

Return of Organization Exempt From Income Tax

Form 990

Department of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

A For the 2022 calendar year, or tax year beginning JUL 1, 2022 and ending JUN 30, 2023

B Check if applicable:	C Name of organization THE BROOKINGS INSTITUTION Doing business as		D Employer identification number **-***6577
<input type="checkbox"/> Address change	Number and street (or P.O. box if mail is not delivered to street address) 1775 MASSACHUSETTS AVE., NW		Room/suite
<input type="checkbox"/> Name change	City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20036		
<input type="checkbox"/> Initial return	F Name and address of principal officer: CECILIA ELENA ROUSE SAME AS C ABOVE		
<input type="checkbox"/> Final return/terminated			
<input type="checkbox"/> Amended return			
<input type="checkbox"/> Application pending			
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		E Telephone number 202-797-6000	
J Website: WWW.BROOKINGS.EDU		G Gross receipts \$ 191,875,585.	
K Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		If "No," attach a list. See instructions	
		H(c) Group exemption number	

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 48	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 48	
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5 723	
	6 Total number of volunteers (estimate if necessary)	6 52	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 234,914.	
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b 15,213.		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 70,762,210.	Current Year 73,243,242.
	9 Program service revenue (Part VIII, line 2g)	747,918.	919,916.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	46,842,243.	14,476,707.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	989,580.	804,281.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	119,341,951.	89,444,146.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,370,651.	3,275,567.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
Expenses	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	62,907,229.	69,134,924.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	124,750.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	3,355,002.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	22,452,603.	26,420,687.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	87,855,233.	98,831,178.
	19 Revenue less expenses. Subtract line 18 from line 12	31,486,718.	-9,387,032.
	20 Total assets (Part X, line 16)	Beginning of Current Year 528,999,178.	End of Year 537,645,383.
21 Total liabilities (Part X, line 26)	62,523,099.	64,652,371.	
22 Net assets or fund balances. Subtract line 21 from line 20	466,476,079.	472,993,012.	

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 MITCHELL WEIN, SENIOR VP, FINANCE & COO		Date
	Type or print name and title		
Paid	Print/Type preparer's name SUE ROBISON	Preparer's signature SUE ROBISON	Date 04/24/24 Check <input type="checkbox"/> if self-employed PTIN P00560072
	Firm's name RSM US LLP		Firm's EIN **-***4325
Preparer Use Only	Firm's address 920 5TH AVENUE, SUITE 2800 SEATTLE, WA 98104		Phone no. 206-281-4444

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 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 \$ 15,452,085. including grants of \$ 141,500.) (Revenue \$ 105,000.)
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 AREAS INCLUDING BUT NOT LIMITED TO SOUND MONETARY AND FISCAL POLICY, TAXATION, INCLUSIVE SOCIO-ECONOMIC POLICY, ECONOMIC OPPORTUNITY AND MOBILITY, HEALTH CARE AND SOCIAL INSURANCE ECONOMICS, THE EFFICIENT WORKING OF MARKETS, AND CLIMATE-RESILIENT GROWTH. THE ECONOMIC STUDIES PROGRAM DISSEMINATED ITS FREQUENTLY CITED SCHOLARSHIP IN PUBLISHED REPORTS, RESEARCH PAPERS, JOURNALS, LONGER-FORM BOOKS AND SHORTER-FORM OP-EDS AND BLOG POSTS, AS WELL AS THROUGH EVENTS.

4b (Code: _____) (Expenses \$ 14,534,962. including grants of \$ 483,847.) (Revenue \$ 256,045.)
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 INTERNATIONAL COOPERATION IN THEMATIC AREAS INCLUDING 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 MULTILATERALISM AND INTERNATIONAL COOPERATION.

4c (Code: _____) (Expenses \$ 11,452,544. including grants of \$ 402,928.) (Revenue \$ 463,987.)
FOREIGN POLICY :

THE FOREIGN POLICY PROGRAM CONDUCTS RESEARCH, ANALYSIS AND CONVENING IN ORDER TO INFORM PUBLIC UNDERSTANDING AND POLICY DIALOGUE CONCERNING THE MOST PRESSING GEOPOLITICAL AND SECURITY ISSUES FACING THE U.S. AND THE WORLD. IN ADDITION TO THE PROGRAM REGULARLY HOSTING EVENTS, FOREIGN POLICY SCHOLARS HAVE PUBLISHED A NUMBER OF REPORTS AND BOOKS WHILE ALSO MAKING APPEARANCES ON THE PAGES AND AIRWAVES OF MAJOR NEWS AND POLICY OUTLETS ACROSS THE POLITICAL SPECTRUM IN THE U.S. AND AROUND THE GLOBE.

4d Other program services (Describe on Schedule O.)(Expenses \$ 28,001,812. including grants of \$ 2,247,292.) (Revenue \$ 1,190,893.)4e Total program service expenses 69,441,403.

Form 990 (2022)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3 X	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4 X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5 X	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6 X	
7 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>	7 X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8 X	
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9 X	
10 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>	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. <ul style="list-style-type: none"> a 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 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> c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> 	11a X	
11b X	11b X	
11c X	11c X	
11d X	11d X	
11e X	11e X	
11f X	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
12b 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>	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13 X	
14a Did the organization maintain an office, employees, or agents outside of the United States? <ul style="list-style-type: none"> 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> 	14a X	
14b X	14b X	
15 X	15 X	
16 X	16 X	
17 X	17 X	
18 X	18 X	
19 X	19 X	
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a X	
20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b X	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	X
24b	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	X
24c	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	X
24d	d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	X
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	X
26	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	26	X
27	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 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	27	X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	X
	b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	X
	c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	X

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	401
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	723
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	X
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).	7a	X
a	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?	7b	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e	X
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	8	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	N/A	
9	Sponsoring organizations maintaining donor advised funds.	9a	
a	Did the sponsoring organization make any taxable distributions under section 4966?	9b	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	N/A	10a
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	N/A	11a
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	N/A	12b
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state?	N/A	13a
Note: See the instructions for additional information the organization must report on Schedule O.			
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	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	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?	15	X
If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	X
If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	N/A	17
If "Yes," complete Form 6069.			

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 X

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	48		
	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.			
1b	Enter the number of voting members included on line 1a, above, who are independent	48		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X	
3	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	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X	
6	Did the organization have members or stockholders?		X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?			
b	Each committee with authority to act on behalf of the governing body?			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			X

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

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

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.	
	<input checked="" type="checkbox"/> Own website	<input type="checkbox"/> Another's website
	<input checked="" type="checkbox"/> Upon request	<input type="checkbox"/> 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, AVP & CONTROLLER - 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(1) JOHN ALLEN FORMER PRESIDENT THRU 6/12/22	0.00					X	528,277.	0.	68,882.
(2) WILLIAM GALE SR FLLW & DIR, TAX POLICY CENTER	40.00				X		506,525.	0.	71,729.
(3) AMY LIU WITMER INTERIM PRESIDENT	40.00		X				516,040.	0.	57,100.
(4) DARRELL M. WEST VP & DIR. GOVERNANCE STUDIES	40.00			X			387,451.	0.	71,661.
(5) CATHERINE A. PIEZ CHIEF INVESTMENT OFFICER	40.00			X			378,972.	0.	62,983.
(6) STEPHANIE R. AARONSON VP & DIR OF ECON. STUDIES THRU 12/30	40.00			X			369,723.	0.	45,933.
(7) DAVID WESSEL SR FELLOW & DIR, HUTCHINS	40.00				X		333,722.	0.	65,956.
(8) SUZANNE MALONEY VP & DIR., FOREIGN POLICY	40.00			X			326,663.	0.	69,147.
(9) ANKUR R. BHATT CHIEF INFORMATION OFFICER	40.00			X			324,411.	0.	58,094.
(10) BRAHIMA COULIBALY VP & DIRECTOR, GLOBAL	40.00			X			317,437.	0.	65,358.
(11) F. MARK MURO SENIOR FELLOW, BROOKINGS METRO	40.00				X		291,167.	0.	71,463.
(12) RICHARD G. FRANK SENIOR FELLOW	40.00				X		312,174.	0.	38,100.
(13) WENDY M. EDELBURG SR FELLOW & DIR, HAMILTON PROJECT	40.00				X		287,278.	0.	54,830.
(14) ALAN M. BERUBE INTERIM VP AND DIRECTOR - METRO	40.00				X		300,800.	0.	36,090.
(15) APRIL MCWILLIAMS VP & CHIEF HR OFFICER	40.00				X		285,511.	0.	47,877.
(16) CAMILLE BUSETTE INTERIM VP & DIR., GOBAL	40.00				X		270,980.	0.	59,795.
(17) TED GAYER INTERIM PRESIDENT THRU 7/7/22	40.00		X				291,123.	0.	31,852.

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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(18) KERRY GRANNIS DEPUTY EXECUTIVE VP (THRU 1/23)	40.00			X			265,380.	0.	29,430.
(19) JOSEPH ROONEY VP, EXECUTIVE AFFAIRS	40.00			X			224,087.	0.	68,557.
(20) JONATHAN D. SCHWARTZ GENERAL COUNSEL START 7/5/22	40.00			X			268,767.	0.	16,300.
(21) ANDREA L. RISOTTO CHIEF COMMUNICATIONS OFFICER	40.00			X			220,989.	0.	36,205.
(22) TAMARA L O'NEIL VP, CHIEF DEVEL. OFFC. START 4/11/22	40.00			X			225,521.	0.	31,770.
(23) MITCHELL L. WEIN SR VP OF FINANCE & COO START 7/6/22	40.00			X			212,835.	0.	12,350.
(24) MICHAEL CAVADEL VP GEN COUNSEL/ASST SEC THRU 7/15/22	40.00			X			180,145.	0.	23,096.
(25) ELIZABETH GROSS DIR BOARD RLTNS, ASSTNT SEC BOARD	40.00			X			103,914.	0.	36,897.
(26) JACQUELINE BASILE FMR VP & CHIEF HR OFF. THRU 4/1/22	0.00				X		102,935.	0.	0.
1b Subtotal							7,832,827.	0.	1,231,455.
c Total from continuation sheets to Part VII, Section A							0.	0.	0.
d Total (add lines 1b and 1c)							7,832,827.	0.	1,231,455.

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

195

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	X
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? <i>If "Yes," complete Schedule J for such individual</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	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
ACCENTURE LLP PO BOX 70629, CHICAGO, IL 60673	CONSULTING	4,149,096.
APFS, LLC (ADDISON GROUP) 7076 SOLUTIONS CENTER, CHICAGO, IL 60677	RECRUITER/STAFFING AGENCY	1,338,301.
RESULTS FOR DEVELOPMENT INSTITUTE, INC., 1875 CONNECTICUT AVE. NW, #1210,	CONSULTING	1,251,278.
CITY SECURITY CONSULTANTS, INC., 2010 KENDALL STREET, N.E., WASHINGTON, DC 20002	SECURITY GUARD SERVICES	631,877.
WORKDAY, INC. PO BOX 886106, LOS ANGELES, CA 90088	IT SOFTWARE SOLUTIONS	617,736.
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	35	

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2022)

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			
(27) GLENN H. HUTCHINS CO-CHAIR OF THE BOARD	4.00	X		X			0.	0.	0.
(28) SUZANNE NORA JOHNSON CO-CHAIR OF THE BOARD	4.00	X		X			0.	0.	0.
(29) ARTHUR R. COLLINS VICE CHAIR OF BOARD (THRU 6/2/23)	3.00	X		X			0.	0.	0.
(30) LEONARD D. SCHAEFFER VICE CHAIR OF BOARD	3.00	X		X			0.	0.	0.
(31) CHERYL COHEN EFFRON VC NMNTNS & GVRNNCE (THRU 6/2/23)	3.00	X					0.	0.	0.
(32) VICTOR L. HYMES TREASURER 3/3/23; CHAIR BDGT & FC	3.00	X		X			0.	0.	0.
(33) DAVID WEINBERG TREASURER (THRU 3/3/23)	3.00	X		X			0.	0.	0.
(34) TRACY R. WOLSTENCROFT SECRETARY; VC BUDGET & FINANCE	3.00	X		X			0.	0.	0.
(35) ROBERT J. ABERNETHY TRUSTEE; VC DEVELOPMENT COMMITTEE	3.00	X					0.	0.	0.
(36) PETER BARRIS TRUSTEE	2.00	X					0.	0.	0.
(37) ROBERT M. BASS TRUSTEE	2.00	X					0.	0.	0.
(38) JEFFREY L. BEWKES TRUSTEE	2.00	X					0.	0.	0.
(39) DAVID C. BOHNETT TRUSTEE	2.00	X					0.	0.	0.
(40) DAVID BOZEMAN TRUSTEE	2.00	X					0.	0.	0.
(41) ABBY JOSEPH COHEN TRUSTEE; CHAIR INVSTMNT COMMITTEE	3.00	X					0.	0.	0.
(42) BETSY Z. COHEN TRUSTEE	2.00	X					0.	0.	0.
(43) CHERYL CRAZY BULL TRUSTEE; VC DEI COMMITTEE	2.00	X					0.	0.	0.
(44) SUSAN CROWN VC NMNTNS & GVRNNCE ON 6/2/23	2.00	X					0.	0.	0.
(45) JASON CUMMINS TRUSTEE	2.00	X					0.	0.	0.
(46) PAUL DESMARAIS JR. TRUSTEE THRU 6/2/23	2.00	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				
(47) BART FRIEDMAN	3.00							0.	0.	0.
TRUSTEE; CHAIR AUDIT COMMITTEE		X								
(48) ELLEN V. FUTTER	3.00							0.	0.	0.
TRUSTEE; CHAIR NMNTNS & GVRNCE		X								
(49) HELENE GAYLE	2.00							0.	0.	0.
TRUSTEE		X								
(50) DAVID J. GRAIN	2.00							0.	0.	0.
TRUSTEE		X								
(51) PETE HIGGINS	3.00							0.	0.	0.
TRUSTEE; CHAIR DVLPMNT COMMITTEE		X								
(52) BENJAMIN R. JACOBS	2.00							0.	0.	0.
TRUSTEE; NONFIDUCIARY ON 6/2/23		X								
(53) KENNETH M. JACOBS	2.00							0.	0.	0.
TRUSTEE		X								
(54) TOM KAPLAN	2.00							0.	0.	0.
TRUSTEE		X								
(55) LAURA KARET	2.00							0.	0.	0.
TRUSTEE		X								
(56) HOSEIN KHAJEH-HOSSEINY	2.00							0.	0.	0.
TRUSTEE		X								
(57) PHILIP M. KNIGHT	2.00							0.	0.	0.
TRUSTEE		X								
(58) SARA GROOTWASSINK LEWIS	3.00							0.	0.	0.
TRUSTEE; VC AUDIT COMMITTEE		X								
(59) KEVIN MANDIA	2.00							0.	0.	0.
TRUSTEE		X								
(60) CATHY MINEHAN	3.00							0.	0.	0.
TRUSTEE; CHAIR COMP COMMITTEE		X								
(61) ADITYA MITTAL	2.00							0.	0.	0.
TRUSTEE		X								
(62) BETH MOONEY	2.00							0.	0.	0.
TRUSTEE		X								
(63) OSCAR MUÑOZ	2.00							0.	0.	0.
TRUSTEE		X								
(64) LAXMAN NARASIMHAN	2.00							0.	0.	0.
TRUSTEE		X								
(65) BRIAN ROGERS	3.00							0.	0.	0.
TRUSTEE; VC INVESTMENT COMMITTEE		X								
(66) GINNI ROMETTY	2.00							0.	0.	0.
TRUSTEE		X								

Total to Part VII, Section A, line 1c

Part VII

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

Part VIII Statement of RevenueCheck 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
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e 1,409,405.			
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f 71,833,837.			
	g Noncash contributions included in lines 1a-1f	1g \$ 781,899.			
	h Total. Add lines 1a-1f		73,243,242.		
Program Service Revenue		Business Code			
	2 a RESEARCH	900099	919,916.	919,916.	
	b				
	c				
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f		919,916.		
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		4,479,561.		234,914. 4,244,647.
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
	6 a Gross rents	6a			
	b Less: rental expenses	6b			
	c Rental income or (loss)	6c			
	d Net rental income or (loss)				
	7 a Gross amount from sales of assets other than inventory	7a 111,996,000.			
	b Less: cost or other basis and sales expenses	7b 101,981,152.	17,702.		
	c Gain or (loss)	7c 10,014,848.	-17,702.		
	d Net gain or (loss)				9,997,146.
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a			
	b Less: direct expenses	8b			
	c Net income or (loss) from fundraising events				
	9 a Gross income from gaming activities. See Part IV, line 19	9a			
	b Less: direct expenses	9b			
	c Net income or (loss) from gaming activities				
	10 a Gross sales of inventory, less returns and allowances	10a 1,096,009.			
	b Less: cost of goods sold	10b 432,585.			
	c Net income or (loss) from sales of inventory		663,424.	663,424.	
Miscellaneous Revenue		Business Code			
	11 a OTHER INCOME	900099	140,857.		140,857.
	b				
	c				
	d All other revenue		140,857.		
	e Total. Add lines 11a-11d				
	12 Total revenue. See instructions		89,444,146.	1,583,340.	234,914. 14,382,650.

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

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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,508,957.	2,508,957.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	428,504.	428,504.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	338,106.	338,106.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	5,715,584.	2,128,795.	3,084,270.	502,519.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	49,739,236.	37,634,105.	10,460,074.	1,645,057.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,892,360.	3,507,981.	1,194,915.	189,464.
9 Other employee benefits	5,231,413.	4,159,576.	845,325.	226,512.
10 Payroll taxes	3,556,331.	2,550,004.	868,602.	137,725.
11 Fees for services (nonemployees):				
a Management				
b Legal	1,072,360.	31,108.	1,041,252.	
c Accounting	373,938.	20,020.	353,918.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	1,014,818.		1,014,818.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	8,697,462.	4,708,151.	3,971,306.	18,005.
12 Advertising and promotion	91,787.	75,676.	5,695.	10,416.
13 Office expenses	61,337.	25,507.	27,982.	7,848.
14 Information technology	3,711,090.	1,199,863.	2,505,644.	5,583.
15 Royalties				
16 Occupancy	2,111,458.	5,876,097.	-3,764,639.	
17 Travel	1,703,374.	1,459,669.	169,759.	73,946.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,735,144.	1,330,992.	33,000.	371,152.
20 Interest	698,998.		698,998.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,899,791.	523.	1,899,268.	
23 Insurance	424,523.		424,523.	
24 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.)				
a OTHER DIRECT COSTS	2,312,900.	997,025.	1,183,563.	132,312.
b PUBLISHING	495,207.	460,744.		34,463.
c BOND COST AMORTIZATION	16,500.		16,500.	
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	98,831,178.	69,441,403.	26,034,773.	3,355,002.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> 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
Assets	1 Cash - non-interest-bearing	741,706.	1	14,384.
	2 Savings and temporary cash investments	94,655,995.	2	61,451,115.
	3 Pledges and grants receivable, net	29,557,173.	3	33,553,860.
	4 Accounts receivable, net	862,768.	4	368,149.
	5 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	10,043.	8	8,469.
	9 Prepaid expenses and deferred charges	1,591,987.	9	1,423,216.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 78,428,064.		
	b Less: accumulated depreciation	10b 50,325,994.	26,176,250.	10c 28,102,070.
	11 Investments - publicly traded securities	137,063,700.	11	158,468,849.
	12 Investments - other securities. See Part IV, line 11	237,347,135.	12	249,268,342.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	992,421.	15	4,986,929.
	16 Total assets. Add lines 1 through 15 (must equal line 33)	528,999,178.	16	537,645,383.
Liabilities	17 Accounts payable and accrued expenses	9,287,217.	17	12,013,846.
	18 Grants payable		18	
	19 Deferred revenue	7,842,303.	19	4,248,159.
	20 Tax-exempt bond liabilities	43,036,334.	20	42,222,513.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	2,357,245.	25	6,167,853.
	26 Total liabilities. Add lines 17 through 25	62,523,099.	26	64,652,371.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	241,366,010.	27	244,677,737.
	28 Net assets with donor restrictions	225,110,069.	28	228,315,275.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	466,476,079.	32	472,993,012.
	33 Total liabilities and net assets/fund balances	528,999,178.	33	537,645,383.

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI

1 Total revenue (must equal Part VIII, column (A), line 12)	1	89,444,146.
2 Total expenses (must equal Part IX, column (A), line 25)	2	98,831,178.
3 Revenue less expenses. Subtract line 2 from line 1	3	-9,387,032.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	466,476,079.
5 Net unrealized gains (losses) on investments	5	15,831,965.
6 Donated services and use of facilities	6	
7 Investment expenses	7	
8 Prior period adjustments	8	
9 Other changes in net assets or fund balances (explain on Schedule O)	9	72,000.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	472,993,012.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 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 on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	x
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		
2b Were the organization's financial statements audited by an independent accountant?	2b	x
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		
2c 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?	2c	x
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a	x
3b 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	3b	x

Form 990 (2022)

SCHEDULE A
(Form 990)

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 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

THE BROOKINGS INSTITUTION

Employer identification number

-* 6577

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).)
- 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 on 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		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	78,430,045.	63,041,977.	47,454,001.	70,762,210.	73,243,242.	332,931,475.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	78,430,045.	63,041,977.	47,454,001.	70,762,210.	73,243,242.	332,931,475.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						21,353,157.
6 Public support. Subtract line 5 from line 4.						311,578,318.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	78,430,045.	63,041,977.	47,454,001.	70,762,210.	73,243,242.	332,931,475.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	5,024,382.	4,246,681.	2,345,253.	3,373,405.	4,244,647.	19,234,368.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						12,018.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	2,599,707.	1,899,088.	75,838.	56,414.	140,857.	4,771,904.
11 Total support. Add lines 7 through 10						356,949,765.
12 Gross receipts from related activities, etc. (see instructions)					12	11,020,000.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	87.29	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	81.90	%
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization			
<input checked="" type="checkbox"/>			
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization			
<input type="checkbox"/>			
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			
<input type="checkbox"/>			
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			
<input type="checkbox"/>			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			
<input type="checkbox"/>			

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. 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 - 2021. 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 on line 12 of 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
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.

2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).

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

b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.

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

4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.

b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.

c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).

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

c Substitutions only. Was the substitution the result of an event beyond the organization's control?

6 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? If "Yes," provide detail in **Part VI**.

7 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? If "Yes," complete **Part I of Schedule L (Form 990)**.

8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete **Part I of Schedule L (Form 990)**.

9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.

b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.

c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.

10a 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)? If "Yes," answer line 10b below.

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

Part IV Supporting Organizations (continued)

11 Has the organization accepted a gift or contribution from any of the following persons?

- A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?
- A family member of a person described on line 11a above?
- A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.*

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

1 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 Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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.*

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

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

	Yes	No
1		

Section D. All Type III Supporting Organizations

1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?

2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).*

3 By reason of the relationship described on 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 Part VI the role the organization's supported organizations played in this regard.*

	Yes	No
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

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

- The organization satisfied the Activities Test. Complete line 2 below.
- The organization is the parent of each of its supported organizations. Complete line 3 below.
- The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

2 Activities Test. Answer lines 2a and 2b below.

- Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- Did the activities described on 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 Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*

	Yes	No
2a		
2b		

3 Parent of Supported Organizations. Answer lines 3a and 3b below.

- 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 Part VI.*
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

	Yes	No
3a		
3b		

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*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 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
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 Total (add lines 1a, 1b, and 1c)	1d		
e Discount 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 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 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 Distributable Amount. 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).			

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

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:CAFETERIA2018 AMOUNT: \$ 2,358,488.2019 AMOUNT: \$ 1,621,213.OTHER INCOME2018 AMOUNT: \$ 241,219.2019 AMOUNT: \$ 277,875.2020 AMOUNT: \$ 75,838.2021 AMOUNT: \$ 56,414.2022 AMOUNT: \$ 140,857.

Schedule B

(Form 990)

Department of the Treasury
Internal Revenue Service**Schedule of Contributors**Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization

THE BROOKINGS INSTITUTION

Employer identification number

-*6577

Organization type (check one):**Filers of:**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 organizationForm 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck 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), 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), 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).

Name of organization

THE BROOKINGS INSTITUTION

Employer identification number

-*6577

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		\$ 9,520,172.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 3,687,689.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 3,350,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 2,200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 2,160,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

THE BROOKINGS INSTITUTION

Employer identification number

-*6577

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(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

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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

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 for instructions and the latest information.

OMB No. 1545-0047

2022Open to Public
Inspection**Name of the organization**

THE BROOKINGS INSTITUTION

Employer identification number

-*6577

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).	
<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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
2a Total number of conservation easements	2a
2b Total acreage restricted by conservation easements	2b
2c Number of conservation easements on a certified historic structure included in (a)	2c
2d Number of conservation easements included in (c) acquired after July 25, 2006, 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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)?	<input type="checkbox"/> Yes <input type="checkbox"/> 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
 b Scholarly research
 c Preservation for future generations

d Loan or exchange program
 e Other _____

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:

	Amount
1c	
1d	
1e	
1f	

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

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
1a Beginning of year balance	384,593,753.	428,429,220.	341,759,774.	360,740,018.	372,092,312.
b Contributions	43,071,764.	5,427,043.	181,240.	8,941,900.	563,949.
c Net investment earnings, gains, and losses	27,901,157.	-26,119,655.	106,955,864.	-8,433,684.	7,210,966.
d Grants or scholarships					
e Other expenditures for facilities and programs	24,358,899.	21,628,149.	18,892,759.	17,991,717.	17,596,458.
f Administrative expenses	1,663,115.	1,514,706.	1,574,899.	1,496,743.	1,530,751.
g End of year balance	429,544,660.	384,593,753.	428,429,220.	341,759,774.	360,740,018.

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

a Board designated or quasi-endowment 63.9500 %
 b Permanent endowment 24.6000 %
 c Term endowment 11.4500 %

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
3a(i)		X
3a(ii)		X
3b		

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
1a Land		4,155,620.		4,155,620.
b Buildings		51,977,504.	35,163,671.	16,813,833.
c Leasehold improvements				
d Equipment		15,119,414.	11,169,510.	3,949,904.
e Other		7,175,526.	3,992,813.	3,182,713.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				28,102,070.

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	249,268,342.	END-OF-YEAR MARKET VALUE
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	249,268,342.	

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)		
Total. (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)	
Total. (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	696,000.
(3) DEFERRED COMPENSATION	895,692.
(4) LEASE LIABILITY	4,576,161.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	6,167,853.

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 X

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.

1	Total revenue, gains, and other support per audited financial statements	1	103,497,934.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	15,831,965.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-1,829,425.
e	Add lines 2a through 2d	2e	14,002,540.
3	Subtract line 2e from line 1	3	89,495,394.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	399,039.
b	Other (Describe in Part XIII.)	4b	-450,287.
c	Add lines 4a and 4b	4c	-51,248.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	89,444,146.

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.

1	Total expenses and losses per audited financial statements	1	97,053,001.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	450,287.
e	Add lines 2a through 2d	2e	450,287.
3	Subtract line 2e from line 1	3	96,602,714.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	399,039.
b	Other (Describe in Part XIII.)	4b	1,829,425.
c	Add lines 4a and 4b	4c	2,228,464.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	98,831,178.

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 FACILITIESWHERE BROOKINGS SCHOLARS WORK AND CONVENE PUBLIC POLICY AND EDUCATIONALEVENTS. THE COLLECTION CONTRIBUTES TO AN ATMOSPHERE THAT PROMOTESENGAGEMENT WITH STAKEHOLDERS THROUGH CONVERSATION AND INTERACTION.PART V, LINE 4:BROOKINGS CAREFULLY BALANCES ITS FUNDING TO RESPOND TO CURRENT POLICYISSUES AS WELL AS UNDERTAKE LONG-TERM RESEARCH PROJECTS. AS NEW CHALLENGESEMERGE, 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.

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

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

JUNE 30, 2023, 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:

OTHER EXPENSES RECLASS TO FUNCTIONAL EXPENSE -1,829,425.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

COST OF GOODS SOLD REPORTED ON PART VIII, LINE 10B -432,585.

LOSS ON DISPOSAL REPORTED ON PART VIII, LN 7C -17,702.

TOTAL TO SCHEDULE D, PART XI, LINE 4B -450,287.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD REPORTED ON PART VIII, LINE 10B 432,585.

LOSS ON DISPOSAL REPORTED ON PART VIII, LN 7C 17,702.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 450,287.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

OTHER EXPENSES RECLASS TO FUNCTIONAL EXPENSE 1,829,425.

SCHEDULE F
(Form 990)**Statement of Activities Outside the United States**

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

OMB No. 1545-0047

2022Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceAttach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

Employer identification number

THE BROOKINGS INSTITUTION

-*6577

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	0	0	INVESTMENTS		13,572,265.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		91,924,647.
EAST ASIA AND THE PACIFIC	0	0	PROGRAMMATIC ACTIVITIES	PUBLIC POLICY RESEARCH	136,464.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAMMATIC ACTIVITIES	PUBLIC POLICY RESEARCH	489,294.
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAMMATIC ACTIVITIES	PUBLIC POLICY RESEARCH	83,568.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTS TO ORGANIZATIONS LOCATED IN THE REGION		7,807.
NORTH AMERICA	0	0	PROGRAMMATIC ACTIVITIES	PUBLIC POLICY RESEARCH	75,794.
SOUTH AMERICA	0	0	PROGRAMMATIC ACTIVITIES	PUBLIC POLICY RESEARCH	155,737.
3 a Subtotal	0	0			106,445,576.
b Total from continuation sheets to Part I	0	0			1,023,172.
c Totals (add lines 3a and 3b)	0	0			107,468,748.

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

Schedule F (Form 990) 2022

Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH ASIA	0	0	PROGRAMMATIC ACTIVITIES	PUBLIC POLICY RESEARCH	279,864.
SUB-SAHARAN AFRICA	0	0	PROGRAMMATIC ACTIVITIES	PUBLIC POLICY RESEARCH	398,758.
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		152,589.
RUSSIA AND NEIGHBORING STATES	0	0	PROGRAMMATIC ACTIVITIES	PUBLIC POLICY RESEARCH	8,463.
EAST ASIA AND THE PACIFIC	0	0	MANAGEMENT AND GENERAL	TRAVEL	2,033.
NORTH AMERICA	0	0	MANAGEMENT AND GENERAL	TRAVEL	621.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAMMATIC ACTIVITIES	PUBLIC POLICY RESEARCH	3,134.
SOUTH ASIA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		81,910.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		95,800.
Totals	►				1,023,172.

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.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	RESEARCH COLLABORATION	7,807.		0.		
		SUB-SAHARAN AFRICA	RESEARCH COLLABORATION	90,000.		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 ► 2

3 Enter total number of other organizations or entities ► 0

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
FELLOWSHIP STIPENDS	SUB-SAHARAN AFRICA	2	39,883.	WIRE/ACH	0.		
FELLOWSHIP STIPENDS	SOUTH ASIA	2	45,770.	WIRE/ACH	0.		
FELLOWSHIP STIPENDS	EUROPE (INCLUDING ICELAND & GREENLAND)	1	95,800.	WIRE/ACH	0.		
HOUSING ASSISTANCE	SUB-SAHARAN AFRICA	2	22,706.	WIRE/ACH	0.		
HOUSING ASSISTANCE	SOUTH ASIA	2	36,140.	WIRE/ACH	0.		

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.

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.

2022

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

Attach to Form 990.

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

Name of the organization

THE BROOKINGS INSTITUTION

Employer identification number

-*6577

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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
NEW YORK UNIVERSITY 105 EAST 17TH STREET, 2ND FL, NEW YORK, NY 10003	**-***2308	501(C)(3)	50,000.	0.			RESEARCH COLLABORATION
THE URBAN INSTITUTE 500 L'ENFANT PLZ SW WASHINGTON, DC 20024	**-***0375	501(C)(3)	25,000.	0.			RESEARCH COLLABORATION
WASHINGTON UNIVERSITY IN ST. LOUIS PO BOX 60714 ST. LOUIS, MO 63160	**-***3611	501(C)(3)	66,500.	0.			RESEARCH COLLABORATION
GEORGE WASHINGTON UNIVERSITY ENTERPRISE HALL 44983 KNOLL SQUARE, SUITE 265 - ASHBURN, VA 20147	**-***6584	501(C)(3)	55,000.	0.			RESEARCH COLLABORATION
UNIVERSITY OF CALIFORNIA, SAN DIEGO - 9500 GILMAN DRIVE - LA JOLLA, CA 92093	**-***6144	501(C)(3)	85,000.	0.			RESEARCH COLLABORATION
YOUNG LOVE FOUNDATION 2028 E BEN WHITE BLVD AUSTIN, TX 78741	**-***3179	501(C)(3)	21,541.	0.			RESEARCH COLLABORATION

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 19.

3 Enter total number of other organizations listed in the line 1 table 4.

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

Schedule I (Form 990) 2022

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EMORY UNIVERSITY 1599 CLIFTON ROAD NE ATLANTA, GA 30322	**-***6256	501(C)(3)	25,500.	0.			RESEARCH COLLABORATION
LAWFARE INSTITUTE 4401 BRANDYWINE STREET NW, WASHINGTON, DC 20016	**-***7640	501(C)(3)	50,000.	0.			RESEARCH COLLABORATION
RESULTS FOR DEVELOPMENT INSTITUTE, INC. - 1111 19TH STREET, NW SUITE 700 - WASHINGTON, DC 20036	**-***0747	501(C)(3)	1,055,086.	0.			RESEARCH COLLABORATION
UNIVERSITY OF MARYLAND, COLLEGE PARK - 4101 CHESAPEAKE BUILDING, 4300 TERRAPIN TRAIL, - COLLEGE PARK, MD 20742	**-***2033	501(C)(3)	25,500.	0.			RESEARCH COLLABORATION
CENTER FOR ECONOMIC INCLUSION 370 WABASHA STREET NORTH, SUITE 900 ST. PAUL, MN 55102	**-***3111	501(C)(3)	237,652.	0.			RESEARCH COLLABORATION
CHILD TRENDS, INC. 7315 WISCONSIN AVE STE. 1200W BETHESDA, MD 20814	**-***2969	501(C)(3)	15,000.	0.			RESEARCH COLLABORATION
CITIES GPS LLC 6109 29TH ST, NW WASHINGTON, DC 20015	**-***7014		65,000.	0.			RESEARCH COLLABORATION
ECONOMIC ARCHITECTURE PO BOX 42219 WASHINGTON, DC 20015	**-***0014	501(C)(3)	150,000.	0.			RESEARCH COLLABORATION
ENTERPRISE COMMUNITY PARTNERS, INC 70 CORPORATE CENTER, 11000 BROKEN LAND PARKWAY, SUITE 700 - COLUMBIA, MD 210	**-***1931	501(C)(3)	62,500.	0.			RESEARCH COLLABORATION

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIN BUSINESS LLC 402 RIPLEY CT PISCATAWAY, NJ 08854	**-***4919		138,700.	0.			RESEARCH COLLABORATION
GALLUP, INC. 901 F ST, NW, STE 400, WASHINGTON, DC 20004	**-***9771		59,000.	0.			RESEARCH COLLABORATION
GRANDMONT ROSEDALE DEVELOPMENT CORPORATION - 19800 GRAND RIVER AVENUE - DETROIT, MI 48223	**-***5952	501(C)(3)	25,000.	0.			RESEARCH COLLABORATION
NEIGHBORHOOD PROGRESS INC 11327 SHAKER BLVD, SUITE 500W CLEVELAND, OH 44104	**-***1055	501(C)(3)	25,000.	0.			RESEARCH COLLABORATION
RM DONAHUE CONSULTING 1723 N OAKES ST, TACOMA, WA 98406	**-***1796		20,850.	0.			RESEARCH COLLABORATION
THE NEW SCHOOL 66 WEST 12TH STREET NEW YORK, NY 10011	**-***7197	501(C)(3)	93,750.	0.			RESEARCH COLLABORATION
AMERICAN UNIVERSITY 4400 MASSACHUSETTS AVENUE, NW WASHINGTON, DC 20016	**-***6549	501(C)(3)	102,378.	0.			RESEARCH COLLABORATION
THE HOWARD UNIVERSITY 2244 10TH STREET ROOM 302 WASHINGTON, DC 20059	**-***4707	501(C)(3)	55,000.	0.			RESEARCH COLLABORATION

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	8	428,504.	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. THESE

DISBURSEMENTS ARE ISSUED AND MONITORED THROUGH STANDARD FINANCIAL

Part IV Supplemental Information

MANAGEMENT PROCESSES AND THE CORRESPONDING BROOKINGS ACTIVITIES ARE

SUPERVISED BY BROOKINGS SCHOLARS.

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 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

THE BROOKINGS INSTITUTION

Employer identification number

-*6577

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)

Yes

No

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)?

1b

2

4a

X

4b

X

4c

X

5a

X

5b

X

6a

X

6b

X

7

X

8

X

9

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

For each individual whose compensation must be reported 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 and/or 1099-NEC 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 FORMER PRESIDENT THRU 6/12/22	(i) 527,440.	0.	837.	55,629.	13,740.	597,646.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(2) WILLIAM GALE SR FLLW & DIR, TAX POLICY CENTER	(i) 473,635.	31,900.	990.	36,600.	36,104.	579,229.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(3) AMY LIU WITMER INTERIM PRESIDENT	(i) 497,095.	18,600.	345.	57,100.	832.	573,972.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(4) DARRELL M. WEST VP & DIR. GOVERNANCE STUDIES	(i) 368,079.	18,400.	972.	45,155.	27,338.	459,944.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(5) CATHERINE A. PIEZ CHIEF INVESTMENT OFFICER	(i) 372,327.	6,000.	645.	36,600.	27,022.	442,594.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(6) STEPHANIE R. AARONSON VP & DIR OF ECON. STUDIES THRU 12/30	(i) 352,564.	16,800.	359.	42,775.	6,185.	418,683.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(7) DAVID WESSEL SR FELLOW & DIR, HUTCHINS	(i) 327,750.	5,000.	972.	36,600.	30,188.	400,510.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(8) SUZANNE MALONEY VP & DIR., FOREIGN POLICY	(i) 310,518.	15,800.	345.	38,562.	31,416.	396,641.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(9) ANKUR R. BHATT CHIEF INFORMATION OFFICER	(i) 278,586.	25,100.	20,725.	36,600.	22,866.	383,877.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(10) BRAHIMA COULIBALY VP & DIRECTOR, GLOBAL	(i) 301,892.	15,200.	345.	37,193.	28,996.	383,626.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(11) F. MARK MURO SENIOR FELLOW, BROOKINGS METRO	(i) 290,177.	0.	990.	36,334.	35,961.	363,462.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(12) RICHARD G. FRANK SENIOR FELLOW	(i) 311,328.	0.	846.	36,600.	2,332.	351,106.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(13) WENDY M. EDELBURG SR FELLOW & DIR, HAMILTON PROJECT	(i) 286,933.	0.	345.	19,893.	37,348.	344,519.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(14) ALAN M. BERUBE INTERIM VP AND DIRECTOR - METRO	(i) 300,575.	0.	225.	36,090.	1,007.	337,897.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(15) APRIL MCWILLIAMS VP & CHIEF HR OFFICER	(i) 254,476.	30,800.	235.	30,176.	20,004.	335,691.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(16) CAMILLE BUSSETTE INTERIM VP & DIR., GOBAL	(i) 269,990.	0.	990.	33,730.	26,897.	331,607.	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.

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:

AMOUNT PRESENTED IN SCHEDULE J, PART II, COLUMN B(II) REPRESENTS

PERFORMANCE BONUSES.

SCHEDULE K
(Form 990)

Department of the Treasury
Internal Revenue Service

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 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

THE BROOKINGS INSTITUTION

Employer identification number

-**6577

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	**-****1131	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	2,450,932.			
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) 2022

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X						
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
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?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d 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?								
4 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 government00	%		%		%		%
5 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 government00	%		%		%		%
6 Total of lines 4 and 500	%		%		%		%
7 Does the bond issue meet the private security or payment test?		X						
8a 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 If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 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
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	X							
b Exception to rebate?		X						
c No rebate due?		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 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
		X						
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?								
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							

Part VI **Supplemental Information.** Provide additional information for responses to questions on Schedule K. See instructions.

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

2022

Open to Public
Inspection

Name of the organization

THE BROOKINGS INSTITUTION

Employer identification number

-6577

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	9	791,899	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 (_____)				
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 3 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	

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

Schedule M (Form 990) 2022

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):

THIS FIGURE REFLECTS THE NUMBER OF CONTRIBUTIONS.

**SCHEDULE O
(Form 990)**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 Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022Open to Public
Inspection

Name of the organization

THE BROOKINGS INSTITUTION

Employer identification number

-*6577

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:TO CONDUCT IN-DEPTH, INDEPENDENT RESEARCH THAT LEADS TO NEW IDEAS FORSOLVING PROBLEMS FACING SOCIETY.FORM 990, PAGE 2, PART III, MISSION STATEMENTTHE BROOKINGS INSTITUTION (BROOKINGS) IS A NONPROFIT PUBLIC POLICYORGANIZATION THAT CONDUCTS IN-DEPTH, INDEPENDENT RESEARCH THAT LEADS TONEW IDEAS FOR SOLVING PROBLEMS FACING SOCIETY AT THE LOCAL, NATIONAL,AND GLOBAL LEVEL. HEADQUARTERED IN WASHINGTON, DC, BROOKINGS ISORGANIZED INTO FIVE RESEARCH PROGRAMS THAT FOCUS ON DOMESTIC ANDINTERNATIONAL ECONOMICS, FOREIGN POLICY, SUSTAINABLE DEVELOPMENT,GOVERNANCE, AND METROPOLITAN POLICY. BROOKINGS ACHIEVES IMPACT BYPROVIDING POLICY ANALYSIS AND RECOMMENDATIONS ON PRESSING POLICYCHALLENGES, WHICH ARE DISSEMINATED THROUGH REPORTS, BOOKS, MEDIAAPPEARANCES, OP-EDS, BLOG POSTS, MEETINGS, EVENTS, CONGRESSIONALTESTIMONY, AND BRIEFINGS.FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:THROUGH THIS WORK, GLOBAL EXPERTS HOPE TO INFORM AND FACILITATEPROGRESS TOWARD THE SUSTAINABLE DEVELOPMENT GOALS (SDGS), BUILDPARTNERSHIPS IN PURSUIT OF INCLUSIVE DEVELOPMENT, AND ULTIMATELY REDUCEGLOBAL POVERTY AND OTHER SOURCES OF SOCIAL STRESS. OVER THE PAST YEAR,GLOBAL CONTINUED TO SHARE ITS FINDINGS WITH AUDIENCES THROUGH VARIOUSEVENTS, WIDELY READ BOOKS, REPORTS AND OP-EDS, AND INTERACTIVE TOOLS.

Name of the organization	THE BROOKINGS INSTITUTION	Employer identification number **-***6577
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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

PERFORMANCE OF THE NATIONAL GOVERNMENT, INFORMING DEBATE, AND PROVIDING

STAKEHOLDERS 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 MYRIAD WORKS OF WRITTEN SCHOLARSHIP OVER THE YEAR,

GOVERNANCE STUDIES HELD A NUMBER OF EVENTS OPEN TO THE PUBLIC ON THESE

AND OTHER TIMELY TOPICS.

EXPENSES \$ 10,805,064. INCLUDING GRANTS OF \$ 1,336,090. REVENUE \$ 3,202.

BROOKINGS METRO:

THE BROOKINGS METROPOLITAN POLICY PROGRAM'S (METRO) WORKS 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. METRO PRODUCES A NUMBER OF DIFFERENT TYPES OF PUBLICATIONS,

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

DATA VISUALIZATIONS, AND IN THE PAST YEAR HOSTED A NUMBER OF PUBLIC

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

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

WORK WITH NETWORKS OF EXPERTS FROM DIFFERENT SECTORS TO TRANSLATE

Name of the organization	THE BROOKINGS INSTITUTION	Employer identification number **-***6577
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EVIDENCE AND IDEAS INTO TANGIBLE SOLUTIONS THAT ADDRESS THE

UNPRECEDENTED CHALLENGES FACING THE NATION, STATES AND CITIES ALIKE.

EXPENSES \$ 10,529,717. INCLUDING GRANTS OF \$ 892,452. REVENUE \$ 91,682.

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 \$ 4,663,205. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

INSTITUTIONAL INITIATIVES:

INCLUDES RESEARCH INITIATIVES UNDERTAKEN OR SUPERVISED BY THE EXECUTIVE

OFFICE AND CROSS-PROGRAM RESEARCH EFFORTS, SUCH AS THE ARTIFICIAL

INTELLIGENCE AND EMERGING TECHNOLOGIES INITIATIVE AND THE DAVID M.

RUBENSTEIN FELLOWSHIP PROGRAM.

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.

Name of the organization	THE BROOKINGS INSTITUTION	Employer identification number **-***6577
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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.

EXPENSES \$ 1,238,539. INCLUDING GRANTS OF \$ 18,750. REVENUE \$ 0.

BROOKINGS PRESS:

THE BROOKINGS INSTITUTION PRESS PUBLISHES LONGFORM PUBLIC POLICY

RESEARCH AND ANALYSIS FROM BROOKINGS SCHOLARS AND OTHER EXPERTS. THE

BROOKINGS INSTITUTION PRESS PUBLISHES BOOKS ON GOVERNANCE, POLITICAL

SCIENCE, ECONOMICS, FOREIGN POLICY AND OTHER FIELDS THAT ARE WIDELY

DISCUSSED IN THE MEDIA, ASSIGNED IN CLASSROOMS, REFERRED TO IN

LIBRARIES, AND PICKED UP IN BOOKSTORES-BOOKS THAT INFORM WITH CLARITY

AND PERSUADE WITH CONVICTION.

EXPENSES \$ 765,287. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,096,009.

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

- BROOKINGS TRUSTEES CHERYL COHEN 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).

- BROOKINGS TRUSTEES BART FRIEDMAN AND LAURA KARET - BUSINESS RELATIONSHIP

(GIANT EAGLE).

- BROOKINGS TRUSTEES SUZANNE NORA JOHNSON AND JAMES SMITH - BUSINESS

RELATIONSHIP (PFIZER BOARD)

FORM 990, PART VI, SECTION A, LINE 4:

Name of the organization THE BROOKINGS INSTITUTION	Employer identification number **-***6577
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THE INSTITUTION'S BYLAWS WERE UPDATED TO CLARIFY BOARD COMMITTEE

COMPOSITION AND RESPONSIBILITIES; UPDATE BOARD AND BOARD COMMITTEE QUORUM

REQUIREMENTS; UPDATE BYLAW AMENDMENT REQUIREMENTS; UPDATE INDEMNIFICATION

PROVISIONS; AND CLARIFY OFFICER PROVISIONS, AMONG OTHER THINGS.

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

THE BOARD OF TRUSTEES HAS APPOINTED THE AUDIT COMMITTEE OF THE BOARD AS THE
RESPONSIBLE PARTY FOR REVIEWING THE FORM 990 AND 990-T EACH YEAR.

THE 990 IS REVIEWED INTERNALLY BY THE SENIOR VICE PRESIDENT OF FINANCE AND
CHIEF OPERATING OFFICER, THE CONTROLLER, THE GENERAL COUNSEL, AND OTHER
MEMBERS OF THE SENIOR STAFF, ALONG WITH THE AUDIT COMMITTEE.

ONCE THESE 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 POTENTIAL CONFLICTS OF INTEREST.

Name of the organization THE BROOKINGS INSTITUTION	Employer identification number **-***6577
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FORMS ARE SUBMITTED TO THE OFFICE OF THE GENERAL COUNSEL, WHICH REVIEWS
THEM AND HAS DISCRETION TO MAKE RECOMMENDATIONS OR RAISE CONCERNs WITH
RELEVANT INDIVIDUALS AS APPROPRIATE.

THE BOARD OF TRUSTEES IS REQUIRED TO COMPLETE AN ANNUAL QUESTIONNAIRE AND
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 ORDINARILY RESOLVED BY THE
GENERAL COUNSEL OR HIS/HER DESIGNEES, IN CONSULTATION WITH OTHER MEMBERS OF
SENIOR MANAGEMENT, AS APPROPRIATE. POTENTIAL CONFLICTS OF INTEREST
INVOLVING TRUSTEES ARE GENERALLY REFERRED TO THE BOARD CO-CHAIRS AND THE
APPROPRIATE COMMITTEE LEADERSHIP (INCLUDING THE AUDIT COMMITTEE), ACCORDING
TO APPLICABLE POLICIES. THE GENERAL COUNSEL REGULARLY CONFERS WITH THE
CHAIR OF THE AUDIT COMMITTEE REGARDING THE INSTITUTION'S CONFLICT OF
INTEREST POLICIES.

FORM 990, PART VI, SECTION B, LINE 15:
THE INSTITUTION'S BYLAWS PROVIDE FOR A COMPENSATION COMMITTEE CONSISTING OF
THE BOARD CHAIR (OR CO-CHAIRS), THE BOARD VICE CHAIR(S) AND NO FEWER THAN 3
OTHER TRUSTEES. THE COMPENSATION COMMITTEE HAS THE AUTHORITY TO SET THE
SALARY OF THE PRESIDENT, THE CHIEF FINANCIAL OFFICER AND ANY OTHER
EMPLOYEES THEY DEEM APPROPRIATE. IN SETTING THOSE SALARIES, THE COMMITTEE

Name of the organization	THE BROOKINGS INSTITUTION	Employer identification number **-***6577
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REVIEWS RELEVANT SALARY COMPARABILITY DATA AND SUBSEQUENTLY DOCUMENTS THE
COMMITTEE'S DECISIONS AND RATIONALE UNDERLYING SUCH DECISIONS. THE
COMMITTEE REGULARLY USES AN OUTSIDE CONSULTANT TO ESTABLISH SALARY
COMPARABLES AND TO DETERMINE THE REASONABLENESS OF THE COMPENSATION
RECEIVED BY ALL DISQUALIFIED PERSONS.

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 XI, LINE 9, CHANGES IN NET ASSETS:

EFFECT OF ADOPTION PROVISIONS SFAS NO. 158 72,000.

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No. 1545-0047

For calendar year 2022 or other tax year beginning JUL 1, 2022, and ending JUN 30, 2023.

2022

Open to Public Inspection for
501(c)(3) Organizations OnlyDepartment of the Treasury
Internal Revenue ServiceGo to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

A <input type="checkbox"/> Check box if address changed.	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.)	D Employer identification number
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A	THE BROOKINGS INSTITUTION Number, street, and room or suite no. If a P.O. box, see instructions. 1775 MASSACHUSETTS AVE., NW	E Group exemption number (see instructions) 53-0196577
C Print or Type	City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20036	F <input type="checkbox"/> Check box if an amended return.
	C Book value of all assets at end of year 537,645,383.	
G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust	H State college/university	
H Check if filing only to <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439		
I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation		
J Enter the number of attached Schedules A (Form 990-T)	2	
K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter the name and identifying number of the parent corporation.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
L The books are in care of NIKKI BAGWELL, AVP & CONTROLLER	Telephone number 202-797-6000	

Part I Total Unrelated Business Taxable Income

1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	123,829.
2	Reserved	2	
3	Add lines 1 and 2	3	123,829.
4	Charitable contributions (see instructions for limitation rules) STMT 1 STMT 2	4	1,690.
5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	122,139.
6	Deduction for net operating loss. See instructions STATEMENT 3	6	105,926.
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	16,213.
8	Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9	Trusts. Section 199A deduction. See instructions	9	
10	Total deductions. Add lines 8 and 9	10	1,000.
11	Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	15,213.

Part II Tax Computation

1	Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	3,195.
2	Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	
3	Proxy tax. See instructions	3	
4	Other tax amounts. See instructions	4	
5	Alternative minimum tax (trusts only)	5	
6	Tax on noncompliant facility income. See instructions	6	
7	Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	3,195.

LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-T (2022)

Part III Tax and Payments

1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b	Other credits (see instructions)	1b		
c	General business credit. Attach Form 3800 (see instructions)	1c		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1d		
e	Total credits. Add lines 1a through 1d	1e		
2	Subtract line 1e from Part II, line 7	2	3,195.	
3	Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 Other (attach statement)	3		
4	Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4	3,195.	
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5	0.	
6a	Payments: A 2021 overpayment credited to 2022	6a		
b	2022 estimated tax payments. Check if section 643(g) election applies	6b		
c	Tax deposited with Form 8866	6c		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e	Backup withholding (see instructions)	6e		
f	Credit for small employer health insurance premiums (attach Form 8941)	6f		
g	Other credits, adjustments, and payments: Form 2439	6g		
	Form 4136			
	Other			
	Total			
7	Total payments. Add lines 6a through 6g	7		
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached	8	175.	
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9	3,370.	
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10		
11	Enter the amount of line 10 you want: Credited to 2023 estimated tax Refunded	11		

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

1	At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
			X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?	Yes	No
	If "Yes," see instructions for other forms the organization may have to file.		
3	Enter the amount of tax-exempt interest received or accrued during the tax year	\$	
4	Enter available pre-2018 NOL carryovers here \$ 105,926. Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
	Business Activity Code	Available post-2017 NOL carryover	
	525990	\$	2,977,420.
	211120	\$	1,170,320.
6a	Did the organization change its method of accounting? (see instructions)	Yes	No
b	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Sign Here	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 taxpayer) is based on all information of which preparer has any knowledge.			May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Signature of officer	Date	Title	SENIOR VP, FINANCE & COO	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	SUE ROBISON		03/18/24		P00560072
	Firm's name RSM US LLP			Firm's EIN	42-0714325
	920 5TH AVENUE, SUITE 2800				
	Firm's address SEATTLE, WA 98104			Phone no.	206-281-4444

FORM 990-T	CONTRIBUTIONS	STATEMENT 1
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
CHARITABLE CONTRIBUTIONS	N/A	1,866,421.
TOTAL TO FORM 990-T, PART I, LINE 4		1,866,421.

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 2

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT
QUALIFIED CONTRIBUTIONS SUBJECT TO 25% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS

FOR TAX YEAR 2017
FOR TAX YEAR 2018
FOR TAX YEAR 2019
FOR TAX YEAR 2020
FOR TAX YEAR 2021

TOTAL CARRYOVER

TOTAL CURRENT YEAR 10% CONTRIBUTIONS	1,866,421
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TOTAL CONTRIBUTIONS AVAILABLE	1,866,421
TAXABLE INCOME LIMITATION AS ADJUSTED	1,690

EXCESS CONTRIBUTIONS	1,864,731
EXCESS 100% CONTRIBUTIONS	0
TOTAL EXCESS CONTRIBUTIONS	1,864,731

ALLOWABLE CONTRIBUTIONS DEDUCTION	1,690
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TOTAL CONTRIBUTION DEDUCTION	1,690
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FORM 990-T

PRE 2018 NOL SCHEDULE

STATEMENT 3

PRE-2018 NOL CARRY FORWARD FROM PRIOR YEAR	105,926.
PRE-2018 NOL DEDUCTION INCLUDED IN PART I, LINE 6	105,926.

SCHEDULE A PORTION OF PRE-2018 NOL	
SCHEDULE A ENTITY	SCHEDULE A SHARE

2	0.
3	0.

TOTAL SCHEDULE A SHARE OF PRE-2018 NOL	0.
NET OPERATING DEDUCTION	105,926.
BALANCE AFTER PRE-2018 NOL DEDUCTION	16,213.
EXPIRING NET OPERATING LOSSES	0.
CARRY FORWARD OF NET OPERATING LOSS	0.

FORM 990-T

PRE-2018 NET OPERATING LOSS DEDUCTION

STATEMENT 4

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/10	36,898.	36,898.	0.	0.
06/30/11	179,771.	179,771.	0.	0.
06/30/12	238,203.	238,203.	0.	0.
06/30/13	262,275.	262,275.	0.	0.
06/30/14	239,537.	239,537.	0.	0.
06/30/15	117,509.	117,509.	0.	0.
06/30/17	467,130.	361,204.	105,926.	105,926.
NOL CARRYOVER AVAILABLE THIS YEAR			105,926.	105,926.

SCHEDULE A
(Form 990-T)

Department of the Treasury
Internal Revenue Service

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

OMB No. 1545-0047

2022

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

A Name of the organization THE BROOKINGS INSTITUTION	B Employer identification number 53-0196577
C Unrelated business activity code (see instructions) 525990	D Sequence: 1 of 2

E Describe the unrelated trade or business **INVESTMENT IN PARTNERSHIPS**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales				
b Less returns and allowances	c Balance			
2 Cost of goods sold (Part III, line 8)				
3 Gross profit. Subtract line 2 from line 1c				
4a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions				
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions				
c Capital loss deduction for trusts				
5 Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 5				
6 Rent income (Part IV)				
7 Unrelated debt-financed income (Part V)				
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)				
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)				
10 Exploited exempt activity income (Part VIII)				
11 Advertising income (Part IX)				
12 Other income (see instructions; attach statement)				
13 Total. Combine lines 3 through 12		234,914.		234,914.

Part II **Deductions Not Taken Elsewhere** See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1 Compensation of officers, directors, and trustees (Part X)		1	
2 Salaries and wages		2	
3 Repairs and maintenance		3	
4 Bad debts		4	
5 Interest (attach statement). See instructions		5	
6 Taxes and licenses		6	37,474.
7 Depreciation (attach Form 4562). See instructions		7	
8 Less depreciation claimed in Part III and elsewhere on return		8a	
9 Depletion		9	
10 Contributions to deferred compensation plans		10	
11 Employee benefit programs		11	
12 Excess exempt expenses (Part VIII)		12	
13 Excess readership costs (Part IX)		13	
14 Other deductions (attach statement)		14	2,000.
15 Total deductions. Add lines 1 through 14		15	39,474.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)		16	195,440.
17 Deduction for net operating loss. See instructions	STMT 7	STMT 9	71,611.
18 Unrelated business taxable income. Subtract line 17 from line 16			123,829.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

Part III Cost of Goods Sold

Enter method of inventory valuation

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____
 B _____
 C _____
 D _____

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)				0.
Deductions directly connected with the income				
4 in lines 2(a) and 2(b) (attach statement)				
5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)				0.

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____
 B _____
 C _____
 D _____

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)				0.
9 Allocable deductions. Multiply line 3c by line 6				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)				0.
11 Total dividends-received deductions included in line 10				0.

Part VI Interest, Annuities, and Rents from Controlled Organizations (see instructions)

		Exempt Controlled Organizations			
1. Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
				Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)
Totals			0.	0.	

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
	Add amounts in column 2. Enter here and on Part I, line 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals	0.			0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1 Description of exploited activity: _____	2
2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	3
3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	4
4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	5
5 Gross income from activity that is not unrelated business income	6
6 Expenses attributable to income entered on line 5	7
7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	

FORM 990-T (A)	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 5
----------------	---------------------------------	-------------

DESCRIPTION	NET INCOME OR (LOSS)
QUANTUM ENERGY PARTNERS VI - ORDINARY BUSINESS INCOME (LOSS)	1,077,447.
BLUE TORCH CREDIT OPPORTUNITIES FUND I LP - ORDINARY BUSINESS INCOME (LOSS)	53,211.
KHP FUND III, LP - ORDINARY BUSINESS INCOME (LOSS)	-331,592.
QUANTUM ENERGY PARTNERS VII - ORDINARY BUSINESS INCOME (LOSS)	97,998.
EMG GROUP IV - ORDINARY BUSINESS INCOME (LOSS)	168,064.
WARWICK PARTNERS IV LP - ORDINARY BUSINESS INCOME (LOSS)	-1,105,077.
GAIP 2019 (BERMUDA) AIV - ORDINARY BUSINESS INCOME (LOSS)	-1,930.
GAIP 2019 AIV B, LP - INTEREST INCOME	1,246.
GENSTAR CAPITAL PARTNERS X, LP - ORDINARY BUSINESS INCOME (LOSS)	-61,762.
QUANTUM PARALLEL PARTNERS VIII-D, LP - ORDINARY BUSINESS INCOME (LOSS)	-78,416.
BAUPOST VALUE PARTNERS, L.P. -IV - ORDINARY BUSINESS INCOME (LOSS)	2,068.
 TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	 -178,743.

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 6
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DESCRIPTION	AMOUNT
TAX PREPARATION FEE	2,000.
 TOTAL TO SCHEDULE A, PART II, LINE 14	 2,000.

FORM 990-T (A)	POST 2017 NOL SCHEDULE	STATEMENT 7
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PRIOR YEAR POST 2017 NOL	NOL DEDUCTION	CARRYFORWARD OF POST 2017 NOL
2,977,420.	71,611.	2,905,809.

990-T SCH A		POST-2017 NET OPERATING LOSS DEDUCTION	STATEMENT 8	
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/19	726,906.	0.	726,906.	726,906.
06/30/20	1,856,563.	0.	1,856,563.	1,856,563.
06/30/21	393,951.	0.	393,951.	393,951.
NOL CARRYOVER AVAILABLE THIS YEAR			2,977,420.	2,977,420.

SCH A (990-T)	SCHEDULE A NOL DETAIL	STATEMENT 9
TAXABLE INCOME FROM ALL ENTITIES		195,440.
THIS ENTITIES PORTION OF TAXABLE INCOME		195,440.
THIS ENTITIES PERCENTAGE OF PRE-2018 NET OPERATING LOSS		100.00%
THIS ENTITIES ALLOWED PRE-2018 NET OPERATING LOSS		105,926.
TAXABLE INCOME AFTER PRE-2018 NET OPERATING LOSS		89,514.
80% INCOME LIMITATION		71,611.
POST-2017 AVAILABLE		2,977,420.
LESSER OF POST-2017 NET OPERATING LOSS OR 80% LIMITATION		71,611.

SCHEDULE D
(Form 1120)Department of the Treasury
Internal Revenue Service**Capital Gains and Losses**
Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T. Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2022Name Employer identification number

THE BROOKINGS INSTITUTION

53-0196577

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.**Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less**

See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				68,954.
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37				4
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824				5
6 Unused capital loss carryover (attach computation)				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h				7 68,954.

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				-80,662.
11 Enter gain from Form 4797, line 7 or 9				11 425,365.
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37				12
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824				13
14 Capital gain distributions				14
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h				15 344,703.

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16	68,954.
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	344,703.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns	18	413,657.

Note: If losses exceed gains, see *Capital Losses* in the instructions.

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form8949 for instructions and the latest information.
File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

**Social security number or
taxpayer identification no.**

53-0196577

THE BROOKINGS INSTITUTION

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term

transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
 (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
 (C) Short-term transactions not reported to you on Form 1099-B

2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, **line 1b** (if **Box A** above is checked), **line 2** (if **Box B** above is checked), or **line 3** (if **Box C** above is checked)

68,954.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

**Social security number or
taxpayer identification no.**

53-0196577

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II **Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Part VI, line 10)

(E) Long-term transactions reported on Form(s) 1099-B showing

2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, **line 8b** (if **Box D** above is checked), **line 9** (if **Box E** above is checked), or **line 10** (if **Box F** above is checked)

-80,662.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Sales of Business Property
 (Also Involuntary Conversions and Recapture Amounts
 Under Sections 179 and 280F(b)(2))
2022Attachment
Sequence No. **27**Attach to your tax return.
Go to www.irs.gov/Form4797 for instructions and the latest information.

Name(s) shown on return

Identifying number

THE BROOKINGS INSTITUTION

53-0196577

1a Enter the gross proceeds from sales or exchanges reported to you for 2022 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20

1b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets

c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets

1a
1b
1c
Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions)

2	(a) Description of property SEE STATEMENT 11	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
3	Gain, if any, from Form 4684, line 39						3
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37						4
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824						5
6	Gain, if any, from line 32, from other than casualty or theft						6
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows						7 425, 365.
8	Nonrecaptured net section 1231 losses from prior years. See instructions						8
9	Subtract line 8 from line 7. If zero or less, enter -0. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.						9 425, 365.

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

11	Loss, if any, from line 7	11 ()
12	Gain, if any, from line 7 or amount from line 8, if applicable	12
13	Gain, if any, from line 31	13
14	Net gain or (loss) from Form 4684, lines 31 and 38a	14
15	Ordinary gain from installment sales from Form 6252, line 25 or 36	15
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824	16
17	Combine lines 10 through 16	17
18	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.	
a	If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions	18a
b	Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4	18b

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property: A B C D	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
These columns relate to the properties on lines 19A through 19D.		
20 Gross sales price (Note: See line 1a before completing.)	20	Property A
21 Cost or other basis plus expense of sale	21	Property B
22 Depreciation (or depletion) allowed or allowable	22	Property C
23 Adjusted basis. Subtract line 22 from line 21	23	Property D
24 Total gain. Subtract line 23 from line 20	24	
25 If section 1245 property:		
a Depreciation allowed or allowable from line 22	25a	
b Enter the smaller of line 24 or 25a	25b	
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.		
a Additional depreciation after 1975. See instructions	26a	
b Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b	
c Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c	
d Additional depreciation after 1969 and before 1976	26d	
e Enter the smaller of line 26c or 26d	26e	
f Section 291 amount (corporations only)	26f	
g Add lines 26b, 26e, and 26f	26g	
27 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.		
a Soil, water, and land clearing expenses	27a	
b Line 27a multiplied by applicable percentage	27b	
c Enter the smaller of line 24 or 27b	27c	
28 If section 1254 property:		
a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a	
b Enter the smaller of line 24 or 28a	28b	
29 If section 1255 property:		
a Applicable percentage of payments excluded from income under section 126. See instructions	29a	
b Enter the smaller of line 24 or 29a. See instructions	29b	

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30 Total gains for all properties. Add property columns A through D, line 24	30	
31 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less
(see instructions)

	(a) Section 179	(b) Section 280F(b)(2)
33 Section 179 expense deduction or depreciation allowable in prior years	33	
34 Recomputed depreciation. See instructions	34	
35 Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

2022

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

A Name of the organization THE BROOKINGS INSTITUTION	B Employer identification number 53-0196577
C Unrelated business activity code (see instructions) 211120	D Sequence: 2 of 2

E Describe the unrelated trade or business 21 - INVESTMENT IN PARTNERSHIPS

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales			
b Less returns and allowances	c Balance		
2 Cost of goods sold (Part III, line 8)			
3 Gross profit. Subtract line 2 from line 1c			
4a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions			
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions			
c Capital loss deduction for trusts			
5 Income (loss) from a partnership or an S corporation (attach statement)			
6 Rent income (Part IV)			
7 Unrelated debt-financed income (Part V)			
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)			
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)			
10 Exploited exempt activity income (Part VIII)			
11 Advertising income (Part IX)			
12 Other income (see instructions; attach statement)			
13 Total. Combine lines 3 through 12	0.		

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1 Compensation of officers, directors, and trustees (Part X)	1
2 Salaries and wages	2
3 Repairs and maintenance	3
4 Bad debts	4
5 Interest (attach statement). See instructions	5
6 Taxes and licenses	6
7 Depreciation (attach Form 4562). See instructions	7
8 Less depreciation claimed in Part III and elsewhere on return	8a
9 Depletion	9
10 Contributions to deferred compensation plans	10
11 Employee benefit programs	11
12 Excess exempt expenses (Part VIII)	12
13 Excess readership costs (Part IX)	13
14 Other deductions (attach statement)	14
15 Total deductions. Add lines 1 through 14	15 0.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16 0.
17 Deduction for net operating loss. See instructions	17 0.
18 Unrelated business taxable income. Subtract line 17 from line 16	18

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

Part III Cost of Goods Sold

Enter method of inventory valuation

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____
 B _____
 C _____
 D _____

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)				0.
Deductions directly connected with the income				
4 in lines 2(a) and 2(b) (attach statement)				
5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)				0.

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____
 B _____
 C _____
 D _____

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)				0.
9 Allocable deductions. Multiply line 3c by line 6				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)				0.
11 Total dividends-received deductions included in line 10				0.

Part VI Interest, Annuities, and Rents from Controlled Organizations (see instructions)

		Exempt Controlled Organizations			
1. Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
				Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)
Totals			0.	0.	

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals		0.		0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1 Description of exploited activity: _____	2
2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	3
3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	4
4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	5
5 Gross income from activity that is not unrelated business income	6
6 Expenses attributable to income entered on line 5	7
7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	

990-T SCH A POST-2017 NET OPERATING LOSS DEDUCTION STATEMENT 10

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/22	1,170,320.	0.	1,170,320.	1,170,320.
NOL CARRYOVER AVAILABLE THIS YEAR			1,170,320.	1,170,320.

FORM 4797 PROPERTY HELD MORE THAN ONE YEAR STATEMENT 11

DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
QUANTUM ENERGY					312,138.	
PARTNERS VI					-22,226.	
KHP FUND III, LP						
QUANTUM ENERGY					131,238.	
PARTNERS VII					-1,690.	
EMG GROUP IV						
WARWICK PARTNERS					5,905.	
IV LP						
TOTAL TO 4797, PART I, LINE 2					425,365.	

SCHEDULE D
(Form 1120)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses
Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T. Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2022

Name THE BROOKINGS INSTITUTION	Employer identification number 53-0196577
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Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				68,954.
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37				4
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824				5
6 Unused capital loss carryover (attach computation)				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h				7 68,954.

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				-80,662.
11 Enter gain from Form 4797, line 7 or 9				11 425,365.
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37				12
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824				13
14 Capital gain distributions				14
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h				15 344,703.

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16	68,954.
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	344,703.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns	18	413,657.

Note: If losses exceed gains, see *Capital Losses* in the instructions.

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form8949 for instructions and the latest information.
File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

**Social security number or
taxpayer identification no.**

53-0196577

THE BROOKINGS INSTITUTION

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term

Short Term Trans
transactions see page 2

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

(B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS

(C) Short-term transactions not reported to you on Form 1099-B

2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, **line 1b** (if **Box A** above is checked), **line 2** (if **Box B** above is checked), or **line 3** (if **Box C** above is checked)

68,954.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

**Social security number or
taxpayer identification no.**

53-0196577

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box.

If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Part VI, line 11)

(E) Long-term transactions reported on Form(s) 1099-B showing

2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, **line 8b** (if **Box D** above is checked), **line 9** (if **Box E** above is checked), or **line 10** (if **Box F** above is checked)

<80,662.>

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Sales of Business Property
 (Also Involuntary Conversions and Recapture Amounts
 Under Sections 179 and 280F(b)(2))
2022Attachment
Sequence No. **27**Attach to your tax return.
Go to www.irs.gov/Form4797 for instructions and the latest information.

Name(s) shown on return

Identifying number

THE BROOKINGS INSTITUTION

53-0196577

1a Enter the gross proceeds from sales or exchanges reported to you for 2022 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20

1b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets

c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets

1a
1b
1c
Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions)

2	(a) Description of property SEE STATEMENT 12	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
3	Gain, if any, from Form 4684, line 39						3
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37						4
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824						5
6	Gain, if any, from line 32, from other than casualty or theft						6
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows						7 425, 365.
8	Nonrecaptured net section 1231 losses from prior years. See instructions						8
9	Subtract line 8 from line 7. If zero or less, enter -0. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.						9 425, 365.

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

11	Loss, if any, from line 7	11 ()
12	Gain, if any, from line 7 or amount from line 8, if applicable	12
13	Gain, if any, from line 31	13
14	Net gain or (loss) from Form 4684, lines 31 and 38a	14
15	Ordinary gain from installment sales from Form 6252, line 25 or 36	15
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824	16
17	Combine lines 10 through 16	17
18	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.	
a	If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions	18a
b	Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4	18b

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property: A B C D	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
These columns relate to the properties on lines 19A through 19D.		
20 Gross sales price (Note: See line 1a before completing.)	20	Property A
21 Cost or other basis plus expense of sale	21	Property B
22 Depreciation (or depletion) allowed or allowable	22	Property C
23 Adjusted basis. Subtract line 22 from line 21	23	Property D
24 Total gain. Subtract line 23 from line 20	24	
25 If section 1245 property:		
a Depreciation allowed or allowable from line 22	25a	
b Enter the smaller of line 24 or 25a	25b	
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.		
a Additional depreciation after 1975. See instructions	26a	
b Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b	
c Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c	
d Additional depreciation after 1969 and before 1976	26d	
e Enter the smaller of line 26c or 26d	26e	
f Section 291 amount (corporations only)	26f	
g Add lines 26b, 26e, and 26f	26g	
27 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.		
a Soil, water, and land clearing expenses	27a	
b Line 27a multiplied by applicable percentage	27b	
c Enter the smaller of line 24 or 27b	27c	
28 If section 1254 property:		
a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a	
b Enter the smaller of line 24 or 28a	28b	
29 If section 1255 property:		
a Applicable percentage of payments excluded from income under section 126. See instructions	29a	
b Enter the smaller of line 24 or 29a. See instructions	29b	

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30 Total gains for all properties. Add property columns A through D, line 24	30	
31 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less
(see instructions)

	(a) Section 179	(b) Section 280F(b)(2)
33 Section 179 expense deduction or depreciation allowable in prior years	33	
34 Recomputed depreciation. See instructions	34	
35 Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	

FORM 4797

PROPERTY HELD MORE THAN ONE YEAR

STATEMENT 12

DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
QUANTUM ENERGY						
PARTNERS VI					312,138.	
KHP FUND III, LP					-22,226.	
QUANTUM ENERGY						
PARTNERS VII					131,238.	
EMG GROUP IV					-1,690.	
WARWICK PARTNERS						
IV LP						5,905.
TOTAL TO 4797, PART I, LINE 2						425,365.