

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**Open to Public  
Inspection**A** For the 2020 calendar year, or tax year beginning JUL 1, 2020 and ending JUN 30, 2021**B** Check if applicable:Address change  
Name change  
Initial return  
Final return/terminated  
Amended return  
Application pending**C** Name of organization

THE BROOKINGS INSTITUTION

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

1775 MASSACHUSETTS AVE., NW

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

WASHINGTON, DC 20036

**F** Name and address of principal officer: JOHN R. ALLEN

SAME AS C ABOVE

**D** Employer identification number

53-0196577

**E** Telephone number

202-797-6000

**G** Gross receipts \$ 195,226,903.**H(a)** Is this a group returnfor subordinates? ..... Yes ☒ No**H(b)** Are all subordinates included? Yes No

If "No," attach a list. See instructions

**H(c)** Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527**J** Website: ▶ WWW.BROOKINGS.EDU**K** Form of organization: ☒ Corporation Trust Association Other ▶**L** Year of formation: 1939**M** State of legal domicile: DC**Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	52
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	52
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	565
	6 Total number of volunteers (estimate if necessary)	6	55
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-321,001.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	63,041,977.	47,454,002.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,124,071.	738,145.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	12,315,777.	18,624,162.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,913,830.	1,085,497.
	79,395,655.	67,901,806.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	815,987.	516,601.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	60,960,118.	61,534,376.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	51,600.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,985,904.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	33,115,761.	23,633,401.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	94,943,466.	85,684,378.
	19 Revenue less expenses. Subtract line 18 from line 12	-15,547,811.	-17,782,572.
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	492,547,778.	568,244,186.
	22 Net assets or fund balances. Subtract line 21 from line 20	56,583,614.	61,109,184.
		435,964,164.	507,135,002.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date		
	TED GAYER, EXECUTIVE VICE PRESIDENT				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	YONG ZHANG, CPA	Yong Zhang	03/30/22	<input type="checkbox"/>	P01249785
Firm's name	RSM US LLP		Firm's EIN ▶		42-0714325
	Firm's address ▶ 1861 INTERNATIONAL DRIVE, SUITE 400 MCLEAN, VA 22102		Phone no. 703-336-6400		

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes No

**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒ **X****1** Briefly describe the organization's mission:

SEE SCHEDULE O

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code: ) (Expenses \$ 14,715,834. including grants of \$ 0. ) (Revenue \$ 8,350. )**ECONOMIC STUDIES:**

THE ECONOMIC STUDIES PROGRAM PROVIDES ANALYSIS OF CURRENT AND EMERGING ECONOMIC ISSUES TO INFORM PUBLIC POLICY THROUGH INNOVATIVE AND PRACTICAL POLICY SOLUTIONS. OVER THE PAST YEAR, ECONOMIC STUDIES SCHOLARS CONDUCTED RIGOROUS RESEARCH AND POLICY ANALYSIS IN THE AREAS OF SOUND MONETARY AND FISCAL POLICY, TAXATION, INCLUSIVE SOCIO-ECONOMIC POLICY, ECONOMIC OPPORTUNITY AND MOBILITY, HEALTH CARE AND SOCIAL INSURANCE ECONOMICS, COVID-19 RECOVERY, THE EFFICIENT WORKING OF MARKETS, AND CLIMATE-RESILIENT GROWTH. ECONOMIC STUDIES ALSO CONTINUED TO PRODUCE THE BROOKINGS PAPERS ON ECONOMIC ACTIVITY, THE LEADING SOURCE OF POLICY-ORIENTED, EMPIRICAL RESEARCH ON MACROECONOMICS.

**4b** (Code: ) (Expenses \$ 11,842,655. including grants of \$ 229,375. ) (Revenue \$ 523,995. )**FOREIGN POLICY:**

THE FOREIGN POLICY PROGRAM CONDUCTS RESEARCH, ANALYSIS AND DIALOGUE IN ORDER TO INFORM PUBLIC UNDERSTANDING AND POLICY DECISIONS CONCERNING THE MOST PRESSING GEOPOLITICAL AND SECURITY ISSUES FACING THE U.S. POLICYMAKING COMMUNITY AND THE WORLD. IN THE PAST YEAR, FOREIGN POLICY SCHOLARS HAVE PUBLISHED A NUMBER OF REPORTS AND BOOKS, INCLUDING ON THE POLITICS OF THE PANDEMICS AND ITS IMPACT ON INTERNATIONAL ORDER, U.S. GRAND STRATEGY, AND U.S.-CHINA RELATIONS. THE FOREIGN POLICY PROGRAM HAS CONVENED NUMEROUS EVENTS WITH LEADING U.S. AND INTERNATIONAL POLICY EXPERTS, FOREIGN POLICY SCHOLARS HAVE ALSO MADE APPEARANCES ON AND CONTRIBUTED TO ARTICLES IN MAJOR NEWS AND POLICY OUTLETS ACROSS THE POLITICAL SPECTRUM IN THE U.S. AND AROUND THE GLOBE. IN RECOGNITION OF

**4c** (Code: ) (Expenses \$ 11,416,293. including grants of \$ 12,600. ) (Revenue \$ 163,445. )**GLOBAL ECONOMY AND DEVELOPMENT:**

THE GLOBAL ECONOMY & DEVELOPMENT (GLOBAL) PROGRAM OFFERS INNOVATIVE POLICY SOLUTIONS AND TOOLS TO HELP GLOBAL, NATIONAL, AND LOCAL POLICYMAKERS BUILD MORE EQUITABLE AND SUSTAINABLE ECONOMIC SYSTEMS THAT DELIVER PROSPERITY AND WELL-BEING FOR ALL. GLOBAL'S INTERDISCIPLINARY TEAM OF EXPERTS PROVIDES THOUGHT LEADERSHIP, CUTTING-EDGE RESEARCH, AND INNOVATIVE SOLUTIONS THAT INFORM POLICY AND FOSTER INTERNATIONAL COOPERATION IN FIVE MAJOR THEMATIC AREAS: HARNESSING TECHNOLOGY FOR INCLUSIVE GROWTH AND DEVELOPMENT; CLIMATE POLICY AND ACTION FOR SUSTAINABLE INCLUSIVE GROWTH AND DEVELOPMENT; GLOBAL EDUCATION AND SKILLS DEVELOPMENT; SUSTAINABLE DEVELOPMENT AND FINANCING FOR DEVELOPMENT; AND RENEWED MULTILATERALISM AND INTERNATIONAL COOPERATION.

**4d** Other program services (Describe on Schedule O.)

(Expenses \$ 25,118,853. including grants of \$ 274,626. ) (Revenue \$ 1,416,303. )

**4e** Total program service expenses **63,093,635.**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	<b>2</b> X	
<b>3</b> 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> .....	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> 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> .....	<b>4</b>	X
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i> .....	<b>5</b>	X
<b>6</b> 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, Part I</i> .....	<b>6</b>	X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	<b>8</b> X	
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i> .....	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	<b>10</b> X	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	<b>11a</b> X	
<b>b</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? <i>If "Yes," complete Schedule D, Part VII</i> .....	<b>11b</b> X	
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i> .....	<b>11c</b>	X
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i> .....	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11e</b> X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11f</b> X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<b>12a</b> X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	<b>14a</b> X	
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	<b>14b</b> X	
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....	<b>15</b> X	
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....	<b>16</b> X	
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....	<b>17</b>	X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	<b>18</b>	X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	<b>20b</b>	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	<b>21</b>	X

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	<b>22</b> X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	<b>23</b> X	
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....	<b>24a</b> X	
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	X
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>	X
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	X
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25a</b>	X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25b</b>	X
<b>26</b> 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? <i>If "Yes," complete Schedule L, Part II</i> .....	<b>26</b>	X
<b>27</b> 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, Part III</i> .....	<b>27</b>	X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b>	X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>	X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b> X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....	<b>32</b>	X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	<b>33</b>	X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	<b>34</b> X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b> X	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>35b</b>	X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>36</b>	X
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> .....	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O .....	<b>38</b> X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b> 474	
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....	<b>1b</b> 0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b> X	

**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 565		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	X	
<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	X	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>	X	
<b>4a</b> 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)?	<b>4a</b>	X	
<b>b</b> If "Yes," enter the name of the foreign country <b>QATAR, INDIA</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<b>6a</b> 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?	<b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> 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?	<b>7a</b>		X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state?	<b>13a</b>		
<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	<b>15</b>		X
If "Yes," see instructions and file Form 4720, Schedule N.			
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	<b>16</b>		X
If "Yes," complete Form 4720, Schedule O.			

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

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

**Section A. Governing Body and Management**

	1a	1b	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year ..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	52			
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent .....		52		
<b>2</b> 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? .....			X	
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .....				X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....				X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? .....				X
<b>6</b> Did the organization have members or stockholders? .....				X
<b>7a</b> 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? .....				X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....				X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body? .....			X	
<b>b</b> Each committee with authority to act on behalf of the governing body? .....			X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O .....				X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? .....		X
<b>b</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? .....		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .....	X	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990. ....		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 .....	X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done .....	X	
<b>13</b> Did the organization have a written whistleblower policy? .....	X	
<b>14</b> Did the organization have a written document retention and destruction policy? .....	X	
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official .....	X	
<b>b</b> Other officers or key employees of the organization .....	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....		X
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? .....		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ► **SEE SCHEDULE O**

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ Own website      Another's website      ☒ Upon request      Other (explain on Schedule O)

**19** Describe on 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 ►  
**NIKKI BAGWELL AND ELIZABETH GROSS - 202-797-6000**  
**1775 MASSACHUSETTS AVE., NW, WASHINGTON, DC 20036**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- 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 for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOHN ALLEN PRESIDENT	40.00			X				893,715.	0.	77,951.
(2) TED GAYER EXECUTIVE VICE PRESIDENT	40.00			X				460,767.	0.	53,700.
(3) WILLIAM G. GALE SR FELLOW & DIR, TAX POLICY	40.00					X		448,253.	0.	49,262.
(4) DARRELL M. WEST VP, DIR. GOVERNANCE STUDIES	40.00				X			357,853.	0.	67,109.
(5) CATHERINE A. PIEZ CHIEF INVESTMENT OFFICER	40.00				X			348,265.	0.	58,332.
(6) AMY LIU WITMER VP, DIR. METROPOLITAN POLICY	40.00				X			360,225.	0.	43,200.
(7) IRENA BARISIC VP, CFO, ASST TREA. THRU 05/14/21	40.00			X				326,785.	0.	40,570.
(8) DAVID WESSEL SR FELLOW & DIR, HUTCHINS	40.00					X		306,868.	0.	61,201.
(9) STEPHANIE R. AARONSON VP, DIR. ECONOMIC STUDIES	40.00				X			318,510.	0.	41,289.
(10) LUCY KIM VP, DEVELOPMENT	40.00					X		283,705.	0.	59,165.
(11) HOMI J. KHARAS INTERIM VP. DIR. THRU 05/31/20	40.00				X			297,523.	0.	34,200.
(12) SUZANNE MALONEY VP, DIR. FOREIGN POLICY	40.00				X			269,198.	0.	61,203.
(13) BRAHIMA COULIBALY VP, DIR. GLOBAL	40.00				X			264,069.	0.	58,624.
(14) ANKUR BHATT CHIEF INFORMATION OFFICER	40.00					X		297,806.	0.	19,681.
(15) MICHAEL CAVADEL VP GEN COUNSEL/ASST SEC	40.00			X				253,422.	0.	55,632.
(16) KEMAL DERSVIS SENIOR FELLOW	40.00					X		275,412.	0.	33,024.
(17) BRUCE JONES VP, DIR. FOREIGN POLICY TILL 1/31/20	40.00				X			259,806.	0.	33,455.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JENNIFER BERLIN VP, STRATEGY AND OPERATION	40.00				X			230,150.	0.	27,600.
(19) N. STROBE TALBOTT FORMER PRESIDENT, DIST. FELLOW	40.00						X	178,925.	0.	32,276.
(20) GLENN H. HUTCHINS CO-CHAIR OF THE BOARD	4.00	X		X				0.	0.	0.
(21) SUZANNE NORA JOHNSON CO-CHAIR OF THE BOARD	4.00	X		X				0.	0.	0.
(22) ARTHUR R. COLLINS VICE CHAIR OF BOARD	3.00	X		X				0.	0.	0.
(23) LEONARD D. SCHAEFFER VICE CHAIR OF BOARD	3.00	X		X				0.	0.	0.
(24) CHERYL COHEN EFFRON TREASURER; VC OF NOMINATIONS & GOVER	3.00	X		X				0.	0.	0.
(25) TRACY R. WOLSTENCROFT SECRETARY; VC OF BUDGET & FINANCE O	3.00	X		X				0.	0.	0.
(26) ROBERT J. ABERNETHY TRUSTEE; VC OF DEVELOPMENT COMMITTEE	3.00	X						0.	0.	0.
<b>1b Subtotal</b> .....								6,431,257.	0.	907,474.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								6,431,257.	0.	907,474.

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

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- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* .....
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual* .....
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person* .....

	Yes	No
<b>3</b>	X	
<b>4</b>	X	
<b>5</b>		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
APFS, LLC (ADDISON GROUP) 7076 SOLUTIONS CENTER, CHICAGO, IL 60677	CONSULTING, STAFFING & RECRUITING, AND E	828,821.
SODEXO, INC & AFFILIATES P.O. BOX 536922, ATLANTA, GA 30353-6922	FACILITIES MGMT	671,984.
AMERICAN MECHANICAL SERVICES OF MD LLC 13300 MID ATLANTIC BLVD, LAUREL, MD 20708	HEATING, VENTILATION & AIR CONDITIONING	627,120.
RESULTS FOR DEVELOPMENT INSTITUTE, INC., 1875 CONNECTICUT AVE., NW, WASHINGTON, DC	NON-PROFIT	596,488.
CITY SECURITY CONSULTANTS, INC., 2010 KENDALL STREET, N.E., WASHINGTON, DC 20002	SECURITY & SAFETY TRAINING	554,144.

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

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SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2020)



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) PAUL ACHLEITNER TRUSTEE TILL 06/4/2021	2.00	X						0.	0.	0.
(28) PETER BARRIS TRUSTEE	2.00	X						0.	0.	0.
(29) ROBERT M. BASS TRUSTEE	2.00	X						0.	0.	0.
(30) JEFFREY L. BEWKES TRUSTEE ELECTED 11/20/2020	2.00	X						0.	0.	0.
(31) DAVID C. BOHNETT TRUSTEE	2.00	X						0.	0.	0.
(32) DAVID BOZEMAN TRUSTEE ELECTED 11/20/2020	2.00	X						0.	0.	0.
(33) W. EDMUND CLARK TRUSTEE	2.00	X						0.	0.	0.
(34) ABBY JOSEPH COHEN TRUSTEE; CHAIR OF INVESTMENT COMMITTEE	3.00	X						0.	0.	0.
(35) BETSY Z. COHEN TRUSTEE	2.00	X						0.	0.	0.
(36) CHERYL CRAZY BULL TRUSTEE ELECTED 11/20/2020	2.00	X						0.	0.	0.
(37) SUSAN CROWN TRUSTEE	2.00	X						0.	0.	0.
(38) JASON CUMMINS TRUSTEE	2.00	X						0.	0.	0.
(39) PAUL DESMARAIS JR. TRUSTEE	2.00	X						0.	0.	0.
(40) ALFONSO FANJUL TRUSTEE TILL 06/4/2021	2.00	X						0.	0.	0.
(41) BART FRIEDMAN TRUSTEE; CHAIR OF THE AUDIT COMMITTEE	3.00	X						0.	0.	0.
(42) ELLEN V. FUTTER TRUSTEE; CHAIR OF NOMINATIONS & GOVERNANCE	3.00	X						0.	0.	0.
(43) HELENE GAYLE TRUSTEE	2.00	X						0.	0.	0.
(44) DAVID J. GRAIN TRUSTEE	2.00	X						0.	0.	0.
(45) PETE HIGGINS TRUSTEE; CHAIR OF DEVELOPMENT COMMITTEE	3.00	X						0.	0.	0.
(46) VICTOR L. HYMES CHAIR/BUDGET&FIN COMM EFF. 3/5/2021	3.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) BENJAMIN R. JACOBS TRUSTEE	2.00	X						0.	0.	0.
(48) KENNETH M. JACOBS TRUSTEE	2.00	X						0.	0.	0.
(49) TOM KAPLAN TRUSTEE	2.00	X						0.	0.	0.
(50) HOSEIN KHAJEH-HOSSEINY TRUSTEE	2.00	X						0.	0.	0.
(51) PHILIP M. KNIGHT TRUSTEE	2.00	X						0.	0.	0.
(52) SARA GROOTWASSINK LEWIS TRUSTEE; VC OF THE AUDIT COMMITTEE	3.00	X						0.	0.	0.
(53) KEVIN MANDIA TRUSTEE ELECTED 3/5/2021	2.00	X						0.	0.	0.
(54) CATHY MINEHAN TRUSTEE; CHAIR OF COMPENSATION COMMI	3.00	X						0.	0.	0.
(55) ADITYA MITTAL TRUSTEE	2.00	X						0.	0.	0.
(56) BETH MOONEY TRUSTEE ELECTED 3/5/2021	2.00	X						0.	0.	0.
(57) OSCAR MUNOZ TRUSTEE ELECTED 6/4/2021	2.00	X						0.	0.	0.
(58) LAXMAN NARASIMHAN TRUSTEE	2.00	X						0.	0.	0.
(59) BRIAN ROGERS TRUSTEE; VC OF INVESTMENT COMMITTEE	3.00	X						0.	0.	0.
(60) GINNI ROMETTY TRUSTEE ELECTED 6/4/2021	2.00	X						0.	0.	0.
(61) NICOLE PULLEN ROSS TRUSTEE	2.00	X						0.	0.	0.
(62) TIM RYAN TRUSTEE ELECTED 11/20/2020	2.00	X						0.	0.	0.
(63) JAMES SMITH TRUSTEE ELECTED 11/20/2020	2.00	X						0.	0.	0.
(64) KEVIN SNEADER TRUSTEE ELECTED 11/20/2020	2.00	X						0.	0.	0.
(65) ARNE M. SORENSON CHAIR/BUDGET&FIN COMM THRU 2/15/21	3.00	X						0.	0.	0.
(66) DOUGLAS STEENLAND TRUSTEE ELECTED 11/20/2020	2.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										



**Part VIII Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	875,372.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	46,578,630.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 1,216,235.				
	<b>h Total.</b> Add lines 1a-1f .....						
<b>Program Service Revenue</b>	<b>2 a</b> RESEARCH .....	<b>Business Code</b>	900099	738,145.	738,145.		
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....			738,145.			
	<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			2,345,253.		-324,646.
<b>4</b> Income from investment of tax-exempt bond proceeds .....							
<b>5</b> Royalties .....							
<b>6 a</b> Gross rents .....		<b>6a</b>	(i) Real (ii) Personal				
<b>b</b> Less: rental expenses ...		<b>6b</b>					
<b>c</b> Rental income or (loss) .....		<b>6c</b>					
<b>d</b> Net rental income or (loss) .....							
<b>7 a</b> Gross amount from sales of assets other than inventory .....		<b>7a</b>	(i) Securities (ii) Other	143,239,718.			
<b>b</b> Less: cost or other basis and sales expenses .....		<b>7b</b>		126,960,716.	93.		
<b>c</b> Gain or (loss) .....		<b>7c</b>		16,279,002.	-93.		
<b>d</b> Net gain or (loss) .....				16,278,909.			16,278,909.
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....		<b>8a</b>					
<b>b</b> Less: direct expenses .....		<b>8b</b>					
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....		<b>9a</b>					
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>		1,373,947.				
<b>b</b> Less: cost of goods sold .....	<b>10b</b>		364,288.				
<b>c</b> Net income or (loss) from sales of inventory .....			1,009,659.	1,006,014.	3,645.		
<b>Miscellaneous Revenue</b>	<b>11 a</b> OTHER INCOME .....	<b>Business Code</b>	900099	75,838.			75,838.
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....			75,838.			
	<b>12 Total revenue.</b> See instructions .....			67,901,806.	1,744,159.	-321,001.	19,024,646.

**Part IX Statement of Functional Expenses**

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

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

☒ X

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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	358,645.	358,645.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....	157,956.	157,956.		
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	5,533,852.	2,708,457.	2,527,648.	297,747.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	36,822,281.	28,010,169.	7,579,474.	1,232,638.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	4,696,038.		4,696,038.	
<b>9</b> Other employee benefits .....	11,296,572.	15,025,777.	-4,463,863.	734,658.
<b>10</b> Payroll taxes .....	3,185,633.		3,185,633.	
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	194,525.	7,643.	186,882.	
<b>c</b> Accounting .....	208,133.	13,957.	194,176.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	1,448,431.		1,448,431.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	11,113,223.	8,600,053.	2,250,074.	263,096.
<b>12</b> Advertising and promotion .....	164,185.	147,750.		16,435.
<b>13</b> Office expenses .....	1,112,500.	506,831.	522,991.	82,678.
<b>14</b> Information technology .....	2,347,810.	826,993.	1,507,722.	13,095.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	1,751,178.	5,207,453.	-3,750,659.	294,384.
<b>17</b> Travel .....	97,441.	95,206.	2,238.	-3.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	103,929.	222,931.	-130,730.	11,728.
<b>20</b> Interest .....	725,798.		725,798.	
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	2,348,586.	74,208.	2,274,378.	
<b>23</b> Insurance .....	389,995.	6,557.	383,438.	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> PUBLISHING	669,938.	669,938.		
<b>b</b> OTHER DIRECT COSTS	621,637.	380,654.	201,535.	39,448.
<b>c</b> REPAIR/MAINTENANCE	246,444.	7,869.	238,575.	
<b>d</b> BAD DEBT	73,148.	64,588.	8,560.	
<b>e</b> All other expenses	16,500.		16,500.	
<b>25</b> Total functional expenses. Add lines 1 through 24e	85,684,378.	63,093,635.	19,604,839.	2,985,904.
<b>26</b> 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)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	24,872,409.	<b>1</b>	37,112,020.
	<b>2</b> Savings and temporary cash investments .....	74,697,770.	<b>2</b>	58,117,303.
	<b>3</b> Pledges and grants receivable, net .....	63,308,682.	<b>3</b>	32,611,204.
	<b>4</b> Accounts receivable, net .....	156,342.	<b>4</b>	283,818.
	<b>5</b> Loans and other receivables from 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	102,401.	<b>8</b>	110,133.
	<b>9</b> Prepaid expenses and deferred charges .....	1,160,402.	<b>9</b>	1,426,173.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 72,611,445.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 46,505,240.		
	<b>11</b> Investments - publicly traded securities .....	27,720,193.	<b>10c</b>	26,106,205.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	185,572,781.	<b>11</b>	172,509,557.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	113,957,384.	<b>12</b>	238,974,082.
	<b>14</b> Intangible assets .....		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	999,414.	<b>14</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	492,547,778.	<b>15</b>	993,691.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	492,547,778.	<b>16</b>	568,244,186.
	<b>18</b> Grants payable .....	7,754,671.	<b>17</b>	8,703,927.
	<b>19</b> Deferred revenue .....		<b>18</b>	
	<b>20</b> Tax-exempt bond liabilities .....	1,299,419.	<b>19</b>	5,958,890.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....	44,623,945.	<b>20</b>	43,836,739.
	<b>22</b> Loans and other 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 .....		<b>21</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>22</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>23</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	2,905,579.	<b>24</b>	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	56,583,614.	<b>25</b>	2,609,628.
<b>Net Assets or Fund Balances</b>	<b>27</b> Net assets without donor restrictions .....	56,583,614.	<b>26</b>	61,109,184.
	<b>28</b> Net assets with donor restrictions .....			
	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....	207,949,947.	<b>27</b>	272,354,569.
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....	228,014,217.	<b>28</b>	234,780,433.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>29</b>	
	<b>32</b> Total net assets or fund balances .....	435,964,164.	<b>30</b>	
	<b>33</b> Total liabilities and net assets/fund balances .....	492,547,778.	<b>31</b>	

Form **990** (2020)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	67,901,806.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	85,684,378.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-17,782,572.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	435,964,164.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	88,649,826.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	303,584.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	507,135,002.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b> Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
<b>3a</b> 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? _____	X	
<b>b</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 on Schedule O and describe any steps taken to undergo such audits _____	X	

Form **990** (2020)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization

THE BROOKINGS INSTITUTION

Employer identification number

53-0196577

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1** A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2** A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3** A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4** A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5** An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6** A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7** ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8** A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9** An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10** An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11** An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12** An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a** **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b** **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c** **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d** **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e** Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

**f** Enter the number of supported organizations \_\_\_\_\_

**g** Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	96,843,646.	65,378,153.	78,430,045.	63,041,977.	47,454,001.	351,147,822.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	96,843,646.	65,378,153.	78,430,045.	63,041,977.	47,454,001.	351,147,822.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						36,254,765.
<b>6 Public support.</b> Subtract line 5 from line 4.						314,893,057.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....	96,843,646.	65,378,153.	78,430,045.	63,041,977.	47,454,001.	351,147,822.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	4,282,665.	4,379,193.	5,024,382.	4,246,681.	2,345,253.	20,278,174.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	2,277,314.	2,618,673.	2,599,707.	1,899,088.	75,838.	9,470,620.
<b>11 Total support.</b> Add lines 7 through 10						380,896,616.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	11,349,670.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						►

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	82.67 %
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	<b>15</b>	84.95 %
<b>16a 33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		► <input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2019.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		►
<b>17a 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		►
<b>b 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		►
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		►

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**b 33 1/3% support tests - 2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions .....

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV** Supporting Organizations (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described in line 11a above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>1</b>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

	Yes	No
<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> 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.		
<b>2a</b>		
<b>b</b> Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> 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? If "Yes" or "No" provide details in <b>Part VI</b> .		
<b>3a</b>		
<b>b</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 <b>Part VI</b> the role played by the organization in this regard.		
<b>3b</b>		

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

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( *explain in Part VI*). **See instructions.**  
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (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 0.85 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2020

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

Section D - Distributions		Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>	
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>	
<b>5</b> Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>	
<b>6</b> Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>	
<b>7</b> <b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>	
<b>9</b> Distributable amount for 2020 from Section C, line 6	<b>9</b>	
<b>10</b> Line 8 amount divided by line 9 amount	<b>10</b>	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
<b>d</b> From 2018			
<b>e</b> From 2019			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016			
<b>b</b> Excess from 2017			
<b>c</b> Excess from 2018			
<b>d</b> Excess from 2019			
<b>e</b> Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

**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.)

## SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

## CAFETERIA

2016 AMOUNT: \$ 2,167,186.

2017 AMOUNT: \$ 2,350,662.

2018 AMOUNT: \$ 2,358,488.

2019 AMOUNT: \$ 1,621,213.

2020 AMOUNT: \$ 0.

## OTHER INCOME

2016 AMOUNT: \$ 110,128.

2017 AMOUNT: \$ 268,011.

2018 AMOUNT: \$ 241,219.

2019 AMOUNT: \$ 277,875.

2020 AMOUNT: \$ 75,838.

# Schedule B

(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**\*\*OPEN TO PUBLIC INSPECTION\*\***

## Schedule of Contributors

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

# 2020

Name of the organization

THE BROOKINGS INSTITUTION

Employer identification number

53-0196577

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

### General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

### Special Rules

☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).



Name of organization	Employer identification number
THE BROOKINGS INSTITUTION	53-0196577

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 1,229,491.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)
2		\$ 1,000,000.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)
3		\$ 1,431,402.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)
4		\$ 1,300,000.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)
5		\$ 1,150,000.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)
6		\$ 1,020,000.	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)

Name of organization  THE BROOKINGS INSTITUTION	Employer identification number  53-0196577
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 970,900.	<b>Person</b> <input checked="checked" type="checkbox"/> <b>X</b> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)
		\$	<b>Person</b> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)
		\$	<b>Person</b> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)
		\$	<b>Person</b> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)
		\$	<b>Person</b> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)
		\$	<b>Person</b> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)
		\$	<b>Person</b> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)
		\$	<b>Person</b> <b>Payroll</b> <b>Noncash</b> (Complete Part II for noncash contributions.)

Employer identification number

53-0196577

## Part II

(a) No. from Part I	(b)  Description of noncash property given	(c)  FMV (or estimate) (See instructions.)	(d)  Date received
  	    	\$ 	 
(a) No. from Part I	(b)  Description of noncash property given	(c)  FMV (or estimate) (See instructions.)	(d)  Date received
  	    	\$ 	 
(a) No. from Part I	(b)  Description of noncash property given	(c)  FMV (or estimate) (See instructions.)	(d)  Date received
  	    	\$ 	 
(a) No. from Part I	(b)  Description of noncash property given	(c)  FMV (or estimate) (See instructions.)	(d)  Date received
  	    	\$ 	 
(a) No. from Part I	(b)  Description of noncash property given	(c)  FMV (or estimate) (See instructions.)	(d)  Date received
  	    	\$ 	 
(a) No. from Part I	(b)  Description of noncash property given	(c)  FMV (or estimate) (See instructions.)	(d)  Date received
  	    	\$ 	 
(a) No. from Part I	(b)  Description of noncash property given	(c)  FMV (or estimate) (See instructions.)	(d)  Date received
  	    	\$ 	 
(a) No. from Part I	(b)  Description of noncash property given	(c)  FMV (or estimate) (See instructions.)	(d)  Date received
  	    	\$ 	 

Name of organization  THE BROOKINGS INSTITUTION	Employer identification number  53-0196577
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ► \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

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

Department of the Treasury  
Internal Revenue Service

**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.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

**Name of the organization**

THE BROOKINGS INSTITUTION

**Employer identification number**

53-0196577

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ .....

4 Number of states where property subject to conservation easement is located ▶ .....

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ .....

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ .....

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not 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 in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB 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 ▶ \$ .....

(ii) Assets included in Form 990, Part X ▶ \$ 268,418.

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ .....

b Assets included in Form 990, Part X ▶ \$ .....

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

**3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

**a** ☒ Public exhibition

**d** ☐ Loan or exchange program

**b** ☐ Scholarly research

**e** ☐ Other \_\_\_\_\_

**c** ☐ Preservation for future generations

**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 organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☒ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

**c** Beginning balance

**d** Additions during the year

**e** Distributions during the year

**f** Ending balance

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	433,548,030.	471,042,888.	476,093,348.	468,522,658.	417,895,359.
<b>b</b> Contributions	45,460,966.	61,154,047.	6,715,783.	62,516,766.	18,324,115.
<b>c</b> Net investment earnings, gains, and losses	106,055,864.	-8,233,684.	7,360,966.	35,621,240.	48,993,345.
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs	82,601,969.	88,918,479.	17,596,458.	89,209,102.	15,341,592.
<b>f</b> Administrative expenses	1,574,898.	1,496,742.	1,530,751.	1,358,214.	1,348,569.
<b>g</b> End of year balance	500,887,993.	433,548,030.	471,042,888.	476,093,348.	468,522,658.

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

**a** Board designated or quasi-endowment ☐ 53.1300 %

**b** Permanent endowment ☐ 19.8300 %

**c** Term endowment ☐ 27.0400 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations

(ii) Related organizations

	Yes	No
<b>3a(i)</b>		X
<b>3a(ii)</b>		X
<b>3b</b>		

**b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land		4,155,620.		4,155,620.
<b>b</b> Buildings		52,539,513.	33,124,727.	19,414,786.
<b>c</b> Leasehold improvements				
<b>d</b> Equipment		11,389,249.	10,009,408.	1,379,841.
<b>e</b> Other		4,527,063.	3,371,105.	1,155,958.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				26,106,205.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....	238,974,082.	END-OF-YEAR MARKET VALUE
(3) Other .....		
(A) .....		
(B) .....		
(C) .....		
(D) .....		
(E) .....		
(F) .....		
(G) .....		
(H) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	238,974,082.	

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) .....		
(2) .....		
(3) .....		
(4) .....		
(5) .....		
(6) .....		
(7) .....		
(8) .....		
(9) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) .....	
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED POST-RETIREMENT BENEFIT OBLIGATION	982,000.
(3) DEFERRED RENT EXPENSE PAYABLE	690,447.
(4) DEFERRED COMPENSATION	937,181.
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	2,609,628.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... ☒

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements .....	<b>1</b>	155,046,037.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments .....	<b>2a</b>	88,649,826.
<b>b</b>	Donated services and use of facilities .....	<b>2b</b>	12,500.
<b>c</b>	Recoveries of prior year grants .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	-18,413.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	88,643,913.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	66,402,124.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	1,863,970.
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	-364,288.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	1,499,682.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) .....	<b>5</b>	67,901,806.

**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.

<b>1</b>	Total expenses and losses per audited financial statements .....	<b>1</b>	84,197,196.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities .....	<b>2a</b>	12,500.
<b>b</b>	Prior year adjustments .....	<b>2b</b>	
<b>c</b>	Other losses .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	364,288.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	376,788.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	83,820,408.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	1,863,970.
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	1,863,970.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) .....	<b>5</b>	85,684,378.

**Part XIII Supplemental Information.**

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

PART III, LINE 4:

BROOKINGS PHOTOGRAPHY COLLECTION WAS DONATED TO ENHANCE THE FACILITIES

WHERE BROOKINGS SCHOLARS WORK AND CONVEY PUBLIC POLICY AND EDUCATIONAL

EVENTS. THE COLLECTION CONTRIBUTES TO AN ATMOSPHERE THAT PROMOTES BETTER

ENGAGEMENT WITH OTHER PUBLIC POLICY STAKEHOLDERS THROUGH CONVERSATION AND

INTERACTION.

PART V, LINE 4:

BROOKINGS CAREFULLY BALANCES ITS FUNDING TO RESPOND TO CURRENT POLICY

ISSUES AS WELL AS UNDERTAKE LONG-TERM RESEARCH PROJECTS. AS NEW CHALLENGES

EMERGE, THE ENDOWMENT IS USED TO MAKE NEW RESEARCH PROJECTS POSSIBLE,

SUPPORTING CORE ADMINISTRATIVE COSTS, AS WELL AS SCHOLAR-DRIVEN RESEARCH.



**Part XIII** Supplemental Information *(continued)*

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 PUBLICLY SUPPORTED ORGANIZATION UNDER

SECTION 509(A)(1) OF THE CODE. BROOKINGS ENGAGES IN CERTAIN ACTIVITIES

THAT PRODUCE UNRELATED BUSINESS INCOME, AS DEFINED BY FEDERAL INCOME TAX

REGULATIONS.

WHEN TAX RETURNS ARE FILED, IT IS HIGHLY CERTAIN THAT SOME POSITIONS TAKEN

WOULD BE SUSTAINED UPON EXAMINATION BY THE TAXING AUTHORITIES, WHILE

OTHERS ARE SUBJECT TO UNCERTAINTY ABOUT THE MERITS OF THE POSITION TAKEN

OR THE AMOUNT OF THE POSITION THAT WOULD BE ULTIMATELY SUSTAINED. THE

BENEFIT OF A TAX POSITION IS RECOGNIZED IN THE FINANCIAL STATEMENTS IN THE

PERIOD DURING WHICH, BASED ON ALL AVAILABLE EVIDENCE, MANAGEMENT BELIEVES

IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON

EXAMINATION, INCLUDING THE RESOLUTION OF APPEALS OR LITIGATION PROCESSES,

IF ANY. TAX POSITIONS TAKEN ARE NOT OFFSET OR AGGREGATED WITH OTHER

POSITIONS. TAX POSITIONS THAT MEET THE MORE LIKELY THAN NOT RECOGNITION

THRESHOLD ARE MEASURED AS THE LARGEST AMOUNT OF TAX BENEFIT THAT IS MORE

THAN 50% LIKELY OF BEING REALIZED UPON SETTLEMENT WITH THE APPLICABLE

TAXING AUTHORITY. THE PORTION OF THE BENEFITS ASSOCIATED WITH TAX

POSITIONS TAKEN THAT EXCEEDS THE AMOUNT MEASURED AS DESCRIBED ABOVE IS

REFLECTED AS A LIABILITY FOR UNRECOGNIZED TAX BENEFITS IN THE ACCOMPANYING

STATEMENT OF FINANCIAL POSITION, ALONG WITH ANY ASSOCIATED INTEREST AND

PENALTIES THAT WOULD BE PAYABLE TO THE TAXING AUTHORITIES UPON

EXAMINATION.

**Part XIII** Supplemental Information *(continued)*

BROOKINGS FILES INCOME TAX RETURNS IN THE U.S. FEDERAL JURISDICTION. AS OF

JUNE 30, 2021, 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 THREE YEARS FROM THE FILING DATE.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

GAIN/(LOSS) ON FOREIGN CURRENCY EXCHANGE -18,413.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

COST OF GOODS SOLD REPORTED ON PART VIII, LINE 10B -364,288.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD REPORTED ON PART VIII, LINE 10B 364,288.

**SCHEDULE F  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**Open to Public  
Inspection

Name of the organization

THE BROOKINGS INSTITUTION

Employer identification number

53-0196577

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on 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 to award the grants or assistance? ..... ☒ **Yes** ☐ **No**

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
EAST ASIA AND THE PACIFIC	1	1	PROGRAM SERVICES, FUNDRAISING ACTIVITIES, MAINTAINING OFFICES	PUBLIC POLICY RESEARCH	89,401.
MIDDLE EAST AND NORTH AFRICA	1	10	PROGRAM SERVICES, FUNDRAISING ACTIVITIES, MAINTAINING OFFICES	PUBLIC POLICY RESEARCH	2,997,987.
EAST ASIA AND THE PACIFIC	0	0	GRANT TO RECIPIENTS LOCATED IN REGION		6,957.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANT TO RECIPIENTS LOCATED IN REGION		150,999.
<b>3 a Subtotal</b> .....	2	11			3,245,344.
<b>b Total from continuation sheets to Part I</b> .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	2	11			3,245,344.

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

Schedule F (Form 990) 2020

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	PROGRAM SERVICES	6,957.	WIRE TRANSFER	0.		

**2** Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter .....

**3** Enter total number of other organizations or entities .....

1

Part III can be duplicated if additional space is needed.

Schedule F (Form 990) 2020

**Part IV Foreign Forms**

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ..... ☒ **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**

**Part V Supplemental Information**

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

PART I, LINE 2:

THE BROOKINGS INSTITUTION MAINTAINS RECORDS OF HOW ITS FUNDS ARE USED AND

VERIFIES THROUGH REGULAR REPORTS AND COMMUNICATIONS THAT GRANTS AND OTHER

ASSISTANCE OUTSIDE THE UNITED STATES ARE USED IN A MANNER CONSISTENT WITH

THE PURPOSE OF THE SUPPORT AS WELL AS BROOKINGS'S CHARITABLE MISSION.

**SCHEDULE I**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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 [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization

THE BROOKINGS INSTITUTION

**Employer identification number**

53-0196577

**Part I** **General Information on Grants and Assistance**

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... ☒ **Yes** ☐ **No**

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II** **Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance

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

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

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**Schedule I (Form 990) 2020**



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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
FELLOWSHIP STIPENDS	11	358,645.	0.		

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

PART I, LINE 2:

BROOKINGS DOES NOT GENERALLY ISSUE GRANTS TO OTHER ORGANIZATIONS, BUT AS A

GRANT RECIPIENT, OCCASIONALLY ISSUES SUBGRANTS TO COLLABORATING

INSTITUTIONS. SUBGRANTS ARE ISSUED PURSUANT TO WRITTEN AGREEMENTS

SPECIFYING THE CHARITABLE PURPOSES FOR WHICH THE SUBGRANT IS MADE AND

REQUIRING REGULAR REPORTING AND OTHER COMPLIANCE COVENANTS ON THE PART OF

THE RECIPIENT. BROOKINGS ALSO ISSUES FELLOWSHIP STIPENDS AND/OR HONORARIA

TO INDIVIDUALS, WHOSE WORK IS SUPERVISED BY A BROOKINGS COUNTERPART WITH

FINANCES AND INDIVIDUALS. THESE DISBURSEMENTS ARE ISSUED AND MONITORED



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

- For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
- ▶ **Attach to Form 990.**
- ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

THE BROOKINGS INSTITUTION

Employer identification number

53-0196577

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

Yes No

<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2020

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported 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 aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and 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
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JOHN ALLEN PRESIDENT	(i)	841,105.	0.	52,610.	53,700.	25,299.	972,714.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) TED GAYER EXECUTIVE VICE PRESIDENT	(i)	458,960.	0.	1,807.	53,700.	1,552.	516,019.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) WILLIAM G. GALE SR FELLOW & DIR, TAX POLICY	(i)	429,214.	0.	19,039.	34,200.	15,895.	498,348.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) DARRELL M. WEST VP, DIR. GOVERNANCE STUDIES	(i)	349,533.	7,348.	972.	42,858.	25,083.	425,794.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) CATHERINE A. PIEZ CHIEF INVESTMENT OFFICER	(i)	340,082.	0.	8,183.	34,200.	25,204.	407,669.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) AMY LIU WITMER VP, DIR. METROPOLITAN POLICY	(i)	360,000.	0.	225.	43,200.	832.	404,257.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) IRENA BARISIC VP, CFO, ASST TREA. THRU 05/14/21	(i)	326,482.	0.	303.	39,338.	4,001.	370,124.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) DAVID WESSEL SR FELLOW & DIR, HUTCHINS	(i)	295,184.	7,348.	4,336.	34,200.	27,973.	369,041.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) STEPHANIE R. AARONSON VP, DIR. ECONOMIC STUDIES	(i)	318,165.	0.	345.	38,934.	10,103.	367,547.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) LUCY KIM VP, DEVELOPMENT	(i)	283,388.	0.	317.	34,800.	26,247.	344,752.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) HOMI J. KHARAS INTERIM VP. DIR. THRU 05/31/20	(i)	295,236.	0.	2,287.	34,200.	1,552.	333,275.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) SUZANNE MALONEY VP, DIR. FOREIGN POLICY	(i)	268,853.	0.	345.	33,357.	29,398.	331,953.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) BRAHIMA COULIBALY VP, DIR. GLOBAL	(i)	263,844.	0.	225.	32,692.	27,844.	324,605.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) ANKUR BHATT CHIEF INFORMATION OFFICER	(i)	272,581.	25,000.	225.	0.	21,053.	318,859.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) MICHAEL CAVADEL VP GEN COUNSEL/ASST SEC	(i)	248,072.	0.	5,350.	31,200.	25,984.	310,606.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) KEMAL DERSVIS SENIOR FELLOW	(i)	274,485.	0.	927.	33,024.	1,552.	309,988.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported 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 aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and 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
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) BRUCE JONES	(i)	259,135.	0.	671.	31,800.	7,487.	299,093.	0.
VP, DIR. FOREIGN POLICY TILL 1/31/20	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) JENNIFER BERLIN	(i)	230,000.	0.	150.	27,600.	832.	258,582.	0.
VP, STRATEGY AND OPERATION	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) N. STROBE TALBOTT	(i)	164,110.	0.	14,815.	20,150.	12,539.	211,614.	0.
FORMER PRESIDENT, DIST. FELLOW	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**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.

PART I, LINE 7:

BONUSES ARE DISCRETIONARY AND ARE BASED ON INSTITUTIONAL AFFORDABILITY, AS

DETERMINED ANNUALLY BY THE PRESIDENT.

**Supplemental Information on Tax-Exempt Bonds**

► **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**  
► **Attach to Form 990.** ► **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2020**  
**Open to Public Inspection**

Name of the organization

THE BROOKINGS INSTITUTION

Employer identification number

53-0196577

**Part I Bond Issues**

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
DISTRICT OF COLUMBIA, VARIABLE RATE A REVENUE BONDS SERIES 2020	53-6001131	NONE	05/21/20	44,952,570.	MODIFICATION OF 2015 SERIES BOND		X		X		X
B											
C											
D											

**Part II Proceeds**

	A	B	C	D
1 Amount of bonds retired .....	803,706.			
2 Amount of bonds legally defeased .....				
3 Total proceeds of issue .....	44,952,570.			
4 Gross proceeds in reserve funds .....				
5 Capitalized interest from proceeds .....				
6 Proceeds in refunding escrows .....				
7 Issuance costs from proceeds .....	330,000.			
8 Credit enhancement from proceeds .....				
9 Working capital expenditures from proceeds .....				
10 Capital expenditures from proceeds .....				
11 Other spent proceeds .....	44,622,570.			
12 Other unspent proceeds .....				
13 Year of substantial completion .....				
	Yes	No	Yes	No
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? .....		X		
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? .....	X			
16 Has the final allocation of proceeds been made? .....	X			
17 Does the organization maintain adequate books and records to support the final allocation of proceeds? .....	X			

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

Schedule K (Form 990) 2020

**Part III Private Business Use**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? .....		X						
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property? .....	X							
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? .....	X							
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? .....	X							
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? .....		X						
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? ...								
<b>4</b> 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 .....	.90 %							
<b>5</b> 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) organization, or a state or local government .....	.00 %							
<b>6</b> Total of lines 4 and 5 .....	.90 %							
<b>7</b> Does the bond issue meet the private security or payment test? .....		X						
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued? .....		X						
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of .....								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? .....								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? .....	X							

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? .....		X						
<b>2</b> If "No" to line 1, did the following apply?								
<b>a</b> Rebate not due yet? .....	X							
<b>b</b> Exception to rebate? .....		X						
<b>c</b> No rebate due? .....		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed .....								
<b>3</b> Is the bond issue a variable rate issue? .....	X							



## Part IV Arbitrage (continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? .....		X						
b	Name of provider .....								
c	Term of hedge .....								
d	Was the hedge superintegrated? .....								
e	Was the hedge terminated? .....								
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)? .....		X						
b	Name of provider .....								
c	Term of GIC .....								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? .....								
6	Were any gross proceeds invested beyond an available temporary period? .....		X						
7	Has the organization established written procedures to monitor the requirements of section 148? .....	X							

## Part V Procedures To Undertake Corrective Action

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? .....	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
	X							

<b>Part VI</b>	<b>Supplemental Information.</b> Provide additional information for responses to questions on Schedule K. See instructions.
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This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

- ▶ **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](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization

THE BROOKINGS INSTITUTION

Employer identification number

53-0196577

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....	X	25	1,215,936.	FMV
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ ( <u>HARDWARE</u> )	X	1	299.	FMV
26 Other ▶ ( _____ )				
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

29 Number of Forms 8283 received by the organization during the tax year for contributions  
for which the organization completed Form 8283, Part V, Donee Acknowledgement .....

29

0

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 purposes for the entire holding period? .....

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....

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

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,  
describe in Part II.

	Yes	No
30a		X
31	X	
32a		X
33		

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

Schedule M (Form 990) 2020

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

USING A COMBINATION OF THE TWO METHODS ABOVE

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

THE BROOKINGS INSTITUTION

Employer identification number

53-0196577

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TO CONDUCT IN-DEPTH, INDEPENDENT RESEARCH THAT LEADS TO NEW IDEAS FOR  
SOLVING PROBLEMS FACING SOCIETY AT THE LOCAL, NATIONAL, AND GLOBAL  
LEVEL.

FORM 990, PAGE 2, PART III, MISSION STATEMENT

THE BROOKINGS INSTITUTION (BROOKINGS) IS A NONPROFIT PUBLIC POLICY  
ORGANIZATION THAT CONDUCTS IN-DEPTH, INDEPENDENT RESEARCH THAT LEADS TO  
NEW IDEAS FOR SOLVING PROBLEMS FACING SOCIETY AT THE LOCAL, NATIONAL,  
AND GLOBAL LEVEL. HEADQUARTERED IN WASHINGTON, DC, BROOKINGS IS  
ORGANIZED INTO FIVE RESEARCH PROGRAMS THAT FOCUS ON DOMESTIC AND  
INTERNATIONAL ECONOMICS, FOREIGN POLICY, SUSTAINABLE DEVELOPMENT,  
GOVERNANCE, AND METROPOLITAN POLICY. BROOKINGS ACHIEVES IMPACT BY  
PROVIDING POLICY ANALYSIS AND RECOMMENDATIONS ON PRESSING POLICY  
CHALLENGES, WHICH ARE DISSEMINATED THROUGH REPORTS, BOOKS, MEDIA  
APPEARANCES, OP-EDS, BLOG POSTS, MEETINGS, EVENTS, CONGRESSIONAL  
TESTIMONY, AND BRIEFINGS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

THE ECONOMIC STUDIES PROGRAM DISSEMINATED ITS FREQUENTLY CITED  
SCHOLARSHIP IN MORE THAN ONE HUNDRED PUBLISHED REPORTS AND RESEARCH  
PAPERS, WHILE ALSO PUBLISHING LONGER-FORM BOOKS AND JOURNALS AND  
SHORTER-FORM OP-EDS AND BLOG POSTS. THE PROGRAM HELD DOZENS OF EVENTS  
AND ITS SCHOLARS ALSO REGULARLY SPOKE AT EXTERNAL EVENTS AND TESTIFIED  
BEFORE THE U.S. CONGRESS. IMPORTANTLY, THE PROGRAM'S WORK INFORMED KEY

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization THE BROOKINGS INSTITUTION	Employer identification number 53-0196577
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POLICY INITIATIVES RANGING FROM NUTRITION ASSISTANCE AND

EPIDEMIOLOGICAL RESPONSES DURING COVID-19, TO ADDRESSING SURPRISE

MEDICAL BILLING IN THE NO SURPRISES ACT.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

THEIR LEADING SCHOLARSHIP, IN RECENT MONTHS OUR SCHOLARS HAVE PROVIDED

TESTIMONY AND POLICY BRIEFINGS TO THE U.S. CONGRESS AND KEY

STAKEHOLDERS AROUND THE WORLD.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

THROUGH THIS WORK, GLOBAL EXPERTS HOPE TO INFORM AND FACILITATE

PROGRESS TOWARD THE SUSTAINABLE DEVELOPMENT GOALS (SDGS), BUILD

PARTNERSHIPS IN PURSUIT OF INCLUSIVE DEVELOPMENT, AND ULTIMATELY REDUCE

GLOBAL POVERTY AND OTHER SOURCES OF SOCIAL STRESS. OVER THE PAST YEAR,

GLOBAL CONTINUED TO BRING ITS FINDINGS TO KEY POLICY STAKEHOLDERS BOTH

WITHIN THE U.S. AND WORLDWIDE THROUGH DOZENS OF VIRTUAL PANELS AND

EVENTS, POLICY ENGAGEMENTS (E.G., PUBLIC AND PRIVATE BRIEFINGS), WIDELY

READ OP-EDS AND REPORTS, AND INTERACTIVE TOOLS THAT ARE INFORMING

POLICYMAKERS ON TRENDS RELATED TO WELLBEING, LEARNING, WORKER MOBILITY,

AND MORE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

GOVERNANCE STUDIES:

THE GOVERNANCE STUDIES PROGRAM AT BROOKINGS IS DEDICATED TO ANALYZING

POLICY ISSUES, POLITICAL INSTITUTIONS AND PROCESSES, AND CONTEMPORARY

GOVERNANCE CHALLENGES. OUR SCHOLARSHIP IDENTIFIES AREAS IN NEED OF

REFORM AND PROPOSES SPECIFIC SOLUTIONS WITH THE GOALS OF: IMPROVING THE

Name of the organization THE BROOKINGS INSTITUTION	Employer identification number 53-0196577
---	--

PERFORMANCE OF THE NATIONAL GOVERNMENT; INFORMING DEBATE; AND PROVIDING

POLICYMAKERS WITH EXPERT ANALYSIS AND IDEAS TO ENSURE BETTER

INSTITUTIONAL GOVERNANCE. IN THE PAST YEAR, GOVERNANCE STUDIES EXPERTS

FOCUSED ON AREAS RANGING FROM ELECTION PROCESSES, TO ARTIFICIAL

INTELLIGENCE, TO ADDRESSING RACIAL JUSTICE IN AREAS OF LAW ENFORCEMENT,

VOTING RIGHTS, AND ACCESS TO TECHNOLOGY AND HEALTHCARE. IN ADDITION TO

PUBLISHING HUNDREDS OF WORKS OF WRITTEN SCHOLARSHIP OVER THE YEAR,

GOVERNANCE STUDIES HELD DOZENS OF EVENTS OPEN TO THE PUBLIC ON THESE

AND OTHER, TIMELY TOPICS.

EXPENSES \$ 9,814,711. INCLUDING GRANTS OF \$ 91,670. REVENUE \$ 34,958.

**METROPOLITAN POLICY:**

THE BROOKINGS METROPOLITAN POLICY PROGRAM'S (METRO) COLLABORATES WITH

LOCAL LEADERS TO TRANSFORM ORIGINAL RESEARCH INSIGHTS INTO POLICY AND

PRACTICAL SOLUTIONS THAT SCALE NATIONALLY IN SUPPORT OF EVERY COMMUNITY

BECOMING PROSPEROUS, JUST, AND RESILIENT - NO MATTER ITS STARTING

POINT. IN THE PAST YEAR, METRO PRODUCED HUNDREDS OF PUBLICATIONS,

INCLUDING BLOG POSTS, RESEARCH BRIEFS, REPORTS, AND INTERACTIVE DATA

VISUALIZATIONS, AND HOSTED A NUMBER OF PUBLIC EVENTS FOR THOUSANDS OF

VIEWERS. THROUGH ROUNDTABLES, MEETINGS, PUBLIC FORUMS, CONFERENCES,

WORKSHOPS, LABS AND COMMUNITIES OF PRACTICE, METRO ALSO CONTINUED TO

WORK WITH NETWORKS OF LEADERS FROM DIFFERENT SECTORS TO TRANSLATE

EVIDENCE AND IDEAS INTO TANGIBLE SOLUTIONS THAT ADDRESS THE

UNPRECEDENTED CHALLENGES FACING THE NATION, STATES AND CITIES ALIKE.

EXPENSES \$ 8,914,327. INCLUDING GRANTS OF \$ 0. REVENUE \$ 7,398.

**INSTITUTIONAL INITIATIVES:**

INCLUDES RESEARCH INITIATIVES UNDERTAKEN OR SUPERVISED BY THE EXECUTIVE

Name of the organization THE BROOKINGS INSTITUTION	Employer identification number 53-0196577
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OFFICE, AND CROSS-PROGRAM RESEARCH EFFORTS, INCLUDING THE ARTIFICIAL INTELLIGENCE AND EMERGING TECHNOLOGIES INITIATIVE, DAVID M. RUBENSTEIN FELLOWSHIP PROGRAM, OVERSEAS CENTERS, AND THE BROOKINGS MOUNTAIN WEST INITIATIVE.

THE ARTIFICIAL INTELLIGENCE AND 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. THE INITIATIVE INCLUDES SEVERAL WORKSTREAMS EACH DESIGNED TO TRACK AND INFORM PRESSING QUESTIONS 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 GRADUATED ITS SECOND COHORT OF FELLOWS AND RECRUITED ITS THIRD COHORT TO BEGIN IN THE FALL OF 2021.

BROOKINGS'S OVERSEAS CENTERS IN BEIJING, DOHA, AND DELHI WERE ESTABLISHED AS INSTITUTIONAL PLATFORMS FOR ENGAGEMENT IN THESE REGIONS, INCLUDING POLICY RESEARCH ON ECONOMIC, POLITICAL, AND SOCIAL ISSUES, AS WELL AS COLLABORATIVE EFFORTS WITH KEY SCHOLARS AND POLICYMAKERS.

IN RECENT YEARS, BROOKINGS HAS EXPANDED THE INSTITUTION'S GLOBAL REACH BY CAPITALIZING ON ITS PARTNERSHIPS AND RELATIONSHIPS WITH PREEMINENT ORGANIZATIONS IN CRITICAL REGIONS TO FOSTER DIALOGUE AND IDEA EXCHANGE.

Name of the organization THE BROOKINGS INSTITUTION	Employer identification number 53-0196577
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IN ALIGNMENT WITH THIS STRATEGY AND IN RECOGNITION OF THEIR PLACE AS LEADERS IN THEIR RESPECTIVE REGIONS, BROOKINGS HAS WORKED TO TRANSITION ITS OVERSEAS CENTERS TO INFORMAL PARTNERSHIPS OR SEPARATE ORGANIZATIONS. ON SEPTEMBER 11, 2020, THE BROOKINGS INSTITUTION INDIA CENTER TRANSITIONED TO A SEPARATE CENTER NAMED THE CENTRE FOR SOCIAL AND ECONOMIC PROGRESS. THIS WAS PRECEDED BY A FINANCIAL SEPARATION FROM BROOKINGS EFFECTIVE MARCH 31, 2020. ON OCTOBER 1, 2020, BROOKINGS TRANSITIONED ITS BROOKINGS-TSINGHUA CENTER TO AN UPDATED INFORMAL PARTNERSHIP WITH TSINGHUA UNIVERSITY (BROOKINGS-TSINGHUA CHINA). THE BROOKINGS DOHA CENTER FINANCIALLY SEPARATED FROM BROOKINGS EFFECTIVE ON FEBRUARY 28, 2021, WITH PLANS TO LAUNCH THE MIDDLE EAST COUNCIL ON GLOBAL AFFAIRS, A NEWLY-NAMED SEPARATE CENTER IN LATE 2021.

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 BROOKINGS SCHOLARS PRODUCED ORIGINAL RESEARCH ON MANY TOPICS RELATED TO THE RECOVERY FROM THE COVID-19 CRISIS, INCLUDING HOUSING DISTRESS, FOSTERING INCLUSIVENESS, AND THE IMPACTS ON HISPANIC AND LATINO POPULATIONS IN LAS VEGAS.

EXPENSES \$ 3,608,652. INCLUDING GRANTS OF \$ 182,956. REVENUE \$ 0.

BROOKINGS PRESS:



Name of the organization THE BROOKINGS INSTITUTION	Employer identification number 53-0196577
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THE BROOKINGS INSTITUTION PRESS PUBLISHES PUBLIC POLICY RESEARCH FROM

BROOKINGS'S OWN SCHOLARS AS WELL AS OTHER AUTHORS. THESE PUBLICATIONS

PROVIDE EXTENSIVE BACKGROUND AND INSIGHT ON IMPORTANT PUBLIC POLICY

ISSUES IN BUSINESS, ECONOMICS, GOVERNMENT, AND INTERNATIONAL AFFAIRS.

EXPENSES \$ 1,463,244. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,373,947.

COMMUNICATIONS AND WEB:

BROOKINGS'S COMMUNICATIONS DEPARTMENT DISSEMINATES INFORMATION ABOUT

THE INSTITUTION, ITS SCHOLARS AND RESEARCH, AND THE ARRAY OF RESOURCES

THAT BROOKINGS OFFERS. THE COMMUNICATIONS DEPARTMENT MANAGES

BROOKINGS'S PRIMARY AVENUES FOR DISTRIBUTING ITS WORK - THE

INSTITUTION'S WEBSITE (WWW.BROOKINGS.EDU), SOCIAL MEDIA CHANNELS, OTHER

DIGITAL COMPONENTS OF OUTREACH AND EDUCATION, AS WELL AS HOUSING THE

BROOKINGS INSTITUTION PRESS.

EXPENSES \$ 1,317,919. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 2:

BROOKINGS TRUSTEES CHERYL COHEN EFFRON AND ELLEN FUTTER - BUSINESS

RELATIONSHIP (AMERICAN MUSEUM OF NATURAL HISTORY).

BROOKINGS TRUSTEES GLENN HUTCHINS AND BETH MOONEY - BUSINESS RELATIONSHIP

(AT&T BOARD).

BROOKINGS TRUSTEES HELENE GAYLE AND DAVID WEINBERG - BUSINESS RELATIONSHIP

(COCA-COLA BOARD).

FORM 990, PART VI, SECTION B, LINE 11B:

THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES HAS APPOINTED THE AUDIT

Name of the organization	Employer identification number
THE BROOKINGS INSTITUTION	53-0196577

COMMITTEE OF THE BOARD AS THE RESPONSIBLE BOARD PARTY FOR REVIEWING THE  
FORM 990 AND 990T EACH YEAR STARTING WITH THE FISCAL YEAR ENDED JUNE 30,  
2009.

ONCE THE FORM HAS BEEN COMPLETED IT IS REVIEWED INTERNALLY BY THE  
PRESIDENT, THE CONTROLLER, THE GENERAL COUNSEL, AND OTHER MEMBERS OF THE  
SENIOR STAFF, ALONG WITH THE AUDIT COMMITTEE.

ONCE THOSE REVIEWS ARE COMPLETED AND THE DOCUMENT HAS BEEN APPROVED, IT IS  
SENT TO ALL VOTING MEMBERS OF THE BOARD OF TRUSTEES BEFORE IT IS FILED WITH  
THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH YEAR, BROOKINGS PERSONNEL ARE REQUIRED TO COMPLETE A DISCLOSURE AND  
ACKNOWLEDGMENT FORM RELATED TO THE INSTITUTION'S CONFLICT OF INTEREST  
POLICY. SPECIFICALLY, ALL EMPLOYEES AND 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 CERTAIN OTHER  
INSTITUTIONAL POLICIES; AND

- MAKE CERTAIN DISCLOSURES ABOUT THEIR OUTSIDE ACTIVITIES AND FINANCES TO  
HELP IDENTIFY CONFLICTS OF INTEREST.

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.

Name of the organization THE BROOKINGS INSTITUTION	Employer identification number 53-0196577
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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 CONFLICT OF INTEREST POLICIES THAT RELATE TO BOARD MEMBERS AS

WELL AS 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 CONFERS WITH THE CHAIR OF THE AUDIT COMMITTEE, AS

APPROPRIATE, REGARDING THE INSTITUTION'S CONFLICT OF INTEREST POLICY AND

OTHER 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.

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 DETERMINED 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, OR EMPLOYEES AS THE EXECUTIVE

Name of the organization THE BROOKINGS INSTITUTION	Employer identification number 53-0196577
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COMMITTEE OR AUDIT COMMITTEE RECOMMENDS BE SET BY THE COMPENSATION

COMMITTEE AND IN ACCORDANCE WITH ANY BOARD-ADOPTED COMPENSATION POLICY. IN

SETTING SUCH SALARIES, THE COMPENSATION COMMITTEE ASKS THE VICE PRESIDENT,

CHIEF HUMAN RESOURCES OFFICER TO GATHER RELEVANT SALARY COMPARABILITY DATA

AND RECORD COMMITTEE MINUTES WHICH CLEARLY DOCUMENT THE COMMITTEE'S

DECISIONS AND THE RATIONALE UNDERLYING SUCH DECISIONS. THE COMMITTEE USES

AN OUTSIDE CONSULTANT TO ESTABLISH SALARY COMPARABLES AND TO DETERMINE THE

REASONABLENESS OF THE COMPENSATION RECEIVED BY ALL DISQUALIFIED PERSONNEL.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AR, CA, FL, GA, HI, IL, KS, KY, MA, MD, MI, MS, MN, NC, NJ, NH, NM, NY, OR, PA, RI, SC, TN, UT

VA, WI, WV, ND

FORM 990, PART VI, SECTION C, LINE 19:

BROOKINGS MAKES THE RELEVANT DOCUMENTS AVAILABLE TO THE PUBLIC AS FOLLOWS:

- BROOKINGS'S CONFLICT OF INTEREST POLICY, AS WELL AS SUMMARIES OF OTHER

KEY POLICIES ARE AVAILABLE ON ITS WEBSITE;

- BROOKINGS'S AUDITED FINANCIAL STATEMENTS ARE ALSO AVAILABLE ON ITS

WEBSITE; AND

- BROOKINGS'S WEBSITE PROVIDES A LINK TO GUIDESTAR.ORG TO PROVIDE THE FORM

990.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONTACTS/PROFESSIONAL SERVICES:

PROGRAM SERVICE EXPENSES 5,944,499.

MANAGEMENT AND GENERAL EXPENSES 1,775,171.

FUNDRAISING EXPENSES 199,705.

TOTAL EXPENSES 7,919,375.

Name of the organization	Employer identification number
THE BROOKINGS INSTITUTION	53-0196577

## QUALIFIED SUBCONTACTS:

PROGRAM SERVICE EXPENSES	1,659,580.
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MANAGEMENT AND GENERAL EXPENSES	3,500.
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	1,663,080.
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## TEMPORARY HELP:

PROGRAM SERVICE EXPENSES	995,974.
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MANAGEMENT AND GENERAL EXPENSES	471,403.
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FUNDRAISING EXPENSES	63,391.
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TOTAL EXPENSES	1,530,768.
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TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	11,113,223.
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## FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

GAIN/(LOSS) ON FOREIGN CURRENCY EXCHANGE	-18,413.
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EFFECT OF ADOPTION PROVISIONS SFAS NO. 158	322,000.
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ROUNDING VARIANCE	-3.
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TOTAL TO FORM 990, PART XI, LINE 9	303,584.
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**SCHEDULE R**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization

THE BROOKINGS INSTITUTION

Employer identification number

53-0196577

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
BROOKINGS CENTER - DOHA P.O. BOX 22694 DOHA, QATAR	ANALYSIS AND RESEARCH	QATAR			THE BROOKINGS INSTITUTION	X	

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

Schedule R (Form 990) 2020

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....	<b>1a</b>	X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	<b>1b</b>	X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	<b>1c</b>	X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	<b>1d</b>	X
<b>e</b> Loans or loan guarantees by related organization(s) .....	<b>1e</b>	X
<b>f</b> Dividends from related organization(s) .....	<b>1f</b>	X
<b>g</b> Sale of assets to related organization(s) .....	<b>1g</b>	X
<b>h</b> Purchase of assets from related organization(s) .....	<b>1h</b>	X
<b>i</b> Exchange of assets with related organization(s) .....	<b>1i</b>	X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	<b>1j</b>	X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	<b>1k</b>	X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	<b>1l</b>	X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	<b>1m</b>	X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	<b>1n</b>	X
<b>o</b> Sharing of paid employees with related organization(s) .....	<b>1o</b>	X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	<b>1p</b>	X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	<b>1q</b>	X
<b>r</b> Other transfer of cash or property to related organization(s) .....	<b>1r</b>	X
<b>s</b> Other transfer of cash or property from related organization(s) .....	<b>1s</b>	X
<b>2</b> 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 type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			



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.

[illegible]

Provide additional information for responses to questions on Schedule R. See instructions.