAYABLE	(b) Book value		(b) Book value
Total. (Color Part X  1.  Federal Inc. ACCRUED	Other Assets. Complete if the organization a  (a) Descript  (a) Descript  (a) Descript  (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organication See Form 990, Part X, line 25.  (a) Description of liability  come taxes  POST-RETIREMENT BENEFIT OBLIGATION  DIRENT EXPENSE PAYABLE	(b) Book value		(b) Book value
Total. (Color Part X  1.  Federal Inc. ACCRUED	Other Assets. Complete if the organization a  (a) Descript  (a) Descript  (a) Descript  (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organication See Form 990, Part X, line 25.  (a) Description of liability  come taxes  POST-RETIREMENT BENEFIT OBLIGATION  DIRENT EXPENSE PAYABLE	(b) Book value		(b) Book value
Total. (Color Part X  1.  Federal Inc. ACCRUED	Other Assets. Complete if the organization a  (a) Descript  (a) Descript  (a) Descript  (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organication See Form 990, Part X, line 25.  (a) Description of liability  come taxes  POST-RETIREMENT BENEFIT OBLIGATION  DIRENT EXPENSE PAYABLE	(b) Book value		(b) Book value
Total. (Color Part X  1.  Federal Inc. ACCRUED	Other Assets. Complete if the organization a  (a) Descript  (a) Descript  (a) Descript  (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organication See Form 990, Part X, line 25.  (a) Description of liability  come taxes  POST-RETIREMENT BENEFIT OBLIGATION  DIRENT EXPENSE PAYABLE	(b) Book value		(b) Book value
Total. (Color Part X  1.  Federal Inc.  ACCRUED  DEFERRED  DEFERRED	Other Assets. Complete if the organization a  (a) Descript  (a) Descript  (a) Descript  (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organication See Form 990, Part X, line 25.  (a) Description of liability  come taxes  POST-RETIREMENT BENEFIT OBLIGATION  DIRENT EXPENSE PAYABLE	(b) Book value		(b) Book value

Total revenue, gains, and other support per audited financial statements . . .

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b

PRESIDENT

Net unrealized gains (losses) on investments . .

Donated services and use of facilities .

Recoveries of prior year grants .

Other (Describe in Part XIII)

Add lines 2a through 2d . .

Subtract line 2e from line 1 .

Schedule D (Form 990) 2015

1

2

а b

d

3

е 3

а

95,467,292

-11,698,818

107.166.110

420,848

101,989,693

2,645,593

Schedule D (Form 990) 2015

1

2e

3

2e

3

4c

2,645,593

-12,881,954

1.183.136

4	A mounts included on Form 990, Part VIII, line 12, but not on line 1						
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a		2,645,5	93		
b	Other (Describe in Part XIII )	4b		-417,2	274		
c	Add lines <b>4a</b> and <b>4b</b>		 			4c	2,228,319
5	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line	12)	 			5	109,394,429
Part	XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered 'Yes' on Form 990, F			•	nses	per	Return.
1	Total expenses and losses per audited financial statements					1	102,410,541
2	Amounts included on line 1 but not on Form 990, Part IX, line 25						
а	Donated services and use of facilities	2a					
b	Prior year adjustments	2b					
c	Other losses	<b>2</b> c					
d	Other (Describe in Part XIII )	2d		420,8	848		

2a

2b

**2**c

2d

4b

WORLD THIS CONTRIBUTES TO AN ATMOSPHERE THAT PROMOTES CONVERSATION AND INTERACTION ADDITION IS THE PORTRAIT PAINTING OF BROOKINGS CURRENT

# 5

Other (Describe in Part XIII ) . . . . .

Add lines 2a through 2d .

Add lines 4a and 4b .

Subtract line 2e from line 1 .

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . 104,635,286

Part XIII **Supplemental Information** 

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

information

Return Reference Explanation PART III, LINE 4 BROOKINGS PHOTOGRAPHY COLLECTION WAS DONATED TO ENHANCE THE FACILITIES WHERE BROOKINGS SCHOLARS MEET WITH OTHER KEY PEOPLE IN THE PUBLIC POLICY

Schedule D (Form 990) 2015

Return Reference	Explanation
PART X, LINE 2	BROOKINGS IS EXEMPT FROM FEDERAL INCOME TAXES ON ITS EXEMPT ACTIVITIES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE CODE) AND HAS BEEN DESIGNATED BY THE INTERNAL REVENUE SERVICE AS A "PUBLICLY SUPPORTED ORGANIZATION UNDER SECTION 509(A)(1) OF THE CODE BROOKINGS ENGAGES IN CERTAIN ACTIVITIES THAT PRODUCE UNRELATED BUSINESS INCOME, AS DEFINED BY FEDERAL INCOME TAX REGULATIONS WHEN TAX RETURNS ARE FILED, IT IS HIGHLY CERTAIN THAT SOME POSITIONS TAKEN WOULD BE SUSTAINED UPON EXAMINATION BY THE TAXING AUTHORITIES, WHILE OTHERS ARE SUBJECT TO UNCERTAINTY ABOUT THE MERITS OF THE POSITION TAKEN OR THE AMOUNT OF THE POSITION THAT WOULD BE ULTIMATELY SUSTAINED THE BENEFIT OF A TAX POSITION IS RECOGNIZED IN THE FINANCIAL STATEMENTS IN THE PERIOD DURING WHICH, BASED ON ALL AVAILABLE EVIDENCE, MANAGEMENT BELIEVES IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION, INCLUDING THE RESOLUTION OF APPEALS OR LITIGATION PROCESSES, IF ANY TAX POSITIONS TAKEN ARE NOT OFFSET OR AGGREGATED WITH OTHER POSITIONS TAX POSITIONS THAT MEET THE MORE-LIKELY-THAN-NOT RECOGNITION THRESHOLD ARE MEASURED AS THE LARGEST AMOUNT OF TAX BENEFIT THAT IS MORE THAN 50% LIKELY OF BEING REALIZED UPON SETTLEMENT WITH THE APPLICABLE TAXING AUTHORITY THE PORTION OF THE BENEFITS ASSOCIATED WITH TAX POSITIONS TAKEN THAT EXCEEDS THE AMOUNT MEASURED AS DESCRIBED ABOVE IS REFLECTED AS A LIABILITY FOR UNRECOGNIZED TAX BENEFITS IN THE ACCOMPANYING BALANCE SHEET, ALONG WITH ANY ASSOCIATED INTEREST SIN THE ACCOMPANYING BALANCE SHEET, ALONG WITH ANY ASSOCIATED INTEREST IN THE ACCOMPANYING BALANCE SHEET, ALONG WITH ANY ASSOCIATED INTEREST IN THE ACCOMPANYING BALANCE SHEET, ALONG WITH ANY ASSOCIATED INTEREST ON TAX PENALTIES UPON EXAMINATION BROOKINGS FILES INCOME TAX RETURNS IN THE US FEDERAL JURISDICTION AS OF JUNE 30, 2016, AND FOR THE YEAR THEN ENDED, THERE WERE NO MATERIAL UNRECOGNIZED/DERECOGNIZED TAX BENEFITS OR TAX PENALTIES OR INTEREST GENERALLY, BROOKINGS IS NO LONGER SUBJECT TO US FEDERAL INCOME TAX EXAMINATIONS BY TA
PART XI, LINE 2D - OTHER ADJUSTMENTS	GAIN/(LOSS) ON FOREIGN CURRENCY EXCHANGE 1,183,136
PART XI, LINE 4B - OTHER ADJUSTMENTS	COST OF GOODS SOLD REPORTED ON LINE 10B -417,274
PART XII, LINE 2D - OTHER ADJUSTMENTS	AFFILIATE EXPENSES INCLUDED ON THE CONSOLIDATED FINANCIAL STATEMENT 3,574 COST OF GOODS SOLD REPORTED ON LINE 10B 417,274

efile GRAPHIC print -	DO NOT PROCESS	As Filed Da	ta -	DLN	: 93493042008227
SCHEDULE F (Form 990)	Statement of	Activities (	Outside the Unit	ed States	OMB No 1545-0047
Department of the Treasury	·	Part IV, line ► Attach t	on answered "Yes" to Form 14b, 15, or 16. to Form 990. and its instructions is at w		2015 Open to Public
Internal Revenue Service					Inspection
Name of the organization THE BROOKINGS INSTITU	TION			53-019657	ntification number
	ormation on Activithe organization answ		he United States. orm 990, Part IV, line	l	,
			is to substantiate the		
_	_		nts or assistance, and	_	
used to award the g	rants or assistance?				✓ Yes No
2 For grantmakers. Dassistance outside t		organization's p	rocedures for monitor	ing the use of its gra	ants and other
3 Activites per Region	(The following Part I, line	e 3 table can be d	uplicated if additional sp	ace is needed )	
(a) Region	( <b>b</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) in program service, describing type of service(s) in region	
(1) EAST ASIA AND THE PACIFIC	1		PROGRAM SERVICES, FUNDRAISING ACTIVITIES, MAINTAINING OFFICES	PUBLIC POLICY RESEARCH	504,128
(2) MIDDLE EAST AND N AFRICA	NORTH 1	. 15	PROGRAM SERVICES, FUNDRAISING ACTIVITIES, MAINTAINING OFFICES	PUBLIC POLICY RESEARCH	3,819,237
(3) SOUTH ASIA	1	19	PROGRAM SERVICES, FUNDRAISING ACTIVITIES, MAINTAINING OFFICES	PUBLIC POLICY RESEARCH	1,034,560
(4) EAST ASIA AND THE PACIFIC	Ē C	0	GRANT TO RECIPIENTS LOCATED IN REGION		177,616
(5) MIDDLE EAST AND N AFRICA	NORTH C	0	GRANT TO RECIPIENTS LOCATED IN REGION		44,044
<b>3a</b> Sub-total		3 40			5,579,585
<b>b</b> Total from continuation to Part I	n sheets	0			0
c Totals (add lines 3a a	nd 3b)	3 40			5,579,585
For Paperwork Reduction Act	Notice, see the Instruction	ns for Form 990.	Cat	No 50082W Sch	edule F (Form 990) 2015

( - )	1	THE PACIFIC	SERVICES	177,010	WIRE TRANSIER			
( 2)								
( 3)								
(4)								
2 Enter total num	ber of recipien	nt organizations lis	ted above that are r	ecognized as chariti	es by the foreign c	ountry, recognized a	ns	

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

(18)

(a) Type of grant or	(b) Region	(c) Number of	(d) A mount of	(e) Manner of cash	(f) A mount of	(g) Description	(h) Method of
assistance	(b) Region	recipients	cash grant	disbursement	non-cash assistance	of non-cash assistance	valuation (book, FMV, appraisal, other
(1) PROGRAM SERVICES	MIDDLE EAST AND NORTH AFRICA	6	44,044	CHECK OR WIRE			
(2)							
( 3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
10)							
11)							
12)							
13)							
14)							
15)							
16)							
17)							

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)
 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)

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)

✓ Yes No

IJ No

(accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete

Page 5

# this part to provide any additional information (see instructions).

Schedule F (Form 990) 2015

90 Schedule F, Supplemental Information								
Return Reference	Explanation							
PART I, LINE 2	THE BROOKINGS INSTITUTION MAINTAINS RECORDS OF HOW GRANT FUNDS ARE USED AND VERIFIES THROUGH 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 Schedule I
(Form 990)

Grants and C
Governments
Complete if the organize
Department of the
Treasury

Information about Schedule

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

Internal Revenue Service

Name of the organization

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

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

► Information about Schedule I (Form 990) and its instructions is at <a href="www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No 1545-0047

2015

DLN: 93493042008227

Open to Public Inspection

Schedule I (Form 990) 2015

Employer identification number

THE BROOKINGS INSTITUTION						53-0196577	
Part I General Information	on on Grants an	d Assistance					
Does the organization maintain the selection criteria used to a Describe in Part IV the organiz	ward the grants or a	ssistance?				tance, and	✓ Yes   No
Part III Grants and Other Assist that received more than				iplete if the organization	answered "Yes" on Fo	orm 990, Part IV, line 2:	l, for any recipient
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grand or assistance
<ul><li>Enter total number of section 5</li><li>Enter total number of other organization</li></ul>	. , . ,	-					

Cat No 50055P

SUPERVISED BY THEIR BROOKINGS ADVISOR

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**Compensation Information** 

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990.

2015

OMB No 1545-0047

DLN: 93493042008227

Treasury

Schedule J (Form 990)

Open to Public Department of the ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. Inspection Name of the organization Employer identification number

	BROOKINGS INSTITUTION			employer rachemication	on nan	iibe.	
				53-0196577			
Par	t I Questions Regarding Compensation						
						Yes	No
<b>1</b> a	Check the appropriate box(es) if the organization provi						
	990, Part VII, Section A, line 1a Complete Part III t	o provi	de any relevant information regarding	g these items			
	First-class or charter travel	Г	Housing allowance or residence for	· i			ļ
	Travel for companions		Payments for business use of perso	nal residence			
	Tax idemnification and gross-up payments		Health or social club dues or initiati	ion fees			
	Discretionary spending account	Г	Personal services (e g , maid, chauf	ffeur, chef)			 
b	If any of the boxes in line 1a are checked, did the orga	anızatıc	on follow a written policy regarding pa	avment or			
	reimbursement or provision of all of the expenses des	cribed	above? If "No," complete Part III to	explain	1b		
2	Did the organization require substantiation prior to rei directors, trustees, officers, including the CEO/Execu				2		
3	Indicate which, if any, of the following the filing organi organization's CEO/Executive Director Check all tha used by a related organization to establish compensa	t apply	Do not check any boxes for method	S			
	▼ Compensation committee	Г	Written employment contract				
	✓ Independent compensation consultant	<b>~</b>	Compensation survey or study				
	Form 990 of other organizations	<b>✓</b>	Approval by the board or compensa	tion committee			   
4	During the year, did any person listed on Form 990, P or a related organization	art VII	, Section A , line 1a with respect to the	he filing organization			
а	Receive a severance payment or change-of-control pa	ayment	7		4a	Yes	
b	Participate in, or receive payment from, a supplement	al nonq	qualified retirement plan?		4b	Yes	
c	Participate in, or receive payment from, an equity-bas	sed con	npensation arrangement?		4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and prov	vide the	e applicable amounts for each item in	Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organization	ons mu	st complete lines 5-9.				
5	For persons listed on Form 990, Part VII, Section A,		•	iny			
	compensation contingent on the revenues of						
а	The organization?				5a		Νo
	Any related organization?				5b		Νo
	If "Yes," on line 5a or 5b, describe in Part III						
6	For persons listed on Form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a	, did the organization pay or accrue a	iny			
а	The organization?				6a		Νo
b	Any related organization?				6b		Νo
	If "Yes," on line 6a or 6b, describe in Part III						
7	For persons listed on Form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," de			n-fixed	7	Yes	
8	Were any amounts reported on Form 990, Part VII, pa						
	subject to the initial contract exception described in F in Part ${\bf III}$	Regulat	ions section 53 4958-4(a)(3)? If "Y	es," describe	_		
					8		Νo
9	If "Yes" on line 8, did the organization also follow the section 53 4958-6(c)?	rebutta	ible presumption procedure describe	d in Regulations	9		

Selledales (Form 550) 2015					r age 🕳							
Part III Officers, Directors,	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 on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII  Note. The sum of columns (B)(i)-(iii) 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) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in							

(A) Name and Title	(B) Breakdown o	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of columns	(F) Compensation in
	-	(ii)	(ıiı)	other deferred	benefits	(B)(ı)-(D)	column(B) reported
	Base	Bonus & incentive	Other reportable	compensation			as deferred on prior
	(1) compensation	compensation	compensation				Form 990

Schedule 1 (Form 990) 2015

See Additional Data Table

Schedule J (Form 990) 2015

Page 2

3011edule 3 (1 01111 9 9 0 ) 20 1 3	Page <b>3</b>									
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										
	Explanation									
Return Reference	Explanation									

BONUSES ARE DISCRETIONARY AND ARE BASED ON INSTITUTIONAL AFFORDABILITY, AS DETERMINED ANNUALLY BY THE PRESIDENT

Schedule J (Form 990) 2015

Schodula 1 (Form 990) 2015

PART I, LINE 7

### Software ID: Software Version:

**EIN:** 53-0196577

Name: THE BROOKINGS INSTITUTION

Form 990, Schedule J, P	art	II - Officers, Direc	tors, Trustees, Ke	ey Employees, and	l Highest Compen	sated Employees	6	
(A) Name and Title			FW-2 and/or 1099-MIS (ii) Bonus & Incentive		(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 on prior Form 990
1N STROBE TALBOTT PRESIDENT	(1)	555,976	compensation 38,750	compensation 19,764	199,600	20,143	834,233	0
TRESIDENT	(11)	0	0	0	0			0
1MARTIN S INDYK EXECUTIVE VICE PRESIDENT	(1)	375,691	5,000	990	46,095	22,082	449,858	0
EXECUTIVE VICE FIXESIDENT	(11)	0	0	0	0			0
2STEWART URETSKY VP, CFO, & TREASURER	(1)	308,433	16,000	5,111	33,365	23,647	386,556	0
	(11)	0	0	0	0	-0	- 0	0
3KIMBERLY CHURCHES SECRETARY	(1)	269,284	25,000	225	32,578	9,477	336,564	0
	(11)	0	0	0	0	0	0	0
4DAVID PORTER ASSOC VP, CONTROLLER & ASST TREASU	(1)	196,681	6,000	699	25,060	28,507	256,947	0
	(11)	0	0	0	0	0	- 0	0
<b>5</b> LEIGH SLOANE SECRETARY THRU 09/4/15	(1)		0	46,400	16,074	14,434	208,086	0
	(11)		0	0	0	0	0	0
6TED GAYER VP & DIR OF ECONOMIC STUDIES	(1)		17,000	225	28,588	3,479	388,670	0
	(11)		0	0	0	0	0	0
<b>7</b> KEMAL DERVIS VP & DIR OF GLOBAL	(1)		15,500	1,905	25,309	3,479	353,186	0
DDADDELL M.WEGT	(11)		0	0	0	0	0	0
<b>8</b> DARRELL M WEST VP & DIR OF GOVERNANCE STUDIES	(1)		15,000	990	36,761	19,537	372,711	0
9STEVEN J BENNETT	1		U	0	0	0	0	U
VP & CHIEF OPERATIONS OFFICER	(1)		14,500 		24,975 	839	332,657	0
10CATHERINE A PIEZ	(1)		_			0	0	0
CHIEF INVESTMENT OFFICER	(11)		5,000	3,799	24,014	21,018	340,218	0
11BRUCE JONES	(1)	245,026	F 000	225	22.560	11.805	0	0
VP & DIR, FOREIGN POLICY	(11)		5,000 	225	22,560	11,805	284,616	0
12WILLIAM G GALE	(1)	368,781	18,525	13,910	31,800	0 17,443	450,459	0
SR FELLOW & DIR, TAX POLICY CENTER	(11)		0	0	0			0
13BRUCE J KATZ	(1)	340,847	17,500	645	28,925	0 29,070	416,987	0
CENTENNIAL SCHOLAR	(11)	0	0	0	0			0
14DAVID WESSEL SR FELLOW & DIR,	(1)	264,681	10,250	33,379	20,691	12,322	341,323	0
HUTCHINS	(11)	0	0	0	0		-	0
15MARK B MCCLELLAN DIR, IIVH & SR FELLOW, ES	(1)	272,413	8,550	1,905	1,632	21,028	305,528	0
•	(11)	0	0	0	0		- -	0
16GROVER WHITEHURST SR FELLOW & BROWN	(1)	266,100	0	3,222	21,752	839	291,913	0
CENTER DIR	(11)	0	0	0	0		- 0	0
		1	1				<u> </u>	

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DLN: 93493042008227

OMB No 1545-0047

### **Noncash Contributions**

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

► Attach to Form 990.

Department of the

Other ▶ ( \_\_\_\_\_) **27** Other▶(\_\_\_\_\_

**b** If "Yes," describe in Part II

**28** Other ▶ (\_\_\_

(Form 990)

Treasury

Internal Revenue Service

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

2015 Open to Public

Inspection

Name of the organization **Employer identification number** THE BROOKINGS INSTITUTION 53-0196577 Types of Property (d) (a) (b) (c) Check Number of contributions Method of determining Noncash contribution ١f or items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line applicable 1 g Art—Works of art . . . Art—Historical treasures Art—Fractional interests Books and publications Clothing and household . . . . . . 6 Cars and other vehicles . . 7 Boats and planes . . . . Intellectual property . . 9 Securities-Publicly traded . Х 15 346,590 FMV Securities—Closely held stock Securities—Partnership, LLC, or trust interests . . . Securities—Miscellaneous . 13 Qualified conservation contribution—Historic structures . . . . **14** Qualified conservation contribution—Other . . . Real estate—Residential . 16 Real estate—Commercial . Real estate—Other . . . 17 18 Collectibles . . . . 19 Food inventory . . 20 Drugs and medical supplies . 21 Taxidermy . . . . . 22 Historical artifacts . 23 Scientific specimens . . Archeological artifacts . 24 25 Other ▶ (\_\_\_

29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29								
30a	a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that									
	it must hold for at least three years from the date of the initial contribution, and which is not required to be used									
	for exempt purposes for the entire holding period?			. [	30a					
b	If "Yes," describe the arrangement in Part II									
31	Does the organization have a gift acceptance policy that requires the review of any non-standard	contri	outions?	L	31					

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash

31 Yes 32a Νo

Yes

No

Νo

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II For Paperwork Reduction Act Notice, see the Instructions for Form 990.

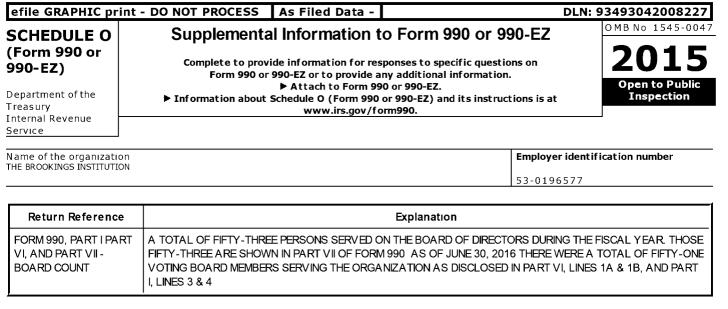
contributions? . . . . . . . . .

Cat No 51227J

Schedule M (Form 990) (2015)

Page 2

Schedule M (Form 990) (2015)



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 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 SENIT 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 EMPLOY EES ARE REQUIRED TO A CKNOWLEDGE THAT THEY HAVE READ, UNDERSTOOD, AND ARE COMMITTED TO A BIDING 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
FORM 990, PART VI,	BROOKINGS' CONFLICT OF INTEREST POLICY AND OTHER KEY POLICIES ARE AVAILABLE ON OUR WEBSITE,
SECTION C, LINE 19	BROOKINGS EDU BROOKINGS LINKS TO GUIDESTAR ORG FROM ITS WEBSITE TO PROVIDE THE FORM 990

Return Reference	Explanation
FORM 990, PART IX, LINE	CONTACTS/PROFESSIONAL SERVICES PROGRAM SERVICE EXPENSES 9,414,261 MANAGEMENT AND GENERAL EXPENSES 1,962,454 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 11,376,715 QUALIFIED SUBCONTACTS PROGRAM
11G	SERVICE EXPENSES 179,774 MANA GEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 179,774 TEMPORARY HELP PROGRAM SERVICE EXPENSES 881,336 MANA GEMENT AND GENERAL EXPENSES 54,445 FUNDRAISING EXPENSES 28,209 TOTAL EXPENSES 963,990

Return Reference	Explanation
FORM 990, PART XI,	GAIN/(LOSS) ON FOREIGN CURRENCY EXCHANGE 1,183,136 EFFECT OF A DOPTION PROVISIONS SFAS NO 158
LINE 9	319,000 INDIA PRIVATE EXPENSES NOT INCLUDED IN FORM 990 -3,574 FOREIGN CURRENCY 2,246

Return Reference	Explanation
FORM 990, PAGE 2, PART III, MISSION	THE BROOKINGS INSTITUTION (BROOKINGS) IS A NONPROFIT PUBLIC POLICY ORGANIZATION THAT CONDUCTS IN-DEPTH, INDEPENDENT RESEARCH WITH THE GOAL OF IMPROVING GOVERNANCE AND SOLVING PROBLEMS FACING SOCIETY AT THE LOCAL, NATIONAL AND GLOBAL LEVEL BROOKINGS ACHIEVES IMPACT BY PROVIDING POLICY ANALYSIS AND RECOMMENDATIONS ON PRESSING POLICY CHALLENGES, WHICH ARE DISSEMINATED THROUGH REPORTS, BOOKS, MEDIA APPEARANCES, OP-EDS, BLOG POSTS, CONGRESSIONAL TESTIMONY, PUBLIC AND PRIVATE EVENTS, AND OPINION PIECES POSTED ON BROOKINGS'S WEBSITE, AS WELL AS BRIEFINGS FOR POLICY MAKERS AND THEIR STAFFS HEADQUARTERED IN WASHINGTON, DC, BROOKINGS IS ORGANIZED INTO FIVE RESEARCH PROGRAMS THAT FOCUS ON DOMESTIC AND INTERNATIONAL ECONOMICS, FOREIGN POLICY, INTERNATIONAL DEVELOPMENT, GOVERNANCE, AND METROPOLITAN POLICY BROOKINGS HAS OVERSEAS CENTERS IN QATAR, CHINA, AND INDIA IN 2016, BROOKINGS ADOPTED A NEW STRATEGIC PLAN THAT REFOCUSES ITS MISSION, ENGAGES NEW AUDIENCES. PROMOTES INTERDISCIPLINARY
	COLLABORATION, INCREASES DIVERSITY, AND STRENGTHENS EFFICIENCY AND SUSTAINABILITY

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

DLN: 93493042008227 OMB No 1545-0047

# **Related Organizations and Unrelated Partnerships**

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

2015

Department of the Treasury Internal Revenue Service

(Form 990)

▶ Attach to Form 990.

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

Open to Public Inspection

Name of the organization THE BROOKINGS INSTITUTION		entification number					
Part I Identification of Disregarded Entities Comple	ete if the organization	answered "Yes" or	n Form 990. Part	53-019657 IV, line 33.	7		
(a) Name, address, and EIN (ıf applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d)	(e) nd-of-year assets	<b>(f)</b> Direct controlling entity		
Part II Identification of Related Tax-Exempt Organizor more related tax-exempt organizations during t	he 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 stati (if section 501(c)(3)	us Direct controlling (f) 3)) entity	Section (13) co	g) 512(b ontrolle ity?
(1)BROOKINGS CENTER - DOHA PO BOX 22694 DOHA QA	ANALYSIS AND RESEARCH	QA			THE BROOKINGS INSTITUTION	Yes	No

Part III	Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 99	0, Part IV,	, line 34
	because it had one or more related organizations treated as a partnership during the tax year.		

	1 4.				(6)	 															
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)		unrelated, excluded from tax under sections 512-	Share of total income		) ortionate otions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		managing partner?		General or managing partner?		General or managing partner?		General or managing partner?		General o managing partner?		(k) Percentage ownership
				514)		Yes	No	1	Yes	No											
Part IV Identification of Polated Organizations Taxa	ble se s Course		<b>T</b>	ماه کی معام امریمی		 	111/1			<b>3</b> t	TV Luna										

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete of 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	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(1)	)
Name, address, and EIN of	Primary activity	Legal	Direct controlling	Type of entity		Share of end-of-	Percentage	Section	า 512
related organization		domicile	entity	(C corp, S corp,	ıncome	year	ownership	(b)(1 contro	13)
		(state or foreign				assets		contro	olled
		country)		or trust)				entit	y?
								Yes	No
(1) BROOKINGS INDIA PRIVATE LIMITED  1568 CHURCH ROAD KASHMERE GATE NEW DELHI 110006 IN	ANALYSIS AND RESEARCH	IN	THE BROOKINGS INSTITUTION	С		8,216	100 000 %	Yes	

chedule k (Form 990) 2015					Рад	ge <b>3</b>	
Part V Transactions With Related Organizations Complete if the organization answ	ered "Yes" on Form	990, Part IV, line	34, 35b, or 36.				
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No	
<b>1</b> During the tax year, did the orgranization engage in any of the following transactions with one or more i	related 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)				<b>1</b> b		No	
<b>c</b> Gift, grant, or capital contribution from related organization(s)				<b>1</b> c		No	
<b>d</b> Loans or loan guarantees to or for related organization(s)				<b>1</b> d		No	
e Loans or loan guarantees by related organization(s)							
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)							
i Exchange of assets with related organization(s)							
j Lease of facilities, equipment, or other assets to related organization(s)							
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)				1k		No	
l Performance of services or membership or fundraising solicitations for related organization(s)							
m Performance of services or membership or fundraising solicitations by related organization(s)				1m		No	
$oldsymbol{n}$ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		No	
o Sharing of paid employees with related organization(s)				10		No	
p Reimbursement paid to related organization(s) for expenses				<b>1</b> p		No	
$oldsymbol{q}$ Reimbursement paid by related organization(s) for expenses				<b>1</b> q		No	
r Other transfer of cash or property to related organization(s)				1r		No	
$oldsymbol{s}$ Other transfer of cash or property from related organization(s)				<b>1</b> s		No	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complet				S			
(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	(d) Method of determining ai	mount II	nvolved		

### 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

revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships													
<b>(a)</b> Name, address, and EIN of entity	( <b>b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	ıl end-of-year	(h) Disproprtionate allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
												1 I	
													<u>.                                    </u>

