DLN: 93493133000031

OMB No. 1545-0047

2019

Department of the

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

		nue Service									
			alendar year, or tax year begin C Name of organization	ning 07-01-2019 , and ending	06-30-20	20	D Employ	er identif	ication number		
		oplicable: change	THE BROOKINGS INSTITUTION						ication number		
	me cha	-					53-019	05//			
	tial ret		Doing business as								
		n/terminated I return	Number and street (or P.O. box if m	ail is not delivered to street address) Ro	om/suite		E Telephon	e number			
□ Ар	plicatio	on pending	1775 MASSACHUSETTS AVE NW				(202) 7	97-6000			
			City or town, state or province, cour WASHINGTON, DC 20036	try, and ZIP or foreign postal code							
			· ·				G Gross re	ceipts \$ 1	81,901,423		
			F Name and address of principa JOHN R ALLEN	l officer:	Н(a) Is this	a group re	turn for			
			1775 MASSACHUSETTS AVE NW		,,,		dinates? I subordinat	.05	☐Yes ☑No		
T To		npt status:	WASHINGTON, DC 20036		─ `	include		.63	☐ Yes ☐No		
			№ 501(c)(3)	insert no.) 4947(a)(1) or 5				•	instructions)		
J W	ebsite	e:► WW	/W.BROOKINGS.EDU		"	c) Group	exemption	number	•		
V			Corporation Trust Asso	atarian D out on b	L Ye	ar of forma	tion: 1939	M State	of legal domicile: DC		
K Forr	n of or	ganization:	Corporation Li Trust Li Asso	clation					J.		
Pa	art I	Sumi	mary								
			scribe the organization's mission o		C FOR IMP	DOVING	COVERNIAN	CE AND	COLVING PROBLEM		
e e			OCIETY AT THE LOCAL, NATIONAL	SEARCH THAT LEADS TO NEW IDEA AND GLOBAL LEVEL.	S FOR IMP	ROVING,	GOVERNAN	CE AND	SOLVING PROBLEMS		
anc	-										
Ē											
Activities & Governance	2	Check thi	is box $\blacktriangleright \Box$ if the organization dis	continued its operations or dispose	d of more	than 25%	of its net a	ssets.			
ں ≈خ	3	Number o	of voting members of the governin	g body (Part VI, line 1a)				3	44		
Se _S	4	Number o	of independent voting members of	the governing body (Part VI, line 1	b)		•	4	44		
<u> </u>			, ,	endar year 2019 (Part V, line 2a)			•	5	573		
Act			·	essary)			•	6	44		
	l			VIII, column (C), line 12				7a	-8,238		
	Ь	Net unrel	ated business taxable income from	n Form 990-T, line 39		Political Control of the Control of	·	7b	0		
	8	Contribut	ions and grants (Part VIII, line 1h)		F	Pric	78,330,0	245	Current Year 63,041,977		
Ģ			- , , , , ,		F		469,9		1,124,071		
Ravenue		_	ent income (Part VIII, column (A), I	F		20,873,5		12,315,777			
ď	l		renue (Part VIII, column (A), lines !	•	ŀ		4,178,7		2,913,830		
	l			st equal Part VIII, column (A), line 1	12)		103,852,3		79,395,655		
	13	Grants ar	nd similar amounts paid (Part IX, c	olumn (A), lines 1–3)			1,051,	112	815,987		
	14	Benefits p	paid to or for members (Part IX, co	olumn (A), line 4)	Ī			0	(
8	15	Salaries,	other compensation, employee be	nefits (Part IX, column (A), lines 5-	-10)	60,093,598			60,960,11		
SUS.	16a	Professio	nal fundraising fees (Part IX, colur	nn (A), line 11e)	. [51,600				
Expenses	b	Total fundr	raising expenses (Part IX, column (D), I	ine 25) ▶3,094,566	_						
ш			penses (Part IX, column (A), lines	,			33,768,7	776	33,115,761		
	l	•	enses. Add lines 13-17 (must equ		-		94,913,4		94,943,466		
, un	19	Revenue	less expenses. Subtract line 18 fro	om line 12	•		8,938,8	_	-15,547,811		
Net Assets or Fund Balances						, cynning (of Current Y	-ai	End of Year		
ssel 3ala	20	Total asse	ets (Part X, line 16)				529,123,6	559	492,547,778		
₹ E	21	Total liab	ilities (Part X, line 26)		. [57,774,2	287	56,583,614		
žū	22	Net asset	s or fund balances. Subtract line 2	21 from line 20			471,349,3	372	435,964,164		
	rt II		ature Block								
				ined this return, including accompa . Declaration of preparer (other tha							
	nowle		· · · · · · · · · · · · · · · · · · ·								
		*****	*			2021	1-05-11				
Sign		Signatu	ure of officer			Date					
Here		IRENA	BARISIC VP,CFO,ASST TREASURER								
			r print name and title								
		Pi	rint/Type preparer's name	Preparer's signature	Date 2021-0	15-11 Cher		PTIN P0036921			
Paid		\vdash				self-	employed		·		
	pare	;ı	irm's name ► RSM US LLP			Firm	n's EIN ▶ 42-	U/14325			
Use	On	ly ြ	irm's address ▶ 9801 WASHINGTONIAN	BLVD STE 500		Phoi	ne no. (301)	296-3600			
			GAITHERSBURG, MD 2	0878							
	h - ID	C 4:	Alice and the second se	vn above? (see instructions)					res □ No		

Form	990 (2019)					Page 2
Pa	rt III Statement	of Program Serv	ice Accomplis	hments		
	Check if Sche	dule O contains a res	sponse or note to a	any line in this Part III .		🗸
1	Briefly describe the	organization's mission	n:			
SEE	SCHEDULE O					
2	Did the organization					
	the prior Form 990 c	🗌 Yes 🗹 No				
	If "Yes," describe the	ese new services on S	Schedule O.			
3	Did the organization	cease conducting, or	make significant	changes in how it conduc	ts, any program	
	services?					🗌 Yes 🛭 No
	If "Yes," describe the	ese changes on Sche	dule O.			
4		nd 501(c)(4) organiza	ations are required	to report the amount of	rgest program services, as me grants and allocations to other	
4a	(Code:) (Expenses \$	16,631,477	including grants of \$) (Revenue \$)
	See Additional Data					
4b	(Code:) (Expenses \$	14,852,339	including grants of \$	257,600) (Revenue \$	795,014)
	See Additional Data					
4c	(Code:) (Expenses \$	11,540,127	including grants of \$	42,800) (Revenue \$	102,655)
	See Additional Data					
	See Additional Data	Table				
4d		Table ces (Describe in Scho	edule O.)			
4d		ces (Describe in Sch	edule O.) ncluding grants of	\$ 515,58	7)(Revenue\$	1,717,599)

19

Form	990 (2019)			Page 3
Par	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)? 🥞	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? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i>	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? <i>If "Yes," complete Schedule D</i> ,Part 2	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? <i>If "Yes," complete Schedule D,</i> 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? <i>If "Yes," complete Schedule D, Part V</i>	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🥞	11b	Yes	
	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 2	11c		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 "S	11d		No
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e	Yes	
f 13-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🕏	11f	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
	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 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b	Yes	
13		13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Yes	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
10	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII. line 9a2 If "Vec."	ı	1	I

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Nο

Nο

19

20a

20b

21

rm 9	990 (2019)			Page 4
Part	Checklist of Required Schedules (continued)			
			Yes	No
	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	
	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	
	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	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III	27		No
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🔧	29	Yes	
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
8	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u>.</u> .		
			Yes	No
.a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 399			

1b

b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .

 ${f c}$ Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

1c

Yes

				Page 5
	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: QA , IN	4a	Yes	
5a	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
a	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	1/12		No
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		No
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess	-70		
	parachute payment(s) during the year?	15 16	Yes	No

orm	990 (2019)			Page 6
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, 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	•	nse to i	ines ✓
Se	ction A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 44	$\overline{}$	Yes	No
ıa	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 44			
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		No
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?	3		No
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?	8b	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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	∍ Cod∈	e.)	
		\longrightarrow	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10ь		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
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	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		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		
	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed AL , AR , CA , FL , GA , HI , IL , KS , KY , N , NC , NJ , NH , NM , NY , OR , PA , RI , SC WV , ND			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A 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.			
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: IRENA BARISIC & ELIZABETH GROSS 1775 MASSACHUSETTS AVE NW WASHINGTON, DC 20036 (202) 797-6000			

 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. Isist 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 organizations. List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable 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 nor any related organization and any related organizations. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) Name and title (B) Average hours per week (list any hours for related organization from the organization is both an officer and a director/trustee) (C) Average hours per week (list any hours for related organization below dotted line) (B) Average hours per week (list any hours for related organization from the organization from the organization hold organization hold of the compensation from the organization hold organiz	Form 990 (2019)											Page 7
As Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. ■ 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 organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations for the order in which to list the persons above. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ (B) Name and title ■ (C) Position (do not check more than spendal properties of the organization of other organization of the organization o			Truste	es, I	Key	En	nploy	ees	, Highest Comp	ensated Employ	yees,	
La Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. 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 furrent key employees, if any. See instructions for definition of "key employee." List all of the organization's furrent key employees, if any. See instructions for definition of "key employee." List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 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 organization and any related organization or any current officer, director, or trustee. (A) Name and title (B) Average hours per week (list any hours for related organizations below dotted line) Average hours per beneficer and a director/trustee) List all of the organization or any related organization	Check if Schedule O contains a	response or no	te to an	y line	in t	his	Part VI	١.				. 🗆
■ 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, more than \$10,000 of reportable compensation from the organization, more than \$10,000 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 for the order in which to list the persons above. □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ (A) Name and title ■ (B) Average hours per week (list any hours for related organizations below dotted line) ■ (C) Reportable compensation from the organization from the organization of the organization has not officer and a director/trustee) ■ (D) Reportable compensation from the organization organization organization (W-2/1099-MISC) ■ (F) Estimated organization organizations (W-2/1099-MISC) ■ (F) Estimated organizations (W-2/1099-MISC) ■ (F) Estimated organization organizations (W-2/1099-MISC) ■ (F) Estimated organizations (W-2/1099-MISC) ■ (F) Estimated organization organization organization organization organization organization organization orga	Section A. Officers, Directors, Tru	istees, Key E	mploy	ees,	an	d H	lighe	st C	Compensated En	nployees		
■ 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 freportable compensation 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. See instructions for the order in which to list the persons above. □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization organization from the organization of related organizations below dotted line) ■ Check this box if neither the organization below dotted line) ■ Check this box if neither the organization or any related organization of from the organization of from the organization of the compensation from the organization and related organizations below dotted line) ■ Check this box if neither the organization or any related organi	year.		•						, ,		-	n's tax
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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 from the organization and any related organizations. ■ List all of the organization from the organization and any related organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 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 organizations. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization nor any related organization nor any related organization nor any related organization nor any neither the organization nor any neither than the organization nor any neither the organization nor any neither the organization nor any neither than the organization n												
■ 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. See instructions for the order in which to list the persons above. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) Name and title (B) Average hours per week (list any hours below dotted line) (C) (D) (E) Reportable compensation from the organization (do not check more than one box, unless person is both an officer and a director/trustee) (W-2/1099-MISC) MISC) (F) Estimated amount of other compensation from the organization organization organization and related organizations.												
Average hours per week (list any hours for related organizations) below dotted line) Continue to the person of the order in which to list the persons above. Continue to the order in which to list the persons above.	of reportable compensation from the organiz	ation and any re	elated o	rgani	zatio	ons.			. ,	·	·	
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Name and title Average hours per week (list any hours for related organizations below dotted line) Name and title Average hours per week (list any hours for related organizations below dotted line) Position (do not check more than one box, unless person is both an officer and a director/trustee) Officer	☐ Check this box if neither the organizatio	n nor any relate	d organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee.		
it steed		(A) Name and title Name and title Average hours per week (list any hours (B) Position (do in the per than one box is both an director				t che inles ficer	s pers	on	Reportable compensation from the organization	Reportable compensation from related organizations	Estim amount comper from	ated of other sation the
See Additional Data Table		organizations below dotted	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		` '	related	ted
	See Additional Data Table											

Par	t VII Section A. Officers, Direct	ors, Trustees	s, Key	Emp	loye	es,	, and	High	nest Co	mpensa	ated	l Employees (cont	inued)	
	(A) Name and title	(B) Average hours per week (list any hours	than c	one bo	ox, u an of	ot che unle: fficer	neck mo ess pers er and a tee)	son	Rep comp fro orga	(D) portable pensation om the unization	1	(E) Reportable compensation from related organizations		(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- IISC)		(W-2/1099- MISC)		organizati relat organiza	ed
See Additional Data Table															
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1b S	Sub-Total	'	<u> </u>	<u>_</u>	<u> </u>		<u> </u> ▶						\perp		
сТ	otal from continuation sheets to Pa	•					•	_							
2	otal (add lines 1b and 1c) Total number of individuals (including of reportable compensation from the compens		to thos			bov	re) who	rec [,]		,864,447 ore than	\$100		0		904,222
														Yes	No
3	Did the organization list any former of line 1a? <i>If "Yes," complete Schedule J</i>			ee, k	ey e	mpl	oyee,	or hi	ghest co	mpensat	ed e	mployee on	3	Yes	
4	For any individual listed on line 1a, is organization and related organizations individual											the	4	Yes	
5	Did any person listed on line 1a receiv services rendered to the organization?									ition or i	ndivi	idual for	5	100	No
	ction B. Independent Contract				_	_		_							
1	Complete this table for your five higher from the organization. Report compen												npen	sation	
	Name a	(A) and business addre	ess							D	escrip	(B) otion of services		(C Comper	
	XO INC & AFFILIATES									FOOD SE FACILITI		ES & CAFETERIA 8	&	1	,129,776
ATLAN	0X 536922 NTA, GA 303536922									<u> </u>					
	TS FOR DEVELOPMENT INSTITUTE INC									FACILITI PROFIT	ES M	ANAGEMENT - NO	N-		893,815
WASH	INGTON, DC 20009									DEAL ES.	TATE	CONSTRUCTION			857,760
DONOHOE CONSTRUCTION COMPANY 7101 WISCONSIN AVENUE									837,700						
BETHESDA, MD 20814 ACCENTURE LLP GLOBAL MGMT, CONSULTING &									831,017						
PO BOX 70629 TECHNOLOGY SVC									•						
CHICAGO, IL 60673 CITY SECURITY CONSULTANTS INC SECURITY & SAFETY TRAINING								705,368							
	2010 KENDALL STREET NE WASHINGTON, DC 20002														
2 T	otal number of independent contractors ompensation from the organization > 3		: not lim	ited t	to th	ose	listed	abov	ve) who r	received	mor	e than \$100,00	00 of		
_					—									Form 99	0 (2019)

		(2019)								Page 9
Part	VIII				resno	onse or note to any	line in this Part VIII			П
		Check ii Schec	uie	O CONTAINS a	respo	mise of flote to any	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	12	a Federated campa	igns	· .	1a		L	revenue	l	512 - 514
Grants Amounts	1	b Membership dues	5.	. [1 b					
67.2 mo	(c Fundraising even	ts .	. [1c					
Gifts, nilar A		d Related organiza	tions	- -	1d					
m: Gi	•	e Government grants	(con	tributions)	1e	859,544				
tributions, Gifts, Grants Other Similar Amounts	1	 All other contribution and similar amounts above 	ns, g s not	ifts, grants, included	1f	62,182,433				
Contributions, and Other Sim	و	y Noncash contributio lines 1a - 1f:\$	ns in	cluded in	1g	1,791,863				
Contand		h Total. Add lines :	1a-1	f		>	63,041,977			
						Business Code	03,041,977			
	2a	RESEARCH				900099	1,124,071	1,124,071		
E e										
Program Service Revenue	b									
Ce F	С									
ž.	_									
S L	d									
ogra	е									
Δ	£	All other program	cory	ice revenue						
		Total. Add lines 2			•	1,124,071				
	3]	Investment income	(inc	luding divide	nds, i		4 304 000			4 204 000
		similar amounts). Income from invest		ot of tax-even		ond proceeds ►	4,204,899			4,204,899
				(i) Real		(ii) Personal				
	62	Gross rents	6a		11,782]			
		Less: rental	Ua	•	+1,702		-			
	_	expenses	6b	(50,036	5				
	С	Rental income or (loss)	6с	-:	18,254	ı				
	d	Net rental income	or	(loss)			-18,254			-18,254
				(i) Securit	ies	(ii) Other				
	7a	Gross amount from sales of assets other than inventory)					
	b	Less: cost or other basis and sales expenses	7b	101,98	34,621	2,910)			
	С	Gain or (loss)	7c	8,1	13,788	-2,910				
	d	Net gain or (loss)	•				8,110,878	1		8,110,878
Other Revenue	8a	Gross income from fu (not including \$ contributions reported		of						
eve		See Part IV, line 18			8a					
تر بح		Less: direct expen			8b					
the	C	: Net income or (los	s) fr	om fundraisii	ng ev	ents 🕨	1			
	9a	Gross income from								
		See Part IV, line 19			9a		_			
		Less: direct expen : Net income or (los			9b ctiviti	ies	J			
		The meanie of (103	٠, ١١	om gammig a		les >	1			
	10a	aGross sales of inve returns and allowa				1 401 107				
	h	Less: cost of good			10a 10b	1,491,197 458,201	-			
		Net income or (los					」 1,032,996	1,041,234	-8,238	
		Miscellaneo				Business Code				
	11	aCAFETERIA INCO	ME			900099	1,621,213			1,621,213
	b	OTHER INCOME				900099	277,875			277,875
	c									
	d	All other revenue								
	е	Total. Add lines 1	1a-:	11d		•	1,899,088			
	12	Total revenue. S	ee ir	nstructions .			79,395,655		-8,238	14 106 611
							75,055	2,165,305	I -6,∠38	14,196,611 Form 990 (2019)

Form 990 (2019)				Page 10
Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations must on the contains a response or note to an	'	3	'	lumn (A).
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
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	396,235	396,235		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	419,752	419,752		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	6,106,063	2,937,695	2,840,915	327,453
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	35,803,179	27,884,269	6,824,932	1,093,978
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	4,696,765		4,696,765	
9 Other employee benefits	11,198,230	15,176,099	-4,692,869	715,000
10 Payroll taxes	3,155,881		3,155,881	
11 Fees for services (non-employees):				
a Management				
b Legal	236,775	33,302	203,473	

200,644

51,600

1,623,030

12,562,274

170,448

1,406,448

2,494,533

2,432,074

1,791,153

1,882,762

1,087,650

3,080,628

2,301,894

508,581

497,834

400,295

27,432

94,943,466

384,074

27,232

c Accountingd Lobbying

12 Advertising and promotion .

13 Office expenses .

15 Royalties .

17 Travel .

16 Occupancy .

23 Insurance .

b PUBLISHING

d BAD DEBT

14 Information technology

20 Interest

expenses on Schedule O.)a OTHER DIRECT COSTS

c REPAIR/MAINTENANCE

e All other expenses

e Professional fundraising services. See Part IV, line 17

(A) amount, list line 11g expenses on Schedule O)

18 Payments of travel or entertainment expenses for any federal, state, or local public officials .

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

25 Total functional expenses. Add lines 1 through 24e

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).

19 Conferences, conventions, and meetings

22 Depreciation, depletion, and amortization .

21 Payments to affiliates

g Other (If line 11g amount exceeds 10% of line 25, column

f Investment management fees

47,031

10,302,494

150,484

676,409

999,092

6,432,058

1,532,193

1,697,157

379,189

20,795

458,823

489,761

22,080

249,693

70,331,843

27,232

153,428

1,623,030

2,143,048

495

631,632

1,476,275

-4,360,540

165,013

24,408

1,087,650

2,701,439

1,822,034

2,981

475,754

150,602

27,432

21,517,057

363,279

185

51,600

116,732

19,469

98,407

19,166

360,556

93,947

161,197

21,037

15,839

3,094,566

Form **990** (2019)

Form 990 (2019)

11

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Liabilities 22

Fund Balances

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Assets 30 End of year

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22 23

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29

30

31

32

33

114.665

1,549,715

29,718,515

152,878,319

224.090.137

1,554,457

8,702,975

1,146,892

45.049.972

2,874,448

57,774,287

225,150,653

246,198,719

471,349,372

529,123,659

529,123,659

Page **11**

102.401

1,160,402

27,720,193

185,572,781

113.957.384

999.414

492,547,778

7,754,671

1,299,419

44.623.945

2,905,579

56.583.614

207.949.947

228,014,217

435,964,164

492,547,778

Form 990 (2019)

Check	if	Sched	ule

b Less: accumulated depreciation

Intangible assets .

Grants payable .

Deferred revenue . .

Tax-exempt bond liabilities .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Investments—publicly traded securities .

Other assets. See Part IV, line 11 . . .

Accounts payable and accrued expenses

Investments—other securities. See Part IV, line 11 .

Total assets. Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties .

Organizations that follow FASB ASC 958, check here ▶

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

Other liabilities (including federal income tax, payables to related third parties,

Organizations that do not follow FASB ASC 958, check here > \(\begin{align*} \text{and} \end{and} \)

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Investments—program-related. See Part IV, line 11

or family member of any of these persons . . .

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

1	Cash-non-interest-bearing	28,931,511	1	24,872,409
2	Savings and temporary cash investments	13,296,059	2	74,697,770
3	Pledges and grants receivable, net	76,662,789	3	63,308,682
4	Accounts receivable, net	327,492	4	156,342
5	Loans and other payables to any current or former officer, director, trustee.			

Beginning of year

O contains a response or note to any line in this Part IX

10b

key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). Notes and loans receivable, net . . . Assets Inventories for sale or use . Prepaid expenses and deferred charges .

10a Land, buildings, and equipment: cost or other 10a 81.070,624 basis. Complete Part VI of Schedule D

53,350,431

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

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a

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. 3h Form 990 (2019)

Nο

Additional Data

Software ID:

Software Version:

EIN: 53-0196577

Name: THE BROOKINGS INSTITUTION

Form 990 (2019)

Form 990, Part III, Line 4a:

ECONOMIC STUDIES: THE ECONOMIC STUDIES PROGRAM ANALYZES CURRENT AND EMERGING ECONOMIC POLICY ISSUES. ITS RESEARCH AIMS TO INCREASE THE PUBLIC'S UNDERSTANDING OF HOW THE ECONOMY WORKS AND WHAT CAN BE DONE TO MAKE IT WORK BETTER. IN THE PAST YEAR, ECONOMIC STUDIES EXPERTS EXAMINED THE STATE OF THE U.S. ECONOMY, INCLUDING THE IMPACT OF THE COVID-19 PANDEMIC ON THE LABOR MARKET, HEALTH CARE SYSTEM, SOCIAL INEQUALITY, RETIREMENT, EDUCATION, AND THE NATIONAL DEBT AND HOW FISCAL AND MONETARY POLICY SHOULD RESPOND IN A LOW INFLATION AND LOW INTEREST-RATE ENVIRONMENT. ECONOMIC STUDIES ALSO PRODUCES THE BROOKINGS PAPERS ON ECONOMIC ACTIVITY, THE LEADING SOURCE OF POLICY-ORIENTED, EMPIRICAL RESEARCH ON MACROECONOMICS. IN ADDITION TO PUBLISHING NUMEROUS WORKS OF SCHOLARSHIP IN FY2020, ECONOMIC STUDIES HELD OVER 98 EVENTS BOTH PUBLIC AND PRIVATE, AND SCHOLARS ALSO SPOKE AT 55 EXTERNAL EVENTS, WROTE 271 OP-EDS AND BLOGS, PRODUCED 168 REPORTS AND RESEARCH PAPERS, PUBLISHED 3 BOOKS, TESTIFIED ON CAPITOL HILL 4 TIMES, AND WERE CITED OR INTERVIEWED IN 2,830 MEDIA STORIES WHICH WERE SYNDICATED 10,157 TIMES.

FOREIGN POLICY STUDIES: OVER THE COURSE OF A TUMULTUOUS YEAR FOR THE UNITED STATES AND THE WORLD, SCHOLARS IN THE BROOKINGS FOREIGN POLICY PROGRAM, UNDER THE LEADERSHIP OF VICE PRESIDENT AND DIRECTOR SUZANNE MALONEY, CONTINUED TO SHAPE DEBATES AND HELP INFORM POLICY DECISIONS ON THE MOST PRESSING GEOPOLITICAL ISSUES FACING WASHINGTON AND THE WORLD. AMID UNPRECEDENTED UNCERTAINTY AND RISING GLOBAL CHALLENGES, THE EXPERTISE OF BROOKINGS FOREIGN POLICY SCHOLARS HAS NEVER BEEN IN HIGHER DEMAND. FP SCHOLARS FROM ACROSS OUR FIVE RESEARCH CENTERS ARE SOUGHT

Form 990, Part III, Line 4b:

ARABIA. THEY HAVE ALSO WRITTEN OR CONTRIBUTED TO ARTICLES IN EVERY MAJOR NEWS OUTLET IN THE UNITED STATES AND AT LEAST 20 OTHER COUNTRIES, INCLUDING THE NEW YORK TIMES, WALL STREET JOURNAL, WASHINGTON POST, USA TODAY, POLITICO, LA TIMES, HUFFINGTON POST, TIME, FOREIGN AFFAIRS, VOX, NATIONAL INTEREST, FINANCIAL TIMES, THE NEW YORKER, AND THE ECONOMIST. FOREIGN POLICY SCHOLARS HAVE ALSO OFFERD ANALYSIS FOR NEWS OUTLETS FROM ACROSS THE POLITICAL SPECTRUM, INCLUDING FOX NEWS, MSNBC, CNN, BBC, AL JAZEERA, CNBC, NPR, PBS NEWSHOUR, AND A RANGE OF INTERNATIONAL OUTLETS. IN ADDITION TO THESE PUBLIC APPEARANCES. SINCE JANUARY OUR SCHOLARS HAVE PROVIDED DOZENS OF POLICY BRIFFINGS TO KEY STAKEHOLDERS IN

AFTER FOR THEIR INSIGHT, ANALYSIS AND NONPARTISAN PERSPECTIVE. IN THE PAST YEAR FP SCHOLARS HAVE PROVIDED EXPERT TESTIMONY BEFORE CONGRESS ON MATTERS RANGING FROM THE IMPACT OF THE PANDEMIC ON NATIONAL SECURITY AND INTELLIGENCE, ENERGY SECURITY, AND ARMS CONTROL. TO CHINA AND SAUDI

OUTLETS. IN ADDITION TO THESE PUBLIC APPEARANCES, SINCE JANUARY OUR SCHOLARS HAVE PROVIDED DOZENS OF POLICY BRIEFINGS TO KEY STAKEHOLDERS IN THE UNITED STATES AND ALLIED CAPITALS AROUND THE WORLD. FOREIGN POLICY'S EVENT PROGRAMMING HAS INVOLVED CONVERSATIONS WITH U.S. CABINET OFFICIALS, TOP DECISION MAKERS FROM OVERSEAS, MEMBERS OF CONGRESS, AND MILITARY LEADERS; AUDIENCES ONLINE OFTEN NUMBER IN THE THOUSANDS AND INCLUDE MEMBERS OF THE MEDIA. FINALLY, FOREIGN POLICY SCHOLARS HAVE RECENTLY PUBLISHED WIDELY ACCLAIMED BOOKS, INCLUDING ON NORTH KOREAN LEADER KIM JONG-UN AND ON THE DIPLOMATIC HISTORY OF INDIA-U.S.-CHINA RELATIONS.

GLOBAL ECONOMY AND DEVELOPMENT: THE GLOBAL ECONOMY AND DEVELOPMENT PROGRAM EXAMINES THE OPPORTUNITIES AND CHALLENGES PRESENTED BY GLOBALIZATION, WHICH CONTINUES TO BE A CENTRAL CONCERN FOR INTERNATIONAL POLICYMAKERS, BUSINESS LEADERS, THE MEDIA AND CIVIL SOCIETY. GLOBAL ECONOMY AND DEVELOPMENT EXPERTS AIM TO SHAPE THE POLICY DEBATE ON HOW TO IMPROVE GLOBAL ECONOMIC COOPERATION AND FIGHT GLOBAL POVERTY AND SOURCES OF SOCIAL STRESS. IN THE PAST YEAR, GLOBAL EXPERTS HAVE PROVIDED ANALYSIS AND RECOMMENDATIONS TO FOSTER GLOBAL ECONOMIC COOPERATION.

IMPROVE PATHWAYS OUT OF POVERTY, AND HELP DEAL WITH THE TECHNOLOGICAL TRANSFORMATION OF THE WORLD ECONOMY, WITH A SPECIAL FOCUS ON PRODUCTIVITY, EDUCATION, NEW SKILLS, INCLUSIVENESS, AND SUSTAINABILITY. IN ADDITION TO PUBLISHING NUMEROUS WORKS OF SCHOLARSHIP IN FY 2020,

GLOBAL ECONOMY AND DEVELOPMENT HELD NUMEROUS EVENTS OPEN TO THE GENERAL PUBLIC BOTH IN-PERSON AND VIRTUALLY.

Form 990, Part III, Line 4c:

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

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

PUBLIC ON THESE, AND OTHER, TIMELY TOPICS.

(Code:

) (Expenses \$

AND ANALYSIS ON INCLUSIVE ECONOMIC GROWTH AND RACIAL EOUITY IN THE NATIONAL NEWS.

Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

including grants of \$ 70,835) (Revenue \$ (Code:) (Expenses \$ 9,721,121 32,510)

GOVERNANCE STUDIES: THE GOVERNANCE STUDIES PROGRAM BRINGS TOGETHER PEOPLE INTERESTED IN IMPROVING THE PERFORMANCE OF

RULE OF LAW, AND ADDRESS MAJOR DOMESTIC POLICY ISSUES FROM EDUCATION AND HEALTHCARE TO DIGITAL TECHNOLOGY. IN FISCAL YEAR 2020, GOVERNANCE STUDIES EXPERTS FOCUSED ON RESEARCH ABOUT CAMPAIGNS AND ELECTIONS AND EXAMINED THE IMPACTS OF VOTER SUPPRESSION. THE ROLE OF NATIONAL SECURITY AND LAW ENFORCEMENT, AND THE IMPORTANCE OF BIPARTISAN GOVERNMENT OVERSIGHT, ALONG WITH COMMENTING ON THE NUANCES OF FEDERAL FUNCTIONS AND PROCEDURAL RULEMAKING. THROUGH OUR RACE, PROSPERITY, AND INCLUSION INITIATIVE, EXPERTS SURFACED COMMENTARY ON ISSUES RELATED TO RACIAL JUSTICE INCLUDING POLICING, RACIAL AND ECONOMIC EQUITY, BIAS IN TECHNOLOGY AND THE DIGITAL DIVIDE. THEY ALSO COMMENTED ON AND BROUGHT TOGETHER EXPERTS TO DISCUSS THE IMPLICATIONS OF VARIOUS TECHNOLOGICAL AND PRIVACY ISSUES, SUCH AS FEDERAL PRIVACY LEGISLATION, BROADBAND ACCESS, AND EMERGING TECHNOLOGIES SUCH AS FACIAL RECOGNITION AND SMART TRANSPORTATION. IN ADDITION TO PUBLISHING NUMEROUS WORKS OF WRITTEN SCHOLARSHIP IN FY 2020, GOVERNANCE STUDIES HELD OVER 45 EVENTS OPEN TO THE GENERAL

METROPOLITAN POLICY:THE BROOKINGS METROPOLITAN POLICY PROGRAM'S (BROOKINGS METRO) MISSION IS TO DELIVER RESEARCH AND SOLUTIONS THAT HELP METROPOLITAN LEADERS BUILD AN ADVANCED ECONOMY THAT WORKS FOR ALL. DURING FY20, UNITED STATES POLITICAL LEADERS CONFRONTED THREE UNPRECEDENTED CRISES ROILING THE NATION: THE GLOBAL COVID-19 PANDEMIC, A RECESSION THAT HAS LEFT 30 MILLION AMERICANS UNEMPLOYED, AND A SERIES OF KILLINGS THAT HAVE FOCUSED THE NATION ON LONG-STANDING ISSUES OF RACIAL INJUSTICE. BROOKINGS METRO HAS STOOD AT THE VANGUARD OF ADDRESSING THESE PROBLEMS, WORKING CLOSELY

8,408,118

WITH LOCAL POLICYMAKERS IN SEVERAL CITIES AND METROPOLITAN AREAS AND IN OVER A DOZEN STATES. BROOKINGS METRO STRENGTHENED ITS RESEARCH AND ANALYSIS, LISTENED TO UNDERREPRESENTED VOICES, AND MOBILIZED NETWORKS TO TRANSLATE EVIDENCE AND IDEAS INTO TANGIBLE SOLUTIONS THAT ADDRESS THE GREATEST CHALLENGES OF OUR TIME. IN FY20, BROOKINGS METRO PUBLISHED MORE RESEARCH AND THOUGHT LEADERSHIP CONTENT THAN EVER BEFORE, INCLUDING 159 BLOG POSTS AND 89 MAJOR REPORTS, RESEARCH BRIEFS, AND INTERACTIVE DATA VISUALIZATIONS. NOTABLY, BROOKINGS METRO LAUNCHED THE PROGRAM'S COMPREHENSIVE THOUGHT LEADERSHIP PORTAL THE COVID-19 METRO RECOVERY WATCH FOCUSED ON PROVIDING ECONOMIC PERFORMANCE DATA AND RECOVERY CASE STUDIES FOR STATE AND LOCAL LEADERS ACROSS THE COUNTRY. BROOKINGS METRO PROMOTED ITS SCHOLARSHIP WIDELY ACROSS SOCIAL MEDIA, NEWSLETTERS, PODCASTS, AND VIDEOS, AND SAW ITS READERSHIP SKYROCKET DURING FY20. BROOKINGS METRO ALSO WORKED WITH STRATEGIC PARTNERS TO HOST 19 PUBLIC EVENTS (IN PERSON PRIOR TO THE PANDEMIC AND VIRTUALLY SINCE) IN WASHINGTON, D.C. AND IN CITIES ACROSS THE COUNTRY, AND PARTICIPATED IN ROUNDTABLES, MEETINGS, PUBLIC FORUMS, AND CONFERENCES HELD BY OTHER ORGANIZATIONS TO DISCUSS OUR RESEARCH AND POLICY RECOMMENDATIONS.BROOKINGS METRO'S RESEARCH AND ANALYSIS RECEIVED TRACTION WITH IMPORTANT POLICY AUDIENCES, BOTH FEDERAL AND LOCAL. TWO SENATE BILLS HAVE BEEN DRAFTED THAT DRAW HEAVILY ON BROOKINGS METRO RESEARCH. THE METRO RECOVERY INDEX AN INTERACTIVE DATA TOOL WITHIN THE COVID-19 METRO RECOVERY WATCH THAT CONGREGATES ECONOMIC PERFORMANCE INDICATORS FOR THE NATION'S LARGEST METRO AREAS TO MEASURE THE PANDEMIC'S EFFECTS RECEIVED COVERAGE BOTH IN NATIONAL AND LOCAL NEWS OUTLETS. BROOKINGS METRO'S ONGOING DEMOGRAPHIC ANALYSES GENERATED SUBSTANTIAL DISCOURSE IN OUTLETS SUCH AS THE WASHINGTON POST AND THE ATLANTIC ON THE PANDEMIC'S EVER-CHANGING POLITICAL RAMIFICATIONS DURING ELECTION SEASON, AGAINST THE BACKDROP OF A PANDEMIC. GEORGE FLOYD'S DEATH AT THE HANDS OF POLICE AND THE WIDESPREAD UNREST THAT ENSUED PLACED BROOKINGS METRO'S RESEARCH

GOVERNING INSTITUTIONS AND BETTERING THE ECONOMIC SECURITY, SOCIAL WELFARE, AND OPPORTUNITY AVAILABLE TO ALL AMERICANS. GOVERNANCE STUDIES SCHOLARS GENERATE IDEAS THAT WILL STRENGTHEN DEMOCRACY, INCREASE INSTITUTIONAL CAPACITY, SUSTAIN THE

including grants of \$

) (Revenue \$

193,892)

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

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

) (Expenses \$

1.470.020

ENGAGE WITH THE UNLY COMMUNITY.

ECONOMICS, GOVERNMENT AND INTERNATIONAL AFFAIRS.

(Code:

Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

) (Expenses \$ 6,031,973 including grants of \$ 444,752) (Revenue \$ (Code: INSTITUTIONAL INITIATIVES:INCLUDES RESEARCH INITIATIVES UNDERTAKEN OR SUPERVISED BY THE EXECUTIVE OFFICE, AND CROSS-

PROGRAM RESEARCH EFFORTS, INCLUDING THE ARTIFICIAL INTELLIGENCE AND EMERGING TECHNOLOGIES INITIATIVE, DAVID M. RUBENSTEIN

EMERGING TECHNOLOGY (AIET) INITIATIVE LOOKS TO ADVANCE GOOD GOVERNANCE OF TRANSFORMATIVE TECHNOLOGIES AT THE GLOBAL, NATIONAL, AND LOCAL LEVELS SO THAT MULTIPLE SECTORS OF SOCIETY CAN RESPONSIBLY SCALE AND MANAGE ITS FULL EFFECTS. THIS YEAR BROOKINGS LAUNCHED SEVERAL WORKSTREAMS EACH DESIGNED TO TRACK AND INFORM PRESSING OUESTIONS AT THE INTERSECTION OF TECHNOLOGY AND POLICY IN NEAR REAL-TIME. THESE INCLUDE AI GOVERNANCE, AI AND BIAS, AND AI AND NATIONAL SECURITY.THE RUBENSTEIN FELLOWSHIP IS A TWO-YEAR FELLOWSHIP THAT BRINGS A DIVERSE GROUP OF RISING STARS TO THE BROOKINGS COMMUNITY. STRENGTHENING THE BREADTH OF OUR RESEARCH AND PERSPECTIVES IN KEY AREAS OF POLICY. THIS YEAR BROOKINGS BROUGHT ON ITS SECOND COHORT OF FELLOWS.BROOKINGS'S OVERSEAS OFFICES IN BEIJING, DOHA, AND DELHI PROVIDE INSTITUTIONAL PLATFORMS FOR ENGAGEMENT INCLUDING POLICY RESEARCH ON ECONOMIC, POLITICAL AND SOCIAL ISSUES. ON APRIL 2, 2020, BROOKINGS ANNOUNCED ITS DECISION TO TRANSITION ITS RELATIONSHIP WITH THE BROOKINGS INSTITUTION INDIA CENTER (BIIC). AN INDEPENDENT RESEARCH ENTITY IN NEW DELHI. BIIC WAS ESTABLISHED IN 2013, IN ACCORDANCE WITH INDIAN LAW, AS AN INDEPENDENT ENTITY AFFILIATED WITH

BROOKINGS. BROOKINGS IS PROUD OF THE TREMENDOUS IMPACT THAT BIIC SCHOLARS HAVE WITHIN INDIA AND AROUND THE WORLD. INDIA REMAINS A CRUCIAL AREA OF RESEARCH AND INTEREST FOR BROOKINGS. AND OUR SCHOLARS AND AFFILIATES WILL CONTINUE TO ADVANCE THEIR IMPORTANT WORK ON INDIA POLICY ACROSS A RANGE OF SECTORS. THE FINANCIAL SEPARATION WAS EFFECTIVE AS OF MARCH 31, 2020, WHILE ALL OTHER CHANGES WILL NEED TO BE IMPLEMENTED BY SEPTEMBER 11, 2020, WHEN BIIC WILL CEASE TO EXIST AND THE NEW INDEPENDENT CENTER WILL BE CALLED THE CENTER FOR SOCIAL AND ECONOMIC PROGRESS. THE BROOKINGS MOUNTAIN WEST INITIATIVE IS A PARTNERSHIP BETWEEN BROOKINGS AND THE UNIVERSITY OF NEVADA, LAS VEGAS (UNLV), IN WHICH BROOKINGS SCHOLARS FROM ALL FIVE RESEARCH PROGRAMS ENGAGE WITH STUDENTS AND FACULTY TO WORK ON INNOVATIVE POLICY SOLUTIONS FOR THE CITY, REGION, NATION, AND BEYOND, THROUGH THE BROOKINGS CURRICULUM AT UNIVERSITY OF NEVADA, LAS VEGAS AND THE BROOKINGS MINOR, STUDENTS RECEIVE DETAILED INSTRUCTION ON HOW THE PUBLIC POLICY AGENDA IS SET, HOW MAJOR PUBLIC DEBATES ARE SHAPED, AND HOW POLICY DETAILS ARE DESIGNED AND IMPLEMENTED. THIS YEAR, NINE BROOKINGS SCHOLARS VISITED UNLV TO TEACH COURSES AND

including grants of \$

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,

) (Revenue \$

1.491.197)

FELLOWSHIP PROGRAM. THREE OVERSEAS CENTERS. AND THE BROOKINGS MOUNTAIN WEST INITIATIVE.THE ARTIFICIAL INTELLIGENCE AND

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to

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

others, the total expenses, and revenue, if any, for each program service reported. (Code:) (Expenses \$ 1,676,668 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

INTERVIEWS AND REPUBLISHING CONTENT. IT ALSO HOUSES THE ORGANIZATION'S PUBLISHING HOUSE. BROOKINGS INSTITUTION PRESS.

PROVIDING VIDEO, GRAPHIC DESIGN AND OTHER MULTIMEDIA SERVICES, AND INTERACTS WITH MEDIA FOR THE PURPOSES OF ARRANGING

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Estimated Average Reportable than one box, unless hours per compensation compensation amount of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization organizations from the

(W-2/1099-

343,293

351,650

339,285

327,097

304,625

302,839

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57,271

40,275

39,950

38,820

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58,749

organization and

for related

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

	organizations below dotted line)	ndividual trustee or director	Institutional Trustee		(ey employee	lighest compensated	ormer	MISC)	MISC)	related organizations
JOHN ALLEN PRESIDENT	40.00			x				1,043,188	0	75,890
TED GAYER EXECUTIVE VICE PRESIDENT	40.00			х				480,468	0	52,100
WILLIAM G GALE SR FELLOW & DIR, TAX POLICY EFF 6/1/2020	40.00					х		452,960	0	55,085
DARRELL M WEST	40.00				Х			363,981	0	65,755

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SR FELLOW & DIR, TAX POLICY EFF 6/1/2020
DARRELL M WEST
VP & DIR OF GOVERNANCE STUDIES
CATHERINE A PIEZ
CHIEF INVESTMENT OFFICER

FORMER PRESIDENT, DIST. FELLOW THRU 1/31/2020

SR FELLOW & DIR, HUTCHINS EFF 2/1/2020

AMY LIU WITMER

IRENA BARISIC

VP & DIR, METROPOLITAN POLICY

VP & DIR OF ECONOMIC STUDIES

VP, CFO, ASST TREASURER

STEPHANIE R AARONSON

N STROBE TALBOTT

DAVID WESSEL

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Estimated Average Reportable than one box, unless hours per compensation compensation amount of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization organizations from the

and Independent Contractors

VP & CHIEF HUMAN RESOURCES OFFICER

VP & DIRECTOR, GLOBAL EFFECTIVE 6/1/2020

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VP, GEN COUNSEL, ASST SECRETARY

INTERIM VP & DIR. FP EFF 2/1/2020

VP, STRATEGY AND OPERATIONS

FORMER, ASST. TREASURER

MICHAEL CAVADEL

BRAHIMA COULIBALY

SUZANNE MALONEY

JENNIFER BERLIN

DAVID PORTER

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	for related organizations below dotted line)	Institutional Trustee	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
HOMI J KHARAS INTERIM VP GLOBAL THRU 5/31/2020	40.00		х			315,934	0	33,600	
BRUCE JONES VP & DIR, FOREIGN POLICY THRU 1/31/2020	40.00		х			296,183	0	37,766	
MARTIN BAILY SENIOR FELLOW	40.00			х		266,321	0	54,126	

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33,600

31,513

52,243

45,180

52,586

17,044

5,279

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237,377

232,924

209,539

227,691

203,480

VP & DIR, FOREIGN POLICY THRU 1/31/2020			<		290,103	
MARTIN BAILY	40.00			×	266,321	
SENIOR FELLOW					200,321	
KEMAL DERVIS	40.00			v	282.359	
SENIOR FELLOW				^	202,339	
TACOUGLING DACILE	40.00					

40.00

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						ΙX	l 266,321	l ni
SENIOR FELLOW							200,321	ı
KEMAL DERVIS	40.00					V	282,359	0
SENIOR FELLOW						^	202,339	
JACQUELINE BASILE	40.00					V	202.252	0
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(A) (E) (B) (C) (D) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation week (list person is both an officer from the from related compensation from the

	any hours	and	a dir	recto		ustee))	organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
GLENN H HUTCHINS CO-CHAIR OF THE BOARD	4.00	Х		х				0	0	0	
SUZANNE NORA JOHNSON CO-CHAIR OF THE BOARD	4.00	Х		x				0	0	0	
ARTHUR R COLLINS VICE CHAIR OF BOARD	3.00	Х		х				0	0	0	
LEONARD D SCHAEFFER VICE CHAIR OF BOARD	3.00	Х		x				0	0	0	

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LEONARD D SCHAEFFER
VICE CHAIR OF BOARD
CHERYL COHEN EFFRON
VC, NOMINATIONS & GOV, TREASURER

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TRACY R WOLSTENCROFT

SECRETARY OF THE BOARD

VC OF DEVELOPMENT COMMITTEE

ROBERT J ABERNETHY

PAUL M ACHLEITNER

TRUSTEE

TRUSTEE

TRUSTEE

PETER BARRIS

ROBERT M BASS

(A) (D) (E) (F) (B) (C) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless hours per compensation compensation amount of other

	week (list any hours	pers		both	n an	office ustee		from the organization	from related organizations	compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
DAVID C BOHNETT TRUSTEE	2.00	х						0	0	0
HANZADE DOGAN BOYNER TRUSTEE THRU 6/5/20	2.00	Х						0	0	0
PAUL L CEJAS TRUSTEE THRU 6/5/20	2.00	Х						0	0	0
W EDMUND CLARK TRUSTEE	2.00	Х						0	0	C
ABBY JOSEPH COHEN TRUSTEE; CHAIR OF INVESTMENT COMMITTEE	3.00	х						0	0	0
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BETSY Z COHEN

NON-FIDUCIARY SENIOR TRUSTEE AS OF NOVEMBER 8,

TRUSTEE

TRUSTEE

TRUSTEE ALAN M DACHS

FENG DENG

201

SUSAN CROWN

JASON CUMMINS

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TRUSTEE THRU 11/8/2019

(A) (D) (E) (F) (B) (C) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other hours per than one box, unless compensation compensation tion

	week (list any hours					office ustee		from the organization	from related organizations	compensation from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
PAUL DESMARAIS JR TRUSTEE	2.00	Х						0	0	0	
ALFONSO FANJUL TRUSTEE	2.00	х						0	0	0	
BART FRIEDMAN TRUSTEE; CHAIR OF THE AUDIT COMMITTEE	3.00	Х						0	0	0	
ELLEN V FUTTER TRUSTEE; CHAIR OF NOMINATIONS & GOV. COMMITTEE	3.00	×						0	0	0	
HELENE GAYLE TRUSTEE	2.00	Х						0	0	0	
DAVID J GRAIN	2.00	Х						0	0	0	

2.00

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TRUSTEE

TRUSTEE; CHAIR OF DEVELOPMENT COMMITTEE

TRUSTEE; VC OF BUDGET & FINANCE COMMITTEE

BRIAN L GREENSPUN

PETE HIGGINS

VICTOR L HYMES

BENJAMIN R JACOBS

TRUSTEE

............ TRUSTEE THRU 6/5/2020

(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless hours per compensation compensation amount of other person is both an officer week (list from related from the compensation

	any hours	and	a dir	recto	r/tr	ustee))	organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(Ŵ- 2/1099- MISC)	organization and related organizations	
KENNETH M JACOBS TRUSTEE	2.00	Х						0	0	0	
TOM KAPLAN TRUSTEE	2.00	х						0	0	0	
HOSEIN KHAJEH-HOSSEINY TRUSTEE	2.00	Х						0	0	0	
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TOM KAPLAN TRUSTEE	2.00	Х						0	
HOSEIN KHAJEH-HOSSEINY TRUSTEE	2.00	X						0	
PHILIP M KNIGHT TRUSTEE	2.00	Х						0	
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and Independent Contractors

CATHY MINEHAN

ADITYA MITTAL

BRIAN ROGERS

LAXMAN NARASIMHAN

NICOLE PULLEN ROSS

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE; CHAIR OF COMPENSATION COMMITTEE

TRUSTEE; VC OF INVESTMENT COMMITTEE

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TRUSTEE							
HOSEIN KHAJEH-HOSSEINY	2.00	V			0	0	
TRUSTEE		^			0	Ü	
PHILIP M KNIGHT	2.00	.,					
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SARA GROOTWASSINK LEWIS	3.00	.,					
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(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless amount of other hours per compensation compensation person is both an officer compensation week (list from the from related

and Independent Contractors

ANDREW TISCH

E ERIC TOKAT

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ANTOINE W VAN AGTMAEL

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DAVID WEINBERG

BEATRICE W WELTERS

	any hours	and	l a dir	recto	r/tr	ustee))	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
NEIL SHEN TRUSTEE THRU 11/8/2019	2.00	х						0	0	0
ARNE M SORENSON TRUSTEE; CHAIR OF BUDGET & FINANCE COMMITTEE	3.00	х						0	0	0
10E STRAUSS III	2.00									

TRUSTEE THRU 11/8/2019		×			J	U	
ARNE M SORENSON	3.00	х			0	0	
TRUSTEE; CHAIR OF BUDGET & FINANCE COMMITTEE							
JOE STRAUSS III	2.00	X			0	0	
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LEE 1 STYSLINGER III	2.00						П

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ARNE M SORENSON	3.00	X			0	n	0
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LEE J STYSLINGER III	2.00	X			0	0	
TRUSTEE		Α.					
KRISHEN SUD	2.00	X			0	0	0
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and Independent Contractors (A)

JOHN H WHITE JR

TRUSTEE THRU 6/5/2020

Name and Title

hours per week (list any hours for related organizations below dotted line)
2.00

(B)

Average

Χ

Position (do not check more than one box, unless person is both an officer and a director/trustee)

Reportable compensation from the organization (W-2/1099-MISC)

(D)

from related organizations (W- 2/1099-MISC)

(E)

Reportable

compensation

Estimated

amount of other

compensation

from the

organization and

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

ons Institutiona related ted organizations employee

efil	e GR/	APHIC pri	nt - DO NOT PROC	CESS	As Filed Data -			DLN: 9	3493133000031
SCI	HED	ULE A	Duk	dic C	Charity Statu	e and Dul	hlic Sunn	ort	OMB No. 1545-0047
	m 99		Complete if	the or	ganization is a sect 4947(a)(1) nonexe ▶ Attach to Form 9	ion 501(c)(3) e mpt charitable 990 or Form 99	organization or trust. 00-EZ.	· a section	2019
		f the Treasury	► Go to <u>w≀</u>	<u>vw.irs.</u>	<i>gov/Form990</i> for i	nstructions and	I the latest info	ormation.	Open to Public Inspection
Nam	e of th	he organiza NGS INSTITUTI						Employer identific	ation number
								53-0196577	
	rt I		for Public Charity a private foundation be					See instructions.	
1	n garnz		onvention of churches		`	•		(A)(i)	
2		,	scribed in section 17						
3			or a cooperative hospit			,			
4		·	esearch organization		-			-	nter the bosnital's
•	Ш	name, city,		operate	a in conjunction with	a nospital descri	ibed iii sectioii .	170(D)(1)(A)(III). E	nter the hospital's
5		(b)(1)(A)	ation operated for the (iv). (Complete Part I	I.)	-				bed in section 170
6			tate, or local governm		-				
7	✓		ation that normally red (0(b)(1)(A)(vi). (Col			s support from a	governmental u	init or from the gener	al public described in
8			ty trust described in s		•	(Complete Part I	I.)		
9			ural research organiza ant college of agricult						ege or university or a
10		from activit	ation that normally rec ies related to its exen income and unrelated see section 509(a)(2	npt fund I busine	ctions—subject to ceress taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its su	-
11		An organiza	ation organized and op	perated	exclusively to test fo	r public safety. S	See section 509	(a)(4).	
12		more public	ation organized and op ly supported organiza through 12d that des	itions de	escribed in section 5	09(a)(1) or se	ction 509(a)(2). See <mark>section 509(</mark> a	
a		Type I. A so	supporting organization n(s) the power to regular Part IV, Sections A	n opera ularly ap	ited, supervised, or c	ontrolled by its s	upported organiz	zation(s), typically by	
b		Type II. A manageme	supporting organization of the supporting o plete Part IV, Section	on supe rganiza	tion vested in the sar				
С		Type III f	unctionally integrate organization(s) (see in	ed. A su	upporting organizatio				ted with, its
d		Type III n	on-functionally inte integrated. The organ i). You must comple	grated	I. A supporting organi generally must satis	zation operated fy a distribution	in connection wi	th its supported orgar	
е		Check this	box if the organization or Type III non-functi	receive	ed a written determir	ation from the I		pe I, Type II, Type II	I functionally
f	Enter		of supported organiza			-		<u> </u>	
g	Provi	de the follow	ing information about	the sup	oported organization(s).			
	(i) N	Name of supp organization		IN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
			I						
Tota		l. B. '	tion Act Notice, see	Alice T	-t f	Cat. No. 11285		 	90 or 990-EZ) 2019

	(Complete only if you ch If the organization failed						qualify u	nder Part III.
	ection A. Public Support	a to quality ariac	i the tests listed	below, picase t	complete rait II	·· <i>)</i>		
	Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2	2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") Tax revenues levied for the organization's benefit and either	90,539,102	96,843,646	65,378,153	78,430,045	6.3	3,041,977	394,232,923
	paid to or expended on its behalf							
_	The value of services or facilities furnished by a governmental unit to the organization without charge							
5	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a	90,539,102	96,843,646	65,378,153	78,430,045	6.	3,041,977	394,232,923
	governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).							30,942,166
	Public support. Subtract line 5 from line 4.							363,290,757
	ection B. Total Support	•	•	•	•			
	Calendar year	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2	2019	(f) Total
7	(or fiscal year beginning in) ► Amounts from line 4.	90,539,102	96,843,646	65,378,153	78,430,045	6:	3,041,977	394,232,923
8	Gross income from interest,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,	,,	, ,		,,	
	dividends, payments received on	2 590 707	4 202 665	4 270 102	E 024 292		4 246 691	21 522 710
	securities loans, rents, royalties and income from similar sources	3,589,797	4,282,665	4,379,193	5,024,382	•	4,246,681	21,522,718
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.).	2,499,517	2,277,314	2,618,673	2,599,707	:	1,899,088	11,894,299
11	Total support. Add lines 7 through 10							427,649,940
12	Gross receipts from related activities,	etc. (see instruction	ons)			12		10,531,087
13	First five years. If the Form 990 is f	or the organization	's first, second, thi	rd, fourth, or fifth	tax year as a sect	ion 501((c)(3) or <u>g</u> ar	nization,
	check this box and $\boldsymbol{stop\ here}\ \boldsymbol{.\ .\ .}$						▶⊔	
	ection C. Computation of Publi							
	Public support percentage for 2019 (li					14		84.950 %
	Public support percentage for 2018 So					15		81.630 %
16a	33 1/3% support test—2019. If the							
b	and stop here. The organization qua 33 1/3% support test—2018. If the	lifies as a publicly s ne organization did	supported organiza not check a box o	tion n line 13 or 16a, a		 3% or m	 nore, check	. ▶ ☑ this
17a	box and stop here. The organization 10%-facts-and-circumstances tes is 10% or more, and if the organization Part VI how the organization meets	t— 2019. If the order meets the "facts	ganization did not s-and-circumstance	check a box on lines" test, check this	e 13, 16a, or 16b, box and stop he	and line re. Expla	e 14 ain	_
b	organization	st—2018. If the o zation meets the "	rganization did not facts-and-circumst	check a box on lin ances" test, check	ne 13, 16a, 16b, o this box and stor	r 17a, aı here.	nd line	▶□
18	supported organization Private foundation. If the organizat	ion did not check a	box on line 13, 16	Sa, 16b, 17a, or 1	7b, check this box	and see		
	instructions			<u> </u>	Calcadad	 . A /F::		▶ <u>□</u>

Р	art III Support Schedule for						
	(Complete only if you c						er Part II. If
	the organization fails to	qualify under	the tests listed i	pelow, please co	omplete Part II.)	
	ection A. Public Support Calendar year		1	Ī			
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
_	include any "unusual grants.") .						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
	under section 513 Tax revenues levied for the						
4	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							
_	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	Public support. (Subtract line 7c from line 6.)						
Se	ection B. Total Support		1				
	Calendar year	() 2015	(1) 2016	() 2047	(1) 2010	() 2010	(C) T
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts 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.						
С							
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on.						
12							
	loss from the sale of capital assets						
4.2	(Explain in Part VI.) Total support. (Add lines 9, 10c,						
13	11, and 12.)						
		11 1 11	n's first second th	nird, fourth, or fift	h tax year as a se	ction 501(c)(3) or	ganization,
14	First five years. If the Form 990 is fo	r tne organizatioi	i o ili oc, occoria, ci				
14	First five years. If the Form 990 is fo	-					▶ ⊔
	First five years. If the Form 990 is fo check this box and stop here						▶ ⊔
Se	First five years. If the Form 990 is fo	Support Perce	entage				▶ ⊔
Se 15	First five years. If the Form 990 is fo check this box and stop here	Support Perce e 8, column (f) d	entage livided by line 13,	column (f))		15	▶ ⊔
Se 15 16	First five years. If the Form 990 is fo check this box and stop here. ection C. Computation of Public S Public support percentage for 2019 (lin Public support percentage from 2018 S	Support Perce e 8, column (f) d chedule A, Part I	entage livided by line 13,	column (f))			▶ ⊔
Se 15 16 Se	First five years. If the Form 990 is fo check this box and stop here. Ection C. Computation of Public S Public support percentage for 2019 (lin Public support percentage from 2018 S Ection D. Computation of Investi	Support Perce e 8, column (f) d chedule A, Part I ment Income	entage livided by line 13, II, line 15 Percentage	column (f))		15 16	▶ ⊔
Se 15 16 Se 17	First five years. If the Form 990 is fo check this box and stop here. Ection C. Computation of Public Section C. Computation of Public Section Public Support percentage for 2019 (lin Public support percentage from 2018 Section D. Computation of Investment income percentage for 2019)	Support Perce e 8, column (f) d chedule A, Part I ment Income 19 (line 10c, colu	entage livided by line 13, II, line 15 Percentage mn (f) divided by	column (f))))	15 16	▶⊔
Se 15 16 Se 17 18	First five years. If the Form 990 is for check this box and stop here. Ection C. Computation of Public Section C. Computation of Public Section Public Support percentage for 2019 (line Public Support percentage from 2018 Section D. Computation of Investment income percentage from 2013 Investment Investm	Support Perce e 8, column (f) d chedule A, Part I ment Income 19 (line 10c, colu 018 Schedule A,	entage livided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 .	column (f))))	15 16 17 18	
Se 15 16 Se 17 18 19a	First five years. If the Form 990 is fo check this box and stop here. Ection C. Computation of Public Section C. Computation of Public Section Public Support percentage for 2019 (lin Public support percentage from 2018 Section D. Computation of Investment income percentage for 2019)	Support Perce e 8, column (f) d ichedule A, Part I ment Income 19 (line 10c, colu 018 Schedule A, organization did i	entage livided by line 13, II, line 15 Percentage mn (f) divided by Part III, line 17 . not check the box	column (f))))	15 16 17 18 33 1/3%, and line	≥ 17 is not

not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization \blacktriangleright **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ □ Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete

answer line 10b below.

the organization had excess business holdings).

Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 1 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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). 2

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. 3a 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 Part VI when and how the organization made the

determination. 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 3с

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below. 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or

4b supervised by or in connection with its supported organizations. 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 organization was used exclusively for section 170(c)(2)(B) purposes. 4c 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 5a amendment to the organizing document).

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b

5c Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6

supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) . 7

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

8 complete Part I of Schedule L (Form 990 or 990-EZ). 8

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 Part VI. 9a

than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI.

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

9b

Did a disqualified person (as defined in line 9a) 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 Part VI. 9c

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding 10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

10a

10b

Schedule A (Form 990 or 990-EZ) 2019

	edule A (101111 550 01 550 E2) 2015			age 3
Pa	rt IV Supporting Organizations (continued)			
_			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?			
		11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI 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	-		
2	operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	organization.			
S	ection C. Type II Supporting Organizations			
_			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			
	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the	1		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
S	ection D. All Type III Supporting Organizations			
_			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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 Part VI 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 Part VI the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ions):		
	The organization satisfied the Activities Test. Complete line 2 below.			
	b			
•	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer (a) and (b) below.	ſ	Yes	No
•	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
ı	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI 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 each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
	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.	3h		

3b

1	Type III Non-Functionally Integrated 509(a)(3) Supporting O Check here if the organization satisfied the Integral Part Test as a qualifying true.			. Part VIV. See
	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions	
7	Total annual distributions. Add lines 1 through 6.	

5	Qualified set-aside amounts (prior IRS approval require	ed)		
6	Other distributions (describe in Part VI). See instruction	ons		
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whe details in Part VI). See instructions	nich the organization is respon	sive (provide	
9	Distributable amount for 2019 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	(iii) Distributable

115		
nich the organization is respon	sive (provide	
(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
	Underdistributions	Distributable
		ich the organization is responsive (provide

Schedule A (Form 990 or 990-EZ) (2019)

3 Excess distributions carryover, if any, to 2019:

g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see

a Applied to underdistributions of prior years b Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI.

6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2020. Add lines

a Excess from 2015. **b** Excess from 2016. c Excess from 2017. **d** Excess from 2018. e Excess from 2019.

j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7:

a From 2014. **b** From 2015. c From 2016. **d** From 2017. e From 2018. f Total of lines 3a through e

instructions)

See instructions.

3j and 4c. 8 Breakdown of line 7:

\$

Schedule A (Form 990 or 990-EZ) 2019 Page 8 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D. lines 5, 6, and 8; and Part V. Section E. lines 2, 5, and 6. Also complete this part for any additional information. (See instructions). Facts And Circumstances Test 990 Schedule A, Supplemental Information Return Reference Explanation SCHEDULE A, PART II, LINE 10, CAFETERIA - 2015 AMOUNT: \$ 2,332,134. 2016 AMOUNT: \$ 2,167,186. 2017 AMOUNT: \$ 2,350,662. EXPLANATION OF OTHER 2018 AMOUNT: \$ 2,358,488. 2019 AMOUNT: \$ 1,621,213. OTHER INCOME - 2015 AMOUNT: \$ 167,383. 2016 AMOUNT: \$ 110,128. 2017 AMOUNT: \$ 268,011. 2018 AMOUNT: \$ 241,219. 2019 AMOUNT: \$ 27 INCOME: 7.875.

SCHEDULE D

DLN: 93493133000031

OMB No. 1545-0047

2019

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.

Open to Public

Schedule D (Form 990) 2019

Cat. No. 52283D

Department of the Treasury

(Form 990)

tern	al Revenue Service	n990 for instructions and the latest info	ormation. Inspection						
Naı	me of the organization BROOKINGS INSTITUTION		Employer identification number						
1111	DROUKINGS INSTITUTION	Employer identification number 53-0196577							
Pa			or Accounts.						
	Complete if the organization answered "Ye		(b) Funds and other assounts						
1	Total number at end of year	(a) Donor advised funds	(b) Fullus and other accounts						
,	Aggregate value of contributions to (during year)								
2	Aggregate value of grants from (during year)								
1	Aggregate value at end of year								
	· ·	ore in writing that the assets held in donor :							
,	organization's property, subject to the organization's ex								
5	Did the organization inform all grantees, donors, and donoritable purposes and not for the benefit of the donor private benefit?	r or donor advisor, or for any other purpose	conferring impermissible						
Dai	t II Conservation Easements.		L Yes □ No						
	Complete if the organization answered "Ye	es" on Form 990, Part IV, line 7.							
L	Purpose(s) of conservation easements held by the orga								
	Preservation of land for public use (e.g., recreatio	on or education) \square Preservation of a	an historically important land area						
	☐ Protection of natural habitat		a certified historic structure						
	Preservation of open space								
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	qualified conservation contribution in the f	orm of a conservation Held at the End of the Year						
а	Total number of conservation easements		2a						
b	Total acreage restricted by conservation easements		2b						
С	Number of conservation easements on a certified histor	ic structure included in (a)	2c						
d	Number of conservation easements included in (c) acqu structure listed in the National Register		2d						
3	Number of conservation easements modified, transferred tax year	ed, released, extinguished, or terminated b	y the organization during the						
1	Number of states where property subject to conservation	on easement is located 🕨							
5	Does the organization have a written policy regarding t and enforcement of the conservation easements it hold		g of violations,						
5	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of violations, and enforcing							
7	Amount of expenses incurred in monitoring, inspecting,	, handling of violations, and enforcing conse	ervation easements during the year						
_	* \$								
3	Does each conservation easement reported on line $2(d)$ and section $170(h)(4)(B)(ii)$?		170(h)(4)(B)(i)						
9	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	e footnote to the organization's financial sta							
ar	t III Organizations Maintaining Collections	of Art, Historical Treasures, or Ot	her Similar Assets.						
La	Complete if the organization answered "Ye If the organization elected, as permitted under SFAS 1.1	·	statement and halance sheet works of						
La	art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its final	r public exhibition, education, or research in	furtherance of public service,						
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:								
(i) Revenue included on Form 990, Part VIII, line 1		> \$						
(i	i)Assets included in Form 990, Part X		▶ \$ 268,418						
2	If the organization received or held works of art, histori following amounts required to be reported under SFAS	ical treasures, or other similar assets for fin							
а	Revenue included on Form 990, Part VIII, line 1	, , ,	▶\$						
b	Assets included in Form 990, Part X		> \$						

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

d Equipment .

Sche	edule D (Form 990) 2019						Page 2			
Par	t IIII Organizations Maiı	ntaining Collections o	f Art, Histori	cal Trea	sures, or Other	Similar Assets	(continued)			
3	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):									
а	✓ Public exhibition		d	☐ Loa	n or exchange pro	grams				
b	Scholarly research		е	Oth	ner					
С	Preservation for future g	jenerations								
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.									
5	During the year, did the organi assets to be sold to raise funds						∕es ☑ No			
Pa		dial Arrangements. Inization answered "Yes"	' on Form 990	, Part IV,	line 9, or report	ed an amount on	Form 990, Part			
1 a	Is the organization an agent, t									
	included on Form 990, Part X?					· · · · · □ '	ſes 🗌 No			
b	If "Yes," explain the arrangem	ent in Part VIII and comple	te the following	table:		Amoun				
C	Beginning balance	· ·	_		1c	Alliouli				
d	Additions during the year				·					
e	Distributions during the year .				· · · · 					
f					· · ·					
	Ending balance									
2a	Did the organization include ar						fes 🗌 No			
b	If "Yes," explain the arrangeme		if the explanat	on has bee	en provided in Part	хііі ⊔				
Pa	Endowment Funds	5. Inization answered "Yes'	' on Form 000	Dort IV	line 10					
	Complete if the orga	(a) Currer		, Pait IV, rior year		(d) Three years back	(e) Four years back			
1 a	Beginning of year balance .			476,093,348						
b	Contributions	61	,154,047	6,715,783	62,516,76	6 18,324,11	5 7,474,568			
С	Net investment earnings, gains,	and losses -8	,233,684	7,360,966	35,621,24	0 48,993,34	961,390			
d	Grants or scholarships									
	Other expenditures for facilities and programs		,918,479	17,596,458	89,209,10	2 15,341,59	2 15,098,080			
f	Administrative expenses	1	,496,742	1,530,751	1,358,21	4 1,348,56	9 1,167,786			
g	End of year balance	433	,548,030	471,042,888	476,093,34	8 468,522,65	8 417,895,359			
2	Provide the estimated percenta	age of the current year end	balance (line 1	g, column ((a)) held as:	•				
а	Board designated or quasi-end	lowment ► 47.410 %	•		. ,,					
b	Permanent endowment > 2	22.900 %	•••							
С	Temporarily restricted endowm	nent ▶ 29.690 %								
_	The percentages on lines 2a, 2	2b, and 2c should equal 100)%.							
3а	Are there endowment funds no organization by:	ot in the possession of the o	organization tha	t are held a	and administered fo	or the	Yes No			
	(i) unrelated organizations .						3a(i) No			
	(ii) related organizations .					[:	Ba(ii) No			
b	If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?									
4	Describe in Part XIII the intend		n's endowment i	unds.						
Pa	Tt VI Land, Buildings, ar	nd Equipment. Inization answered "Yes'	' on Form 990	Part IV	line 11a See Fo	orm 990 Part V I	ine 10			
	Description of property	(a) Cost or other basis	(b) Cost or other				(d) Book value			
	1 1121		-	•	1 1 1 1	ſ	*			
	l	(investment)								
1a	Land	(investment)		4,155.62	20		4.155.620			
	Land Buildings	(investment)		4,155,62 53,214,92	_	32,366,524	4,155,620 20,848,401			

19,108,942

4,591,137

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

1,947,930

768,242

27,720,193

17,161,012

3,822,895

	Complete if the organization answered "Yes" on Form 9 (a) Description of security or category (including name of security)	(b) Book value		d of valuation: year market value
(2) Closely-	al derivatives	113,957,384		F
(3)Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
		113,957,384		
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Form 9 (a) Description of investment	990, Part IV, line 1	1c. See Form 990, (b) Book value	Part X, line 13. (c) Method of valuation: Cost or end-of-year market value
(1)				value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col.(B) line 13.)			
Part IX	Other Assets.		<u> </u>	
	Complete if the organization answered 'Yes' on Form 9 (a) Description	190, Part IV, line 1:	ld. See Form 990, Par	t X, line 15. (b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(5)				
(5)				
(5) (6) (7) (8)				
(9)	umn (b) must equal Form 990, Part X, col.(B) line 15.)			•
(5) (6) (7) (8) (9) Total. (Colu	Other Liabilities.			<u> </u>
(5) (6) (7) (8) (9) Total. (Colu		90, Part IV, line 1:		990, Part X, line 25.
(5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal	Other Liabilities. Complete if the organization answered 'Yes' on Form 9 (a) Description of liability income taxes	90, Part IV, line 1:	1e or 11f.See Form	990, Part X, line 25. (b) Book value
(5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) ACCRUE	Other Liabilities. Complete if the organization answered 'Yes' on Form 9 (a) Description of liability income taxes D POST-RETIREMENT BENEFIT OBLIGATION	90, Part IV, line 1:	1e or 11f.See Form	990, Part X, line 25. (b) Book value 1,304,000
(5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) ACCRUE (3) DEFERRI (4) DEFERRI	Other Liabilities. Complete if the organization answered 'Yes' on Form 9 (a) Description of liability income taxes	90, Part IV, line 1:	1e or 11f.See Form	990, Part X, line 25. (b) Book value
(5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) ACCRUE (3) DEFERRI (4) DEFERRI (5)	Other Liabilities. Complete if the organization answered 'Yes' on Form 9 (a) Description of liability income taxes D POST-RETIREMENT BENEFIT OBLIGATION ED RENT EXPENSE PAYABLE	90, Part IV, line 1:	1e or 11f.See Form	990, Part X, line 25. (b) Book value 1,304,000 710,468
(5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) ACCRUE (3) DEFERRI (4) DEFERRI (5) (6)	Other Liabilities. Complete if the organization answered 'Yes' on Form 9 (a) Description of liability income taxes D POST-RETIREMENT BENEFIT OBLIGATION ED RENT EXPENSE PAYABLE	90, Part IV, line 1:	1e or 11f.See Form	990, Part X, line 25. (b) Book value 1,304,000 710,468
(5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) ACCRUE (3) DEFERRI	Other Liabilities. Complete if the organization answered 'Yes' on Form 9 (a) Description of liability income taxes D POST-RETIREMENT BENEFIT OBLIGATION ED RENT EXPENSE PAYABLE	90, Part IV, line 1:	1e or 11f.See Form	990, Part X, line 25. (b) Book value 1,304,000 710,468
(5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) ACCRUE (3) DEFERRI (4) DEFERRI (5) (6)	Other Liabilities. Complete if the organization answered 'Yes' on Form 9 (a) Description of liability income taxes D POST-RETIREMENT BENEFIT OBLIGATION ED RENT EXPENSE PAYABLE	90, Part IV, line 1:	1e or 11f.See Form	990, Part X, line 25. (b) Book value 1,304,000 710,468
(5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) ACCRUE (3) DEFERRI (4) DEFERRI (5) (6) (7)	Other Liabilities. Complete if the organization answered 'Yes' on Form 9 (a) Description of liability income taxes D POST-RETIREMENT BENEFIT OBLIGATION ED RENT EXPENSE PAYABLE	90, Part IV, line 1:	1e or 11f.See Form	990, Part X, line 25. (b) Book value 1,304,000 710,468
(5) (6) (7) (8) (9) Total. (Column Part X) 1. (1) Federal (2) ACCRUE (3) DEFERRI (4) DEFERRI (5) (6) (7) (8)	Other Liabilities. Complete if the organization answered 'Yes' on Form 9 (a) Description of liability income taxes D POST-RETIREMENT BENEFIT OBLIGATION ED RENT EXPENSE PAYABLE	90, Part IV, line 1:	1e or 11f.See Form	990, Part X, line 25. (b) Book value 1,304,000 710,468

Add lines 2a through 2d . .

2

b

2

C

d

е 3

b

5

Part XIII

4

Schedule D (Form 990) 2019

Page 4

-19.467.266

93,372,503

464,451

92,908,052

2,035,414

94.943.466

Schedule D (Form 990) 2019

	· · · · · · · · · · · · · · · · · · ·		
3	Subtract line 2e from line 1	3	77,818,442
4	Amounts 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 2,035,414		
_		1	

2a

2b

2c

2d

2a

2b

2c

2d

4a

4b

-19.456.169

6.250

-17,347

6,250

458,201

2,035,414

2e

3

4c

5

2e

-458,201 4b 4c 1,577,213 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 79,395,655

5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements 1

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments

Amounts included on line 1 but not on Form 990, Part IX, line 25:

Subtract line 2e from line 1

Add lines **4a** and **4b**

Supplemental Information

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 . . .

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

Donated services and use of facilities . . .

Prior year adjustments

Other (Describe in Part XIII.) . . .

Add lines 2a through 2d .

Donated services and use of facilities

Other (Describe in Part XIII.)

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

See Additional Data Table

chedule D (Form 990) 2019	Page 5
Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2019

Additional Data

Software Version:

Software ID:

HERE THAT PROMOTES CONVERSATION AND INTERACTION.

EIN: 53-0196577 Name: THE BROOKINGS INSTITUTION

Supplemental Information

Return Reference Explanation PART III, LINE 4: BROOKINGS PHOTOGRAPHY COLLECTION WAS DONATED TO ENHANCE THE FACILITIES WHERE BROOKINGS

SCH

OLARS MEET WITH OTHER KEY PEOPLE IN THE PUBLIC POLICY WORLD. THIS CONTRIBUTES TO AN ATMOSP

Supplemental Information	
Return Reference	Explanation
PART V, LINE 4:	BROOKINGS CAREFULLY BALANCES ITS FUNDING TO RESPOND TO CURRENT POLICY ISSUES AS WELL AS UN DERTAKE LONG-TERM RESEARCH PROJECTS. AS NEW CHALLENGES EMERGE, THE ENDOWMENT IS USED TO MA KE NEW RESEARCH PROJECTS POSSIBLE, SUPPORTING CORE ADMINISTRATIVE COSTS, AS WELL AS, SCHOL AR-DRIVEN RESEARCH.

Supplemental Information	
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 IRS AS A PUBLI CLY SUPPORTED ORGANIZATION UNDER SECTION 509(A)(1) OF THE CODE. BROOKINGS ENGAGES IN CERTA IN ACTIVITIES THAT PRODUCE UNRELATED BUSINESS INCOME, AS DEFINED BY FEDERAL INCOME TAX REG ULATIONS. 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 UNCE RTAINTY 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 CONSOLIDATED FIN ANCIAL 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 A RE 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 M ORE 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 T HE ACCOMPANYING CONSOLIDATED STATEMENT OF FINANCIAL POSITION, ALONG WITH ANY ASSOCIATED IN TEREST AND PENALTIES THAT WOULD BE PAYABLE TO THE TAXING AUTHORITIES UPON EXAMINATION. BRO OKINGS FILES INCOME TAX RETURNS IN THE U.S. FEDERAL JURISDICTION. AS OF JUNE 30, 2020, 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 U.S. FEDERAL INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE FISCAL YEAR 2017.

upplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	GAIN/(LOSS) ON FOREIGN CURRENCY EXCHANGE -17,347.

Sι

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	COST OF GOODS SOLD REPORTED ON PART VIII, LINE 10B -458,201.

S

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	COST OF GOODS SOLD REPORTED ON PART VIII, LINE 10B 458,201.

S

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493133000031 OMB No. 1545-0047 SCHEDULE F Statement of Activities Outside the United States (Form 990) 2019 ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** THE BROOKINGS INSTITUTION 53-0196577 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance 2 outside the United States. Activites per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) 3 (a) Region (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is a (f) Total expenditures offices in the employees, agents, region (by type) (such as, program service, describe for and investments region and independent fundraising, program specific type of in the region contractors in the services, investments, grants service(s) in the region region to recipients located in the region) See Add'l Data 41 6.038.266 3a Sub-total . b Total from continuation sheets to Part I . . . c Totals (add lines 3a and 3b) 6,038,266

Schedule F (Form 990)	2019							Page 2
		ssistance to Organ ny recipient who rec						on Form 990,
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	PROGRAM SERVICES	55,726	WIRE TRANSFER			
		organizations listed a h the grantee or cour					•	<u> </u>
3 Enter total numb	er of other org	ganizations or entities					•	1
							Schedule	F (Form 990) 2019

ype of grant or assistance	duplicated if additi (b) Region	(c) Number of	(d) Amount of	(e) Manner of cash	(f) Amount of	(g) Description	(h) Method of
		recipients	cash grant	disbursement	noncash assistance	of noncash assistance	valuation (book, FMV, appraisal, other
PROGRAM ASSISTANCE	MIDDLE EAST AND NORTH AFRICA	11	194,799	CHECK OR WIRE	169,228	HOUSING ALLOWANCE	ВООК

Sche	dule F (Form 990) 2019		Page 4
Pai	rt IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	✓ Yes	□No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	✓ Yes	□No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621).	Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	☑ Yes	□No
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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).	✓ Yes	□No

Schedule F (Fo	rm 990) 2019
P a n a	Supplemental Information rovide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; mounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide ny additional information. See instructions. Ile F, Supplemental Information
Return Reference	Explanation

990 Schedule F, Supplemental Information Return Reference Explanation

PART III ACCOUNTING METHOD:

Additional Data

(a) Region

MIDDLE EAST AND NORTH

AFRICA

Software ID: Software Version:

EIN: 53-0196577

Name: THE BROOKINGS INSTITUTION

Form 990 Schedule F Part I - Activities Outside The United States

(3) (3)	offices in the region	employees or agents in region	in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	is a program service, describe specific type of service(s) in region	for region
EAST ASIA AND THE PACIFIC	1		PROGRAM SERVICES, FUNDRAISING	PUBLIC POLICY RESEARCH	6,141

MAINTAINING OFFICES

MAINTAINING OFFICES

14 PROGRAM SERVICES,

FUNDRAISING ACTIVITIES,

(b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures

PUBLIC POLICY RESEARCH

4,405,630

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region agents in fundraising, program describe specific type of region services, grants to service(s) in region region recipients located in the region) SOUTH ASIA 26 PROGRAM SERVICES. PUBLIC POLICY RESEARCH 1,206,742 FUNDRAISING **ACTIVITIES**, MAINTAINING OFFICES EAST ASIA AND THE PACIFIC 0 IGRANT TO RECIPIENTS 55,726 LOCATED IN REGION

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (e) If activity listed in (d) (f) Total expenditures (d) Activities conducted offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of reaion agents in fundraising, program services, grants to service(s) in region reaion recipients located in the reaion) MIDDLE EAST AND NORTH 0 IGRANT TO RECIPIENTS 364,027 AFRICA LOCATED IN REGION

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

DLN: 93493133000031

OMB No. 1545-0047

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

▶Go to www.irs.gov/Form990 for instructions and the latest information.

2019

Open to Public Inspection

	ne of the organization					Employer ide	ntification number
INC	BROOKINGS INSTITUTION					53-0196577	
Pa	Fundraising Activi	•	_			orm 990, Part IV, line :	17.
1	Indicate whether the organiza	•	•			all that apply.	
a	✓ Mail solicitations	-government grants					
b	✓ Internet and email solicita	ernment grants					
С	✓ Phone solicitations			g	Special fundraising	g events	
d	✓ In-person solicitations						
2 a	Did the organization have a wor key employees listed in Fo						es 🗆 No
b	If "Yes," list the 10 highest pa to be compensated at least \$!			draisers)	pursuant to agreements		
(i)	Name and address of individual or entity (fundraiser)	(ii) Activity	fundrai custo cont) Did ser have ody or trol of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		FUNDRAISING	Yes	No			
	JENNY CHIANG EDUCATION CONSULTANTS LLC 1404 ROMEO COURT	CONSULTANT		No	0	51,600	-51,600
	MCLEAN, VA 22102						
Tota	al			•		51,600	-51,600
	List all states in which the organicensing.	nization is registered	d or licens	ed to soli	cit contributions or has b	een notified it is exempt f	rom registration or

AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV

Par	rt II Fundraising Events. Comple				
	than \$15,000 of fundraising e gross receipts greater than \$5		d gross income on Form	n 990-EZ, lines 1 and (6b. List events with
	gross receipts greater than \$.	(a)Event #1	(b) Event #2	(c)Other events	(d) Total events (add col. (a) through
		(event type)	(event type)	(total number)	col. (c))
NO POR					
•					
	1 Gross receipts				
	2 Less: Contributions3 Gross income (line 1 minus				
\dashv	line 2)				
	4 Cash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
- 1					
	9 Other direct expenses				
	9 Other direct expenses10 Direct expense summary. Add lines 4 t	through 9 in column (d)			
		-		>	
	10 Direct expense summary. Add lines 4 t 11 Net income summary. Subtract line 10 11 Gaming. Complete if the organization.	from line 3, column (d)			d more than \$15,000
ar	10 Direct expense summary. Add lines 4 t 11 Net income summary. Subtract line 10	from line 3, column (d)	es" on Form 990, Part I (b) Pull tabs/Instant bingo/progressive bingo		(d) Total gaming (add
ar	10 Direct expense summary. Add lines 4 t 11 Net income summary. Subtract line 10 t III Gaming. Complete if the organism on Form 990-EZ, line 6a.	from line 3, column (d) anization answered "Yo	(b) Pull tabs/Instant		(d) Total gaming (add
ar	10 Direct expense summary. Add lines 4 to 11 Net income summary. Subtract line 10 to 11 Gaming. Complete if the organ on Form 990-EZ, line 6a.	from line 3, column (d) anization answered "Yo	(b) Pull tabs/Instant		(d) Total gaming (add
ar	10 Direct expense summary. Add lines 4 t 11 Net income summary. Subtract line 10 t III Gaming. Complete if the organism on Form 990-EZ, line 6a.	from line 3, column (d) anization answered "Yo	(b) Pull tabs/Instant		(d) Total gaming (add
ar	10 Direct expense summary. Add lines 4 to 11 Net income summary. Subtract line 10 to 11 Gaming. Complete if the organ on Form 990-EZ, line 6a.	from line 3, column (d) anization answered "Yo	(b) Pull tabs/Instant		(d) Total gaming (add
ar	10 Direct expense summary. Add lines 4 to 11 Net income summary. Subtract line 10 to 11 Gaming. Complete if the organ on Form 990-EZ, line 6a. 1 Gross revenue	from line 3, column (d) anization answered "Yo	(b) Pull tabs/Instant		(d) Total gaming (add
ar	10 Direct expense summary. Add lines 4 to 11 Net income summary. Subtract line 10 to 11 Gaming. Complete if the organ on Form 990-EZ, line 6a. 1 Gross revenue	from line 3, column (d) anization answered "Yo	(b) Pull tabs/Instant		(d) Total gaming (add
ar	10 Direct expense summary. Add lines 4 to 11 Net income summary. Subtract line 10 to 11 Gaming. Complete if the organ on Form 990-EZ, line 6a. 1 Gross revenue	from line 3, column (d) anization answered "Yo	(b) Pull tabs/Instant		(d) Total gaming (add
a **	10 Direct expense summary. Add lines 4 to 11 Net income summary. Subtract line 10 to 11 Gaming. Complete if the organ on Form 990-EZ, line 6a. 1 Gross revenue	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add
ar	10 Direct expense summary. Add lines 4 to 11 Net income summary. Subtract line 10 to 11 Gaming. Complete if the organ on Form 990-EZ, line 6a. 1 Gross revenue	(a) Bingo Yes	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add
a 1***	10 Direct expense summary. Add lines 4 to 11 Net income summary. Subtract line 10 to 11 Gaming. Complete if the organ on Form 990-EZ, line 6a. 1 Gross revenue	(a) Bingo Yes	(b) Pull tabs/Instant bingo/progressive bingo Tyes % No	(c) Other gaming Yes % No	(d) Total gaming (add
ar	10 Direct expense summary. Add lines 4 to 11 Net income summary. Subtract line 10 to 11 Gaming. Complete if the organ on Form 990-EZ, line 6a. 1 Gross revenue	(a) Bingo Yes	(b) Pull tabs/Instant bingo/progressive bingo Yes	(c) Other gaming Yes % No	(d) Total gaming (add
ar	10 Direct expense summary. Add lines 4 to 11 Net income summary. Subtract line 10 to 11 Gaming. Complete if the organization on Form 990-EZ, line 6a. 1 Gross revenue	(a) Bingo Yes	(b) Pull tabs/Instant bingo/progressive bingo Yes % No In (d)	(c) Other gaming Yes% No	(d) Total gaming (add
ar	10 Direct expense summary. Add lines 4 to 11 Net income summary. Subtract line 10 to 11 Gaming. Complete if the organization on Form 990-EZ, line 6a. 1 Gross revenue	(a) Bingo Yes % In No Through 5 in column (d) It line 7 from line 1, column (d) Through 3 in column (d) Through 4 in column (d) Through 5 in column (d)	(b) Pull tabs/Instant bingo/progressive bingo Yes % No In (d)	(c) Other gaming Yes % No	(d) Total gaming (add col.(a) through col.(c))
ar	10 Direct expense summary. Add lines 4 to 11 Net income summary. Subtract line 10 to 11 Gaming. Complete if the organization on Form 990-EZ, line 6a. 1 Gross revenue	(a) Bingo Yes % In No Through 5 in column (d) It line 7 from line 1, column (d) Through 3 in column (d) Through 4 in column (d) Through 5 in column (d)	(b) Pull tabs/Instant bingo/progressive bingo Yes % No In (d)	(c) Other gaming Yes % No	(d) Total gaming (add col.(a) through col.(c))

Sche	dule G (Form 990 or 990-EZ) 2019)					F	Page 3
11	Does the organization conduct ga	aming activities with nonmember	s?			Yes	Пио	
12	Is the organization a grantor, beformed to administer charitable of		member of a partnership or other	entity 		□Yes		
13	Indicate the percentage of gamir	g activity conducted in:						
а	The organization's facility .				13a			%
b	An outside facility				13b			%
14	Enter the name and address of the	ne person who prepares the orga	nization's gaming/special events bo	oks and re	ecords:			
	Name •							
	Address >							
15a	Does the organization have a cor revenue?	tract with a third party from who	om the organization receives gaming			□ v	П.	
b			anization 🕨 \$			⊔ Yes	⊔ но	
	amount of gaming revenue retain							
c	If "Yes," enter name and address	of the third party:						
	Name ►							
	Address >							
16	Gaming manager information:							
	Name ►							
	Gaming manager compensation	▶ \$						
	Description of services provided I	>						
	☐ Director/officer	☐ Employee	☐ Independent contrac	tor				
17	Mandatory distributions:							
а			stributions from the gaming proceed			□Yes	Пио	
b	Enter the amount of distributions	required under state law distrib	uted to other exempt organizations	or spent		□ 1es	100	
	in the organization's own exempt	<u> </u>	•					
Pai			ions required by Part I, line 2b, licable. Also provide any additio					 s.
	Return Reference		Explanation					

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

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I | Content of the select landscape mode (21" x 8.5") when printing.

(Form 990)

Department of the

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

Treasury

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.

► Go to <u>www.irs.gov/Form990</u> for the latest information.

OMB No. 1545-0047

2019

DLN: 93493133000031

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Schedule I (Form 990) 2019

Employer identifica	ition number
53-0196577	
d	☑ Yes ☐ No
orm 990, Part IV, line	21, for any recipient
	(h) Purpose of grant or assistance
<u> </u>	
▶	
	Employer identification 53-0196577 and Form 990, Part IV, line (g) Description of noncash assistance

Cat. No. 50055P

(6)

(7)

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Part IV Return Reference

Explanation

PART I, LINE 2: BROOKINGS DOES NOT ISSUE GRANTS TO OTHER ORGANIZATIONS. BROOKINGS DOES ISSUE FELLOWSHIP STIPENDS TO INDIVIDUALS. THESE DISBURSEMENTS

ARE MONITORED AS THE INDIVIDUALS ARE GENERALLY RESIDENTS AT BROOKINGS AND THEIR WORK IS SUPERVISED BY THEIR BROOKINGS ADVISOR. Schedule I (Form 990) 2019

efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Data	a -	DLN: 93	49313	33000	031
Sch	nedule J	C	ompensati	ion Information	0	MB No.	1545-0	0047
(Fori	m 990)	For certain Offic Complete if the org	2019					
•	tment of the Treasury	► Go to <u>www.irs.go</u>		to Form 990. instructions and the latest inforr	mation.	Open		
	al Revenue Service ne of the organiza	l ation			Employer identifica		ectio ımber	
THE	BROOKINGS INSTIT	TUTION			53-0196577			
Pa	rt I Questi	ons Regarding Compensa	ation		33 0130377			
							Yes	No
1a				f the following to or for a person liste y relevant information regarding the				
	First-class	s or charter travel		Housing allowance or residence for	personal use			
	_	companions	님	Payments for business use of perso				1
		nification and gross-up paymen	ts 📙	Health or social club dues or initiation				
	☐ Discretion	nary spending account	Ш	Personal services (e.g., maid, chauf	feur, chef)			
b				follow a written policy regarding pay ve? If "No," complete Part III to expl		1b		
2				or allowing expenses incurred by all	1-3	2		
	directors, truste	es, officers, including the CEO/	executive Directo	r, regarding the items checked on Lir	ne la?			
3	organization's C	EO/Executive Director. Check a	III that apply. Do r	ed to establish the compensation of th not check any boxes for methods CEO/Executive Director, but explain i				
	✓ Compensa	ation committee	П	Written employment contract				
		ent compensation consultant	$\overline{\mathbf{V}}$	Compensation survey or study				
	✓ Form 990	of other organizations	\checkmark	Approval by the board or compensa	tion committee			
4	During the year related organiza		990, Part VII, Se	ction A, line 1a, with respect to the f	iling organization or a			
а	Receive a sever	ance payment or change-of-cor	ntrol payment? .			4a	Yes	
b		• • •		ified retirement plan?		4b		No
c	Participate in, o	r receive payment from, an equ	iity-based comper	nsation arrangement?		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons an	d provide the app	plicable amounts for each item in Part	t III.			
	Only E01(a)(2), 501(c)(4), and 501(c)(29) organizations	must complete lines E-0				
5				the organization pay or accrue any				
		ontingent on the revenues of:		g ,,				
а	The organization	1?				5a		No
b						5b		No
	If "Yes," on line	5a or 5b, describe in Part III.						
6		ed on Form 990, Part VII, Section ontingent on the net earnings o		the organization pay or accrue any				
а	The organization	1?				6a		No
b						6b		No
	•	6a or 6b, describe in Part III.						
7	payments not d	escribed in lines 5 and 6? If "Ye	es," describe in Pa	the organization provide any nonfixe rt III	d 	7	Yes	
8	subject to the ir	nitial contract exception describ	ed in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," do 		8		No
9				presumption procedure described in		9		110
For F	Panerwork Redu	iction Act Notice, see the In	structions for Fo	orm 990. Cat. No. 5	50053T Schedule	l (Forn	1 990)	2019

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

	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 (C) Retirement (D) Nontaxable (E) Total of (F)								
(A) Name a	(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			and other	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	С			(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation			
See Additional Data Table									
						I	<u> </u>	Schedule J (Fo	orm 990) 2019

Schedule J (Form 990) 2019 Page 3 Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. Return Reference Explanation PART I, LINE 4A DAVID PORTER RECEIVED SEVERANCE PAYMENT IN THE AMOUNT OF \$125,000 AND THE AMOUNT IS REPORTED IN SCHEDULE J. PART II. COLUMN B(III). PART I, LINE 7 BONUSES ARE DISCRETIONARY AND ARE BASED ON INSTITUTIONAL AFFORDABILITY, AS DETERMINED ANNUALLY BY THE PRESIDENT.

Schedule 1 (Form 990) 2019

Software ID: Software Version:

EIN: 53-0196577

Name: THE BROOKINGS INSTITUTION

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

Form 990, Schedule	Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees									
(A) Name and Title		(B) Breakdown (i) Base Compensation	of W-2 and/or 1099-MIS (ii) Bonus & incentive	(iii) Other reportable	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990		
1JOHN ALLEN	(i)	809,355	compensation	compensation	E3 100	3/ 073	1 120 160			
PRESIDENT			164,800	69,033	52,100	24,872 	1,120,160			
1TED CAVED	(ii)	0	0	0	0	0	0	0		
1TED GAYER EXECUTIVE VICE	(i)	428,724	31,000	20,744	52,100	3,746	536,314	0		
PRESIDENT	(ii)	0	0	0	0	0	0	0		
2 WILLIAM G GALE SR FELLOW & DIR, TAX POLICY EFF 6/1/	(i)	413,996	20,850	18,114 	33,600	22,350 	508,910	0		
3DARRELL M WEST	(11)	222.067	0	0	0	0	0	0		
VP & DIR OF GOVERNANCE STUDIES	(i) (ii)	333,867 0	20,000	10,114 	41,965 	24,656 0	430,602 	0		
4CATHERINE A PIEZ	(i)	327,928	8,000	7,365	33,600	25,257	402,150	0		
CHIEF INVESTMENT OFFICER	(ii)	0		0		0	0			
5AMY LIU WITMER	(i)	328,950	15,800	6,900	40,275	866	392,791	0		
VP & DIR, METROPOLITAN POLICY	(ii)	0								
6IRENA BARISIC	(i)	314,032	20,000	5,253	38,718	6,017	384,020	0		
VP, CFO, ASST TREASURER	(ii)									
7STEPHANIE R AARONSON	(i)	306,232	15.900	0	38 330	11.057	276.474	0		
VP & DIR OF ECONOMIC STUDIES	(ii)	0	15,800 	5,065 0	38,320 	11,057 0	376,474 0			
8N STROBE TALBOTT	(i)	300,358	0	4,267	33,600	24,656	362,881	0		
FORMER PRESIDENT, DIST. FELLOW THRU	(ii)									
9DAVID WESSEL	(i)	293,848	5,000	3,991	33,600	26,675	363,114	0		
SR FELLOW & DIR, HUTCHINS EFF 2/1/20				3,991		20,075	303,114			
10HOMI J KHARAS	(ii) (i)	301,493	10.000	0	33,600	0	252,200	0		
INTERIM VP GLOBAL THRU 5/31/2020	\		10,000	4,441	33,600	3,746	353,280			
11BRUCE JONES	(11)	201 622	0	0	0	0	0	0		
VP & DIR, FOREIGN POLICY	()	291,623	0	4,560	36,000	7,848	340,031	0		
THRU 1/31/2	(ii)	0	0	0	0	0	0	0		
12 MARTIN BAILY SENIOR FELLOW	(i)	254,944	10,450	927	31,744	26,128	324,193	0		
	(ii)	0	0	0	0	0	0	0		
13KEMAL DERVIS SENIOR FELLOW	(i)	280,870	0	1,489	33,600	3,746	319,705	0		
	(ii)	0	0	0	0	0	0	0		
14JACQUELINE BASILE VP & CHIEF HUMAN	(i)	262,608	20,000	645	31,513	866	315,632	0		
RESOURCES OFFICER	(ii)	0	0	0	0	0	0	0		
15MICHAEL CAVADEL VP, GEN COUNSEL, ASST	(i)	221,725	10,800	4,852	28,275	27,714	293,366	0		
SECRETARY	(ii)	0	0		0	0				
16BRAHIMA COULIBALY	(i)	227,699	5,000	225	20,212	27,514	280,650	0		
VP & DIRECTOR, GLOBAL EFFECTIVE 6/1/	(ii)	0				, , , , , , , , , , , , , , , , , , , ,				
17SUZANNE MALONEY	(i)	205,194	4,000	345	25,297	31,034	265,870	0		
INTERIM VP & DIR. FP EFF 2/1/2020				343			203,070			
18JENNIFER BERLIN	(ii) (i)	212,556	15,000	0	13.650	0	0	0		
VP, STRATEGY AND OPERATIONS	l	212,330	15,000	135	12,650	5,260 	245,601 			
19DAVID PORTER	(ii)	0	0	0	0	0	0	0		
FORMER, ASST.	(i)	40,921 	0	162,559	0	5,863 	209,343	0		
TREASURER	(ii)	0	0	0	0	0	0	0		

DLN: 93493133000031 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No. 1545-0047 Schedule K **Supplemental Information on Tax-Exempt Bonds** (Form 990) ▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI. ▶ Attach to Form 990. Department of the Treasury Open to Public Internal Revenue Service ▶Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Name of the organization **Employer identification number** THE BROOKINGS INSTITUTION 53-0196577 Part I **Bond Issues** (a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued (e) Issue price (f) Description of purpose (q) Defeased (i) Pool (h) On behalf of financing issuer Yes No Yes No Yes No DISTRICT OF COLUMBIA 53-6001131 05-21-2020 44.952.570 MODIFICATION OF 2015 SERIES Х Χ Χ VARIABLE RATE REVENUE BOND **BONDS SERIES 2020** Part II **Proceeds** Α В C D 2 3 44,952,570 5 6 7 330,000 8 9 10 11 44,622,570 12 13 Yes No Yes No Yes No No Were the bonds issued as part of a current refunding issue of tax-exempt 14 Χ Were the bonds issued as part of an advance refunding issue of taxable 15 Χ Χ 16 Does the organization maintain adequate books and records to support the final allocation of Χ Part III **Private Business Use** Α В C D Yes No Yes No Yes No Yes No Was the organization a partner in a partnership, or a member of an LLC, which owned property Χ Are there any lease arrangements that may result in private business use of bond-financed Χ For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50193E Schedule K (Form 990) 2019 Enter the percentage of financed property used in a private business use by entities other than

a section 501(c)(3) organization or a state or local government Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3)

Penalty in Lieu of Arbitrage Rebate? . . . If "No" to line 1, did the following apply?

Exception to rebate?

If "Yes" to line 2c, provide in Part VI the date the rebate Is the bond issue a variable rate issue?

Was the hedge superintegrated?

hedge with respect to the bond issue?

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

Does the bond issue meet the private security or payment test? . . .

Has there been a sale or disposition of any of the bond-financed property to a

nongovernmental person other than a 501(c)(3) organization since the bonds were

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12

Has the organization established written procedures to ensure that all nongualified bonds of

Schedule K (Form 990) 2019

6

8a

Part IV

b

C

Arbitrage

Page **2**

D

Schedule K (Form 990) 2019

No

Yes

Private Business Use (Continued) В C D Α Yes Nο Yes No Yes No Yes No Are there any management or service contracts that may result in private business use of Х

0.900 %

0.900 %

Χ

Χ

Χ

0 %

В

No

Yes

C

No

Yes

If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside b Χ counsel to review any management or service contracts relating to the financed property? Are there any research agreements that may result in private business use of bond-financed Χ If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside d

Α

No

Χ

Χ

Χ

Χ

Yes

Х

Χ

counsel to review any research agreements relating to the financed property?

	Yes	No
Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х

Schedule K (Form 990) 2019

Part IV

Arbitrage (Continued)

No

Yes

Page 3

No

D

D

No

Yes

Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? Were any gross proceeds invested beyond an available temporary period? Has the organization established written procedures to monitor the requirements of section 148? . . . Part V **Procedures To Undertake Corrective Action** Yes No Yes No Yes Nο Yes

Has the organization established written procedures to ensure that violat

	Г
tions of federal tax	

Supplemental Information. Provide additional information for responses to questions on Schedule K. (See instructions).

requirements are timely identified and corrected through the voluntary closing agreement program Χ

if self-remediation is not available under applicable regulations?

DLN: 93493133000031 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2019 ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** THE BROOKINGS INSTITUTION 53-0196577 Part I Types of Property (a) (b) (c) (d) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art—Works of art . . Art-Historical treasures Art—Fractional interests 4 Books and publications Clothing and household goods Cars and other vehicles **7** Boats and planes . . 8 Intellectual property . . . Securities—Publicly traded . Χ 14 1,791,863 FMV 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous . . 13 Qualified conservation contribution—Historic structures Qualified conservation contribution—Other . . Real estate—Residential . Real estate—Commercial . Real estate—Other . . . 18 Collectibles 19 Food inventory . . . 20 Drugs and medical supplies . 21 Taxidermy 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . . 25 Other ▶ (___ 26 Other ▶ (______) 27 Other ▶ (______) Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt 30a Nο **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Yes 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Nο **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, Schedule M (Form 990) (2019) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J

Schedule M (Form 990) (2019)	Page 2
is reporting in Part I, co	ation. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization lumn (b), the number of contributions, the number of items received, or a combination of both. Also by additional information.
Return Reference	Explanation
PART I, COLUMN (B):	USING A COMBINATION OF THE TWO METHODS ABOVE
	Schedule M (Form 990) (2019)

efile GRAPH	IC prin	t - DO NOT PROCESS	As Filed Data -		DLN:	93493133000031
SCHEDUL (Form 990 or EZ)	990- reasury	Complete to prov Form 990 o ► Go to <u>w</u>	vide information for r 990-EZ or to prov ▶ Attach to Forn	on to Form 990 or 9 r responses to specific questi ide any additional informatio n 990 or 990-EZ. 90 for the latest information.	ions on n.	OMB No. 1545-0047 2019 Open to Public Inspection
Namel Betherofg THE BROOKINGS II	NSTITUTIO	NC			Employer identi 53-0196577	fication number
990 Schedule	e O, Su	pplemental Information	1			
Return Reference				Explanation		
FORM 990, PAGE 2, PART III, MISSION STATEMENT	CTS IN- EMS FA ROVIDI EMINA' IMONY L AS BI AND CH IP WITH EW DE HER CH	-DEPTH, INDEPENDENT REACING SOCIETY AT THE LONG POLICY ANALYSIS AND TED THROUGH REPORTS, PUBLIC AND PRIVATE EVICTIONS ON APRIL 2, 2020, BROWNES INSTITUTHE BROOKINGS INSTITUTH, INDIA. THE FINANCIAL HANGES WILL NEED TO BE	SEARCH WITH THE CAL, NATIONAL AND RECOMMENDATION BOOKS, MEDIA APPENTS, AND OPINION CERS AND THEIR STOOKINGS ANNOUN JTION INDIA CENTE SEPARATION WAS IMPLEMENTED BY	ONPROFIT PUBLIC POLICY OR GOAL OF IMPROVING GOVE DECIDED TO STAND THE CONTROL OF	RNANCE AND SO SS ACHIEVES IMP HALLENGES, WHI POSTS, CONGRES (INGS'S WEBSITE RSEAS CENTERS SITION ITS RELAT ESEARCH ENTITY 1, 2020, WHILE AL BIIC WILL CEASE	LVING PROBL ACT BY P CH ARE DISS SSIONAL TEST , AS WEL IN QATAR IONSH / IN N L OT E TO EXI

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	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 STARTIN G WITH THE FISCAL YEAR ENDED JUNE 30, 2009. ONCE THE FORM HAS BEEN COMPLETED IT IS REVIEWE D INTERNALLY BY THE PRESIDENT, THE CHIEF FINANCIAL OFFICER, THE GENERAL COUNSEL, AND OTHER MEMBERS OF THE SENIOR STAFF, ALONG WITH THE AUDIT COMMITTEE. ONCE THOSE REVIEWS ARE COMPLETED AND THE DOCUMENT HAS BEEN APPROVED, IT IS SENT TO ALL VOTING MEMBERS OF THE BOARD OF TRUSTEES BEFORE IT IS FILED WITH THE INTERNAL REVENUE SERVICE.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	EACH YEAR, BROOKINGS PERSONNEL ARE REQUIRED TO COMPLETE A DISCLOSURE AND ACKNOWLEDGMENT FO RM RELATED TO THE INSTITUTION'S CONFLICT OF INTEREST POLICY. SPECIFICALLY, ALL EMPLOYEES A ND RESIDENT AFFILIATES ARE REQUIRED TO: - ACKNOWLEDGE THAT THEY HAVE READ, UNDERSTOOD, AND ARE COMMITTED TO ABIDING BY THE INSTITUTION'S CONFLICT OF INTEREST POLICY AS WELL AS CERT AIN OTHER INSTITUTIONAL POLICIES; AND - MAKE CERTAIN DISCLOSURES ABOUT THEIR OUTSIDE ACTIVITIES AND FINANCES TO HELP IDENTIFY 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 RELEVANT INDIVIDUALS AS APPROPRIATE. THE BOARD OF TRUSTEES IS REQUIRED TO COMPLETE AN ANNUAL QUESTIONNAIRE AND CONFLICT OF INTEREST AFFIRMATION THAT: - CONFIRMS THEIR RECEIPT, UNDERSTANDING, AND COMPLIANCE WITH THE INSTITUTION'S POLICY STATEMEN TON TRUSTEE AND NON-TRUSTEE COMMITTEE MEMBER CONFLICT OF INTEREST AND THE INVESTMENT CONFICT OF INTEREST POLICY, AMONG OTHER INSTITUTIONAL POLICIES; AND - DISCLOSES RELEVANT INFORMATION ABOUT THEIR FAMILY AND BUSINESS RELATIONSHIPS, TRANSACTIONS AND LOANS, AND OTHER RELEVANT RELATIONSHIPS WITH BROOKINGS. ISSUES INVOLVING CONFLICTS OF INTEREST ARE RESOLVED BY THE GENERAL COUNSEL, IN CONSULTATION WITH OTHER MEMBERS OF SENIOR MANAGEMENT, AS APPROPRIATE. THE GENERAL COUNSEL REGULARLY CONFERS WITH THE CHAIR OF THE AUDIT COMMITTEE REGARDING THE INSTITUTION'S CONFLICT OF INTEREST ISSUES. CONFLICT OF INTEREST ISSUES. INVOLVING TRUSTEES MAY BE REFERRED TO THE AUDIT COMMITTEE CHAIR, THE FULL AUDIT COMMITTEE, AND/OR THE BOARD CO-CHAIRS, AS APPROPRIATE.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE INSTITUTION'S BYLAWS PROVIDE FOR A COMPENSATION COMMITTEE CONSISTING OF NOT FEWER THAN FIVE TRUSTEES, INCLUDING THE CHAIR (OR CO-CHAIRS) OF THE BOARD OF TRUSTEES, AND AT LEAST THREE OTHER TRUSTEES WHO SHALL BE NOMINATED BY THE CHAIR (OR CO-CHAIRS) OF THE BOARD AND D ETERMINED BY THE BOARD TO BE FREE OF ANY CONTRACTUAL OR OTHER RELATIONSHIPS THAT WOULD PUT INTO QUESTION THE EXERCISE OF HIS OR HER INDEPENDENT JUDGMENT. THE COMPENSATION COMMITTEE HAS THE AUTHORITY TO SET THE SALARY OF THE PRESIDENT AND SUCH OTHER OFFICERS, MANAGERS, O R EMPLOYEES AS THE EXECUTIVE COMMITTEE OR AUDIT COMMITTEE RECOMMENDS BE SET BY THE COMPENS ATION COMMITTEE AND IN ACCORDANCE WITH ANY BOARD-ADOPTED COMPENSATION POLICY. IN SETTING S UCH SALARIES, THE COMPENSATION COMMITTEE ASKS THE VICE PRESIDENT, CHIEF HUMAN RESOURCES OF FICER TO GATHER RELEVANT SALARY COMPARABILITY DATA AND RECORD COMMITTEE MINUTES WHICH CLEA RLY DOCUMENT THE COMMITTEE'S DECISIONS AND THE RATIONALE UNDERLYING SUCH DECISIONS. THE COMMITTEE USES AN OUTSIDE CONSULTANT TO ESTABLISH SALARY COMPARABLES AND TO DETERMINE THE RE ASONABLENESS OF THE COMPENSATION RECEIVED BY ALL DISQUALIFIED PERSONNEL.

Return Explanation

FORM 990, BROOKINGS MAKES THE RELEVANT DOCUMENTS AVAILABLE TO THE PUBLIC AS FOLLOWS: - BROOKINGS'S C
PART VI, ONFLICT OF INTEREST POLICY, AS WELL AS SUMMARIES OF OTHER KEY POLICIES ARE AVAILABLE ON IT
SECTION C, S WEBSITE; - BROOKINGS'S AUDITED FINANCIAL STATEMENTS ARE ALSO AVAILABLE ON ITS WEBSITE; A
LINE 19 ND - BROOKINGS'S WEBSITE PROVIDES A LINK TO GUIDESTAR ORG TO PROVIDE THE FORM 990.

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	CONTACTS/PROFESSIONAL SERVICES: PROGRAM SERVICE EXPENSES 7,353,325. MANAGEMENT AND GENERAL EXPENSES 1,685,748. FUNDRAISING EXPENSES 53,313. TOTAL EXPENSES 9,092,386. QUALIFIED SUBC ONTACTS: PROGRAM SERVICE EXPENSES 2,353,222. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISIN G EXPENSES 0. TOTAL EXPENSES 2,353,222. TEMPORARY HELP: PROGRAM SERVICE EXPENSES 595,947. MANAGEMENT AND GENERAL EXPENSES 457,300. FUNDRAISING EXPENSES 63,419. TOTAL EXPENSES 1,116,666.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990,	GAIN/(LOSS) ON FOREIGN CURRENCY EXCHANGE -17,347. EFFECT OF ADOPTION PROVISIONS SFAS NO. 1
PART XI,	58 -40,000. LOSS ON BOND DEBT RE-FINANCING -274,787. WRITE OFF INDIA PLC SHARES -9,530. WR
LINE 9	TITE OFF INDIA PLC DUE FROM INDIA -39.564

SCHEDULE R
(Form 990)

As Filed Data Related

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

► Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

2019

DLN: 93493133000031 OMB No. 1545-0047

> Open to Public Inspection

Name of the organization **Employer identification number** THE BROOKINGS INSTITUTION 53-0196577 Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (e) Name, address, and EIN (if applicable) of disregarded entity Legal domicile (state Total income Direct controlling Primary activity End-of-year assets or foreign country) entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more Part II related tax-exempt organizations during the tax year. (c) (e) (g) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) or foreign country) (if section 501(c)(3)) entity (13) controlled entity? Yes No (1) BROOKINGS CENTER - DOHA ANALYSIS AND RESEARCH QΑ THE BROOKINGS Yes PO BOX 22694 INSTITUTION DOHA QΑ

(a) Name, address, and I related organizati	EIN of on	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predomir income(rel unrelate excluded tax und sections 5 514)	nant Sha lated, total ed, from ler 512-	(f) are of income	(g) Share of end-of-year assets	Oisprop alloca	h) rtionate tions?	e Code amou 2 Sche	(i) le V-UBI unt in box 20 of edule K-1 m 1065)	General mana parti	ral or aging ner?	(k) Percenta owners
									103	"			103	110	
														-	
Identification of Related Or	ganizations Taxable as a C	orporation	or Trus	t. Complete	e if the or	ganizatio	n ansv	wered "Ye	s" on F	orm s	990, 1	Part IV,	, line	34	
Identification of Related Or because it had one or more rel (a) Name, address, and EIN of related organization	ganizations Taxable as a C lated organizations treated as (b) Primary activity	a corporation	on or tru (c) egal micile or foreign	st during th	e if the or te tax yea (d) controlling entity	ganizatio ir. (e) Type of en (C corp, S c or trust)	ity S	wered "Ye (f) Share of total income	Share	(g) of end- year assets		Part IV, (h) Percen owner) itage	S-(1	ection 5 3) con entit
because it had one or more rel (a) Name, address, and EIN of related organization	ated organizations treated as (b) Primary activity	a corporation (on or tru (c) egal micile or foreign untry)	Direct	e tax yea (d) controlling entity	(e) Type of en (C corp, S c	ity S	(f) Share of total	Share	(g) of end- year		(h) Percen owner) itage ship	S-(1	(i) ection 5 3) cont entity Yes
because it had one or more rel (a) Name, address, and EIN of	lated organizations treated as	a corporation (on or tru (c) egal micile or foreign	Direct	(d) controlling entity	(e) Type of en (C corp, S c	ity S	(f) Share of total	Share	(g) of end- year		(h) Percen) itage ship	S-(1	ection 5 3) cont entity
because it had one or more rel (a) Name, address, and EIN of related organization INGS INDIA PRIVATE LIMITED ICH ROAD KASHMERE GATE	ated organizations treated as (b) Primary activity	a corporation (on or tru (c) egal micile or foreign untry)	Direct	(d) controlling entity	(e) Type of en (C corp, S c	ity S	(f) Share of total	Share	(g) of end- year		(h) Percen owner) itage ship	S-(1	ection 5 3) cont entity Yes
because it had one or more rel (a) Name, address, and EIN of related organization INGS INDIA PRIVATE LIMITED ICH ROAD KASHMERE GATE	ated organizations treated as (b) Primary activity	a corporation (on or tru (c) egal micile or foreign untry)	Direct	(d) controlling entity	(e) Type of en (C corp, S c	ity S	(f) Share of total	Share	(g) of end- year		(h) Percen owner) itage ship	S-(1	ection 5 3) cont entity Yes
because it had one or more rel (a) Name, address, and EIN of related organization INGS INDIA PRIVATE LIMITED ICH ROAD KASHMERE GATE	ated organizations treated as (b) Primary activity	a corporation (on or tru (c) egal micile or foreign untry)	Direct	(d) controlling entity	(e) Type of en (C corp, S c	ity S	(f) Share of total	Share	(g) of end- year		(h) Percen owner) itage ship	S-(1	ection 5 3) cont entity Yes
because it had one or more rel (a) Name, address, and EIN of related organization INGS INDIA PRIVATE LIMITED ICH ROAD KASHMERE GATE	ated organizations treated as (b) Primary activity	a corporation (on or tru (c) egal micile or foreign untry)	Direct	(d) controlling entity	(e) Type of en (C corp, S c	ity S	(f) Share of total	Share	(g) of end- year		(h) Percen owner) itage ship	S-(1	ection 5 3) cont entity Yes
because it had one or more rel (a) Name, address, and EIN of related organization INGS INDIA PRIVATE LIMITED ICH ROAD KASHMERE GATE	ated organizations treated as (b) Primary activity	a corporation (on or tru (c) egal micile or foreign untry)	Direct	(d) controlling entity	(e) Type of en (C corp, S c	ity S	(f) Share of total	Share	(g) of end- year		(h) Percen owner) itage ship	S-(1	ection 5 3) cont entity Yes

Page **3**

irt V	Transactions With	Related	Organizations.	Complete	if the organization	answered "Ye	es" on Form 990	, Part IV, line 34, 3	35b, or 36.	
	a 1 : 1: 4 :6			-1. C.I.						

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to related organization(s)	1 b		No
С	Gift, grant, or capital contribution from related organization(s)	1c		No
d	Loans or loan guarantees to or for related organization(s)	1 d		No
е	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	1 g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
I	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
0	Sharing of paid employees with related organization(s)	10		No
р	Reimbursement paid to related organization(s) for expenses	1 p		No
q	Reimbursement paid by related organization(s) for expenses	1 q		No
r	Other transfer of cash or property to related organization(s)	1r		No
s	Other transfer of cash or property from related organization(s)	1s		No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			
	(a) Name of related organization (b) Transaction Transaction type (a-s) (c) Amount involved Method of determining an	nount i	nvolved	

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	or	(e) e all partners section 501(c)(3) ganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	ı	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General (managin partner?	g ?	(k) Percentage ownership
			317)	Yes	No			Yes	No		Yes	No	
										Schedul	e R (Form	199	0) 2019

Schedule R (Fo	Schedule R (Form 990) 2019							
Part VII	Supplemental Info	Supplemental Information						
	Provide additional infor	mation for responses to questions on Schedule R. (see instructions).						
Return Reference		Explanation						