

990

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047 2020

Open to Public Inspection

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

Form 990 Department of the Treasury Internal Revenue Service

A For the 2020 calendar year, or tax year beginning 10-01-2020, and ending 09-30-2021

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization SMITHSONIAN INSTITUTION, Doing business as, Number and street (or P.O. box if mail is not delivered to street address) Room/suite, City or town, state or province, country, and ZIP or foreign postal code

D Employer identification number 53-0206027, E Telephone number (202) 633-1000, G Gross receipts \$ 2,200,967,631

F Name and address of principal officer: LONNIE G BUNCH III, 1000 JEFFERSON DRIVE SW, WASHINGTON, DC 20560

H(a) Is this a group return for subordinates? H(b) Are all subordinates included? H(c) Group exemption number

I Tax-exempt status: 501(c)(3), 501(c) ( ) (insert no.), 4947(a)(1) or 527

J Website: WWW.SI.EDU

K Form of organization: Corporation, Trust, Association, Other

L Year of formation: 1846, M State of legal domicile:

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1. Mission statement, 2-7. Activities & Governance, 8-12. Revenue, 13-19. Expenses, 20-22. Net Assets or Fund Balances.

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.

Sign Here Signature of officer: JANICE LAMBERT CHIEF FINANCIAL OFFICER, Date: 2022-08-11

Paid Preparer Use Only Print/Type preparer's name, Preparer's signature, Date, Check if self-employed, PTIN, Firm's name, Firm's EIN, Firm's address, Phone no.

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III  Yes  No

**1** Briefly describe the organization's mission:

"INCREASE AND DIFFUSION OF KNOWLEDGE" IS THE MISSION SET FORTH BY JAMES SMITHSON. THE SMITHSONIAN ENDEAVORS TO SHAPE THE FUTURE BY PRESERVING OUR HERITAGE, DISCOVERING NEW KNOWLEDGE, AND SHARING OUR RESOURCES WITH THE WORLD.

**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 \$ **344,149,517** including grants of \$ **3,283,361** ) (Revenue \$ **38,832,807** )  
EDUCATION, PUBLIC PROGRAMS AND EXHIBITIONS (SEE SCHEDULE O)

**4b** (Code: ) (Expenses \$ **558,341,782** including grants of \$ **11,726,072** ) (Revenue \$ **35,691,873** )  
RESEARCH AND COLLECTIONS (SEE SCHEDULE O)

**4c** (Code: ) (Expenses \$ **63,709,805** including grants of \$ ) (Revenue \$ **9,023,742** )  
MEMBERSHIP (SEE SCHEDULE O)

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

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** **Total program service expenses** **966,201,104**

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1 through 21, with sub-questions 11a-e and 12a-b. Each row has a corresponding 'Yes' and 'No' checkbox column.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding tax-exempt bond issues, excess benefit transactions, and other IRS filings.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and gaming winnings.

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

Table with 10 columns: Question ID, Question Text, Answer Field, and three columns for Yes/No/Amount. Rows include questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, contributions, and excise taxes.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year... 1b Enter the number of voting members included in line 1a, above, who are independent... 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?...

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? 10b 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?...

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed. 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records: OFFICE OF FINANCE & ACCOUNTING PO BOX 37012 WASHINGTON, DC 200137012 (202) 633-7167

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) HONORABLE JOHN G ROBERTS JR REGENT	2.00 0.00	X						0	0	0
(2) HONORABLE MICHAEL R PENCE REGENT (CONCLUDED JAN 2021)	2.00 0.00	X						0	0	0
(3) HONORABLE KAMALA D HARRIS REGENT (COMMENCE JAN 2021)	2.00 0.00	X						0	0	0
(4) HONORABLE JOHN BOOZMAN REGENT	2.00 0.00	X						0	0	0
(5) HONORABLE CATHERINE CORTEZ MASTO REGENT (COMMENCE FEB 2021)	2.00 0.00	X						0	0	0
(6) HONORABLE PATRICK J LEAHY REGENT	2.00 0.00	X						0	0	0
(7) HONORABLE DAVID PERDUE REGENT (CONCLUDED JAN 2021)	2.00 0.00	X						0	0	0
(8) HONORABLE DORIS MATSUI REGENT	2.00 0.00	X						0	0	0
(9) HONORABLE LUCILLE ROYBAL-ALLARD REGENT	2.00 0.00	X						0	0	0
(10) HONORABLE JOHN SHIMKUS REGENT (CONCLUDED JAN 2021)	2.00 0.00	X						0	0	0
(11) HONORABLE ADRIAN SMITH REGENT (COMMENCE APR 2021)	2.00 0.00	X						0	0	0
(12) HONORABLE BARBARA M BARRETT REGENT (COMMENCE JUNE 2021)	3.00 0.00	X						0	0	0
(13) MR STEVE CASE REGENT	10.00 0.00	X						0	0	0
(14) MR JOHN FAHEY REGENT	3.00 0.00	X						0	0	0
(15) MR ROGER W FERGUSON JR REGENT	3.00 0.00	X						0	0	0
(16) MR MICHAEL GOVAN REGENT	3.00 0.00	X						0	0	0
(17) DR RISA J LAVIZZO-MOUREY REGENT	3.00 0.00	X						0	0	0

**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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MR MICHAEL M LYNTON REGENT	3.00 0.00	X						0	0	0
(19) MS DENISE M O'LEARY REGENT	2.00 0.00	X						0	0	0
(20) MR FRANKLIN D RAINES REGENT (CONCLUDED JAN 2021)	2.00 0.00	X						0	0	0
(21) MR DAVID M RUBENSTEIN REGENT	7.00 0.00	X						0	0	0
(22) MR LONNIE G BUNCH III SECRETARY OF THE SMITHSONIAN	50.00 0.00			X				726,156	0	64,311
(23) MICHAEL MCCARTHY UNDER SECRETARY FOR ADMINISTRATION	50.00 0.00			X				357,033	0	75,192
(24) JUDITH LEONARD GENERAL COUNSEL	50.00 0.00			X				250,021	0	45,957
(25) CATHY HELM INSPECTOR GENERAL	50.00 0.00			X				223,061	0	23,368
(26) MEROE PARK DEPUTY SECRETARY & COO	50.00 0.00			X				448,911	0	41,426
(27) PORTER WILKINSON CHIEF OF STAFF - REGENTS	50.00 0.00			X				221,143	0	30,276
(28) DOUGLAS HALL ACTING UNDER SECRETARY FOR ADMINISTRATION	50.00 0.00			X				200,916	0	31,213
(29) AMY CHEN CHIEF INVESTMENT OFFICER	50.00 0.00				X			673,679	0	40,712
(30) ROBERT SPILLER ASSISTANT SECRETARY FOR ADVANCEMENT	50.00 0.00				X			392,559	0	76,830
(31) ELLEN STOFAN DIRECTOR, NATIONAL AIR AND SPACE MUSEUM	50.00 0.00				X			288,132	0	74,793
(32) KEVIN GOVER ACTING UNDER SECRETARY FOR MUSEUMS & CULTURE	50.00 0.00				X			301,673	0	66,038
(33) JULISSA MARENCO ASST. SECRETARY FOR COMMUNICATIONS AND EXTERNAL AF	50.00 0.00				X			239,927	0	58,889
(34) ROGER BRISSENDEN ACTING UNDER SECRETARY FOR SCIENCE & RESEARCH	50.00 0.00				X			241,512	0	31,217
(35) NANCY BECHTOL DIRECTOR, SMITHSONIAN FACILITIES	50.00 0.00				X			198,366	0	27,577
(36) CHARLES ALCOCK DIRECTOR, SMITHSONIAN ASTROPHYSICAL OBSERVATORY	50.00 0.00				X			158,371	0	20,656
(37) CAROL LEBLANC PRESIDENT, SMITHSONIAN ENTERPRISES	50.00 0.00				X			501,299	0	63,489
(38) JEFFREY SMITH INVESTMENT OFFICER	50.00 0.00					X		615,259	0	60,442
(39) MICHAEL GIOVENCO INVESTMENT OFFICER	50.00 0.00					X		530,390	0	32,656
(40) RYAN DOTSON INVESTMENT OFFICER	50.00 0.00					X		472,123	0	55,032
(41) JOHN DAVIS INTERIM DIRECTOR, COOPER HEWITT	50.00 0.00					X		417,958	0	62,325
(42) MELISSA CHIU DIRECTOR, HIRSHHORN MUSEUM & SCULPTURE GARDEN	50.00 0.00					X		405,663	0	75,376
(43) RICHARD KURIN SR. SCHOLAR AND AMBASSADOR-AT-LARGE	50.00 0.00						X	335,295	0	63,463
(44) ERA MARSHALL DIRECTOR OF EQUAL EMPLOYMENT & SUPPLIER DIVERSITY	50.00 0.00						X	225,054	0	20,031
(45) ZULLY DORR DEPUTY ASSISTANT SECRETARY FOR ADVANCEMENT	50.00 0.00						X	211,155	0	51,649
(46) DERON BURBA CHIEF INFORMATION OFFICER	50.00 0.00						X	202,284	0	56,222
(47) JOHN LAPIANA SENIOR ADVISOR	50.00 0.00						X	199,854	0	37,675
(48) DAVID VOYLES DIRECTOR OF PLANNING, MGMT AND BUDGET	50.00 0.00						X	196,143	0	17,338
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								9,233,937	0	1,304,153

**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 **1,725**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 Yes	
<b>4</b> 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 Yes	
<b>5</b> 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 Yes	

**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
CLARKSMOOTCONSIGLI A JOINT VENTURE 7500 OLD GEORGETOWN RD BETHESDA, MD 20814	CONSTRUCTION	94,129,726
UNIVERSAL PROTECTION SERVICE LP 1551 N TUSTIN AVE SANTA ANA, CA 927058664	SECURITY	15,447,446
TC PENNSY DRIVE LLC 444 MADISON AVENUE 18TH FLOOR NEW YORK, NY 100226903	REAL ESTATE	8,599,481
100 DISCOVERY PARK DE LLC 116 HUNTINGTON AVE BOSTON, MA 02116	REAL ESTATE	5,355,337
HUANG-CFM JOINT VENTURE 5601N GENERAL WASHINGTON DRIVE ALEXANDRIA, VA 223122403	CONSTRUCTION	4,452,145

**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 **2 2 7**

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . .	<b>1a</b>	41,540			
	<b>b</b> Membership dues . . .	<b>1b</b>	26,150,117			
	<b>c</b> Fundraising events . . .	<b>1c</b>	137,934			
	<b>d</b> Related organizations	<b>1d</b>	313,659			
	<b>e</b> Government grants (contributions)	<b>1e</b>	1,128,227,740			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	372,912,797			
<b>g</b> Noncash contributions included in lines 1a - 1f:\$	<b>1g</b>	14,415,001				
<b>h Total.</b> Add lines 1a-1f . . . . .			1,527,783,787			

<b>Program Service Revenue</b>			Business Code			
	<b>2a</b> VISITORS/MEMBERS/EMPLO		900099	39,058,229	39,058,229	
<b>b</b> SUBSCRIPTIONS-MAGAZINE		511120	27,600,665	27,600,665		
<b>c</b> TOURS/CLASSES		900099	4,446,029	4,439,789	6,240	
<b>d</b> TRAVELING EXHIBITIONS		712110	1,121,053	1,121,053		
<b>e</b> THEATER INCOME		512131	628,619	628,619		
<b>f</b> All other program service revenue.						
<b>g Total.</b> Add lines 2a-2f. . . . .			72,854,595			

<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			11,187,982		137,334	11,050,648
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties . . . . .			12,307,816			12,307,816
	<b>6a</b> Gross rents	(i) Real	(ii) Personal				
		<b>6a</b>	6,787,713				
		<b>b</b> Less: rental expenses	<b>6b</b>	5,934,087			
	<b>c</b> Rental income or (loss)	<b>6c</b>	853,626				
	<b>d</b> Net rental income or (loss) . . . . .			853,626		753,257	100,369
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		<b>7a</b>	545,745,690	1,369,676			
<b>b</b> Less: cost or other basis and sales expenses		<b>7b</b>	384,392,008	0			
<b>c</b> Gain or (loss)		<b>7c</b>	161,353,682	1,369,676			
<b>d</b> Net gain or (loss) . . . . .			162,723,358	1,369,676		161,353,682	
<b>8a</b> Gross income from fundraising events (not including \$ 137,934 of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>	29,196					
	<b>b</b> Less: direct expenses	<b>8b</b>	169,183				
	<b>c</b> Net income or (loss) from fundraising events . . . . .			-139,987			-139,987
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>						
	<b>b</b> Less: direct expenses	<b>9b</b>					
	<b>c</b> Net income or (loss) from gaming activities . . . . .						
<b>10a</b> Gross sales of inventory, less							

returns and allowances . . . . .	<b>10a</b>	12,429,903			
<b>b</b> Less: cost of goods sold	<b>10b</b>	5,708,370			
<b>c</b> Net income or (loss) from sales of inventory . . . . .			6,721,533	6,721,533	
Miscellaneous Revenue	Business Code				
<b>11a</b> MAG/WEBSITE ADVERTISIN	541800	7,214,096	-443,867	7,657,963	
<b>b</b> INTERCOMPANY REVENUE	900099	3,254,889	3,050,437	204,452	
<b>c</b> MISCELLANEOUS REVENUE	900099	2,288	2,288		
<b>d</b> All other revenue . . . . .					
<b>e Total.</b> Add lines 11a-11d . . . . .			10,471,273		
<b>12 Total revenue.</b> See instructions . . . . .			1,804,763,983	83,548,422	8,759,246
					184,672,528

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	247,353	247,353		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	11,810,520	11,810,520		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	2,951,560	2,951,560		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	7,699,235	2,934,444	4,295,402	469,389
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	1,616,163		1,616,163	
<b>7</b> Other salaries and wages	540,853,399	421,418,733	90,584,736	28,849,930
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	74,093,777	31,273,191	42,820,586	
<b>9</b> Other employee benefits	72,622,988	26,044,590	43,011,959	3,566,439
<b>10</b> Payroll taxes	38,615,581	14,325,857	24,254,459	35,265
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	347,534	213,032	129,202	5,300
<b>c</b> Accounting	1,246,043		1,236,815	9,228
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17	1,928,096			1,928,096
<b>f</b> Investment management fees	3,234,653		3,234,653	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	120,594,318	75,524,834	34,457,644	10,611,840
<b>12</b> Advertising and promotion	2,378,654	1,511,376	291,354	575,924
<b>13</b> Office expenses	42,414,848	25,148,140	8,864,172	8,402,536
<b>14</b> Information technology	43,791,018	7,851,005	34,559,237	1,380,776
<b>15</b> Royalties	360,282	360,282		
<b>16</b> Occupancy	157,695,520	117,329,399	38,319,047	2,047,074
<b>17</b> Travel	3,415,554	3,440,335	136,818	-161,599
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	2,177,002	913,186	1,128,318	135,498
<b>20</b> Interest	6,911,571	6,911,571		
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	168,501,285	140,277,320	27,971,213	252,752
<b>23</b> Insurance	1,898,731	740,271	1,158,408	52
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> EQUIPMENT	43,400,426	22,821,904	20,361,078	217,444
<b>b</b> PROGRAM PRODUCTION	34,528,193	20,839,148	11,310,961	2,378,084
<b>c</b> RESEARCH/SUBCONTRACT	30,876,378	30,874,299	1,675	404
<b>d</b>				
<b>e</b> All other expenses	-90,544	438,754	-529,298	
<b>25</b> Total functional expenses. Add lines 1 through 24e	1,416,120,138	966,201,104	389,214,602	60,704,432
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <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 IX

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash-non-interest-bearing . . . . .	886,734,458	<b>1</b>	844,451,216
	<b>2</b> Savings and temporary cash investments	132,486,826	<b>2</b>	63,712,426
	<b>3</b> Pledges and grants receivable, net . . . . .	174,700,566	<b>3</b>	384,207,924
	<b>4</b> Accounts receivable, net . . . . .	35,118,164	<b>4</b>	14,015,641
	<b>5</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	12,284,919	<b>8</b>	10,864,725
	<b>9</b> Prepaid expenses and deferred charges . . . . .	7,827,545	<b>9</b>	5,422,180
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 5,536,015,262		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 2,767,716,105	2,740,772,945	<b>10c</b> 2,768,299,157
	<b>11</b> Investments—publicly traded securities . . . . .	296,159,722	<b>11</b>	14,017,884
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	1,751,236,768	<b>12</b>	2,834,308,164
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	110,422,301
	<b>15</b> Other assets. See Part IV, line 11	16,042,720	<b>15</b>	9,441,268
<b>16 Total assets:</b> Add lines 1 through 15 (must equal line 33) . . . . .	6,053,364,633	<b>16</b>	7,059,162,886	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	295,826,945	<b>17</b>	272,879,396
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	677,540,432	<b>19</b>	730,285,978
	<b>20</b> Tax-exempt bond liabilities . . . . .	94,604,197	<b>20</b>	92,743,241
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	296,744,908	<b>23</b>	419,570,713
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	51,668,648	<b>25</b>	47,720,399
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	1,416,385,130	<b>26</b>	1,563,199,727
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	2,655,815,646	<b>27</b>	2,805,038,537
	<b>28</b> Net assets with donor restrictions	1,981,163,857	<b>28</b>	2,690,924,622
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
	<b>32</b> Total net assets or fund balances	4,636,979,503	<b>32</b>	5,495,963,159
<b>33</b> Total liabilities and net assets/fund balances	6,053,364,633	<b>33</b>	7,059,162,886	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	1,804,763,983
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,416,120,138
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	388,643,845
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	4,636,979,503
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	477,058,901
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-6,719,090
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A))	<b>10</b>	5,495,963,159

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>b</b>	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	Yes	
<b>c</b>	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	Yes	

**Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

**Form 990, Special Condition Description:**

**Special Condition Description**

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Name of the organization  
SMITHSONIAN INSTITUTION

Employer identification number

53-0206027

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

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

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

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

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . . . .	1,174,926,626	1,192,108,664	1,292,933,360	1,308,610,079	1,527,783,787	6,496,362,516
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge.. . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .	1,174,926,626	1,192,108,664	1,292,933,360	1,308,610,079	1,527,783,787	6,496,362,516
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . . .						66,577,374
<b>6 Public support.</b> Subtract line 5 from line 4. . . . .						6,429,785,142

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4. . . . .	1,174,926,626	1,192,108,664	1,292,933,360	1,308,610,079	1,527,783,787	6,496,362,516
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	36,693,083	40,028,926	40,511,011	33,186,345	24,349,424	174,768,789
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on. . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . . . .						
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						6,671,131,305
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	642,871,136

**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** . . . . .

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

<b>14</b> Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	96.380 %
<b>15</b> Public support percentage for 2019 Schedule A, Part II, line 14 . . . . .	<b>15</b>	97.190 %

**16a 33 1/3% support test—2020.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

**b 33 1/3% support test—2019.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

**17a 10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .

**b 10%-facts-and-circumstances test—2019.** 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 . . . . .

**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 . . . . .

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

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

**Section A. Public Support**

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

**Section B. Total Support**

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

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

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

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

<b>17</b> Investment income percentage for <b>2020</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b> Investment income percentage from <b>2019</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	
<b>19a 33 1/3% support tests—2020.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>b 33 1/3% support tests—2019.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . . <input type="checkbox"/>		

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

		Yes	No
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<b>2</b>	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b>	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>b</b>	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b>	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>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<b>c</b>	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> 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.		
<b>5a</b>	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 <b>Part VI</b> , 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>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b>	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
<b>7</b>	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .		
<b>8</b>	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
<b>9a</b>	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		
<b>b</b>	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>c</b>	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>10a</b>	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
<b>b</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)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		
<b>1</b>		

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

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>1</b>		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>2</b>		
<b>3</b> By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>3</b>		

**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**):

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

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

	Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>		
<b>2a</b>		
<b>b</b> Did the activities described in line 2a constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
<b>2b</b>		

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

<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI. the role played by the organization in this regard.</i>		
<b>3b</b>		

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

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

**Section A - Adjusted Net Income**

(A) Prior Year

(B) Current Year  
(optional)

<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>		

**Section B - Minimum Asset Amount**

(A) Prior Year

(B) Current Year  
(optional)

<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	<b>1</b>		
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by 0.035	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		

**Section C - Distributable Amount**

Current Year

<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b> Enter 85% of line 1	<b>2</b>	
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b> Income tax imposed in prior year	<b>5</b>	
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	

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

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

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

**Facts And Circumstances Test**

Return Reference

Explanation

## **Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

**Schedule B**

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2020**

Name of the organization SMITHSONIAN INSTITUTION	Employer identification number 53-0206027
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Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)( ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other 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<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

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

Name of organization  
SMITHSONIAN INSTITUTION

**Employer identification number**  
53-0206027

**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
RESTRICTED		\$ RESTRICTED	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization  
SMITHSONIAN INSTITUTION

Employer identification number

53-0206027

**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 SMITHSONIAN INSTITUTION	Employer identification number 53-0206027
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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 information once. See instructions.) ► \$ \_\_\_\_\_

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	
_____		_____	
_____		_____	
(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	
_____		_____	
_____		_____	
(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	
_____		_____	
_____		_____	
(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	
_____		_____	
_____		_____	

## **Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

Supplemental Financial Statements

2020

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization SMITHSONIAN INSTITUTION

Employer identification number

53-0206027

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor informed status.

Part II Conservation Easements.

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

Form for Part II Conservation Easements. Includes checkboxes for types of easements, a table for 'Held at the End of the Year' with rows 2a, 2b, 2c, 2d, and questions 3 through 9 regarding monitoring and reporting.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions 1a, 1b, 2, and 3 regarding reporting requirements and amounts.

**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 are a 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 programs
  - 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    |
|--|-----------|
| <b>c</b> Beginning balance . . . . .             | <b>1c</b> |
| <b>d</b> Additions during the year . . . . .     | <b>1d</b> |
| <b>e</b> Distributions during the year . . . . . | <b>1e</b> |
| <b>f</b> Ending balance . . . . .                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . .

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	1,937,754,681	1,713,248,540	1,645,269,208	1,502,159,340	1,368,754,997
<b>b</b> Contributions . . . . .	50,779,878	35,816,167	36,000,996	52,445,032	42,062,815
<b>c</b> Net investment earnings, gains, and losses	626,775,984	270,503,159	113,052,434	167,085,531	166,875,266
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	79,750,157	76,885,815	75,789,588	72,853,244	71,427,379
<b>f</b> Administrative expenses . . . . .	3,047,189	4,927,370	5,284,510	3,567,451	4,106,359
<b>g</b> End of year balance . . . . .	2,532,513,197	1,937,754,681	1,713,248,540	1,645,269,208	1,502,159,340

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 41.300 %
  - b** Permanent endowment ▶ 23.430 %
  - c** Term endowment ▶ 35.270 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

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

- (i)** Unrelated organizations . . . . .
- (ii)** Related organizations . . . . .

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

- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . .
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		32,818,456		32,818,456
<b>b</b> Buildings . . . . .		4,283,965,354	2,309,386,140	1,974,579,214
<b>c</b> Leasehold improvements		132,998,684	91,097,356	41,901,328
<b>d</b> Equipment . . . . .		454,313,772	367,232,609	87,081,163
<b>e</b> Other . . . . .		631,918,996		631,918,996
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				2,768,299,157

**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.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include Financial derivatives, Closely-held equity interests, Other, and various security categories like SECURITIES-ENDOWMENT CONSOLIDATED, SECURITIES-SHORT-TERM, etc. Total value is 2,834,308,164.

**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.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows are numbered (2) through (10). Total value is 0.

**Part IX Other Assets.**

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

Table with 2 columns: (a) Description, (b) Book value. Rows are numbered (2) through (10). Total value is 0.

**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.

Table with 2 columns: (a) Description of liability, (b) Book value. Rows include Federal income taxes and other liabilities. Total value is 47,720,399.

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	2,394,103,142
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	477,058,901
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	9,232,489
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	100,404,869
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	586,696,259
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	1,807,406,883
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	3,234,653
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	-5,877,553
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	-2,642,900
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .	<b>5</b>	1,804,763,983

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	1,535,119,485
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	9,232,489
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	9,232,489
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	1,525,886,996
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	3,234,653
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	-113,001,511
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	-109,766,858
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .	<b>5</b>	1,416,120,138

**Part XIII****Supplemental Information**

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

Return Reference	Explanation
PART II, LINE 3:	SMITHSONIAN INSTITUTION DID NOT MODIFY, TRANSFER, RELEASE, EXTINGUISH OR TERMINATE ANY CONSERVATION EASEMENTS DURING THE YEAR. PART II, LINE 6: THE SMITHSONIAN ENVIRONMENTAL RESEARCH CENTER (SERC) IS LOCATED ON 2,650 ACRES OF LAND ON THE CHESAPEAKE BAY IN SOUTHERN MARYLAND SPANNING FORESTS, WETLANDS, MARSHES, AND 12 MILES OF PROTECTED SHORELINE. THE SITE SERVES AS A NATURAL LABORATORY FOR LONG-TERM AND CUTTING-EDGE ECOLOGICAL RESEARCH. THE SMITHSONIAN HAS A CONSERVATION EASEMENT ASSOCIATED WITH PROPERTY THAT IS IMMEDIATELY ADJACENT TO SERC LAND OWNED BY THE INSTITUTION. FACILITIES AND SECURITY STAFF VISIT THE AREA REGULARLY, AND ARE THUS ABLE TO REPORT ANY UNUSUAL ACTIVITY ON THE LAND SUBJECT TO THE EASEMENT. THE ORGANIZATION DOES NOT SEPARATELY TRACK THE HOURS AND EXPENSES ASSOCIATED WITH MONITORING THE PROPERTY RELATED TO THE EASEMENT.
PART II, LINE 9:	THE SMITHSONIAN INSTITUTION'S CONSERVATION EASEMENT DOES NOT APPEAR IN THE INSTITUTION'S AUDITED FINANCIAL STATEMENTS.
PART III, LINE 1A:	IN CONFORMITY WITH THE PRACTICE GENERALLY FOLLOWED BY MUSEUMS, NO VALUE IS ASSIGNED TO THE COLLECTIONS IN THE STATEMENT OF FINANCIAL POSITION. PURCHASES OF COLLECTION ITEMS ARE RECOGNIZED AS REDUCTIONS IN NET ASSETS WITHOUT DONOR RESTRICTION IN THE PERIOD OF ACQUISITION. PROCEEDS FROM DEACCESSIONS OR INSURANCE RECOVERIES FOR LOST OR DESTROYED COLLECTION ITEMS ARE RECOGNIZED AS INCREASES IN THE APPROPRIATE NET ASSET CLASS AND ARE DESIGNATED FOR FUTURE COLLECTION ACQUISITIONS, CARE, AND MAINTENANCE.
PART III, LINE 4:	THE ACQUISITION, PRESERVATION, MANAGEMENT, AND STUDY OF COLLECTIONS ARE FUNDAMENTAL TO THE SMITHSONIAN'S MISSION TO INCREASE AND DIFFUSE KNOWLEDGE AND HAVE BEEN THE FOUNDATION UPON WHICH IT RESTS. SMITHSONIAN COLLECTIONS ARE A NATIONAL AND GLOBAL RESOURCE ACCESSED EACH YEAR BY MILLIONS OF VISITORS AND RESEARCHERS WHO USE TRADITIONAL METHODS AND CUTTING-EDGE TECHNOLOGIES TO EXPLORE SUBJECTS FROM AERONAUTICS TO ZOOLOGY. THROUGH ITS COLLECTIONS, THE SMITHSONIAN PRESENTS THE ASTONISHING RECORD OF AMERICAN AND INTERNATIONAL ARTISTIC, HISTORICAL, CULTURAL, AND SCIENTIFIC ACHIEVEMENT, WITH A SCOPE AND DEPTH NO OTHER INSTITUTION IN THE WORLD CAN MATCH. SMITHSONIAN COLLECTIONS CONTRIBUTE TO POPULATION RECOVERY OF ENDANGERED SPECIES, ADVANCES IN REPRODUCTIVE BIOLOGY, GENOME RESOURCE BANKING, MEDICAL RESEARCH, FORENSIC ANALYSIS, BIO-SECURITY, AND CONSERVATION POLICY WORLDWIDE. ASSEMBLED OVER MORE THAN 175 YEARS, THE COLLECTIONS ARE CENTRAL TO THE CORE ACTIVITIES AND TO THE VITALITY AND SIGNIFICANCE OF THE SMITHSONIAN.
PART V, LINE 4:	THE ENDOWMENT INCLUDES APPROXIMATELY 700 INDIVIDUAL ENDOWMENT FUNDS. THE ENDOWMENT PROVIDES STABLE FINANCIAL SUPPORT FOR SCHOLARSHIP, RESEARCH ACTIVITIES, OTHER PROGRAMS, ACQUISITIONS OF COLLECTIONS AND OTHER INSTITUTIONAL ACTIVITIES. IT PLAYS A CRITICAL ROLE IN ENABLING THE INSTITUTION TO ACHIEVE ITS MISSION - "THE INCREASE AND DIFFUSION OF KNOWLEDGE." THE ENDOWMENT INCLUDES BOTH DONOR-RESTRICTED ENDOWMENT FUNDS AND FUNDS DESIGNATED BY THE BOARD OF REGENTS TO FUNCTION AS ENDOWMENTS. CLASSIFICATION AND REPORTING OF NET ASSETS ASSOCIATED WITH THE ENDOWMENT REFLECT DONOR-IMPOSED RESTRICTIONS.
PART X, LINE 2:	FIN 48 (ASC 740) FOOTNOTE THE SMITHSONIAN RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. THE SMITHSONIAN DOES NOT BELIEVE ITS FINANCIAL STATEMENTS INCLUDE ANY UNCERTAIN TAX POSITIONS.
PART XI, LINE 2D - OTHER ADJUSTMENTS:	IMPUTED REVENUE 107,123,958. GAIN ON SALE OF REAL ESTATE 373,807. CHANGES IN NET OTHER ASSET OF RELATED ORG -7,092,896.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	DIRECT FUNDRAISING EXP -169,183. DIRECT EXPENSES COGS -5,708,370.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	IMPUTED REVENUE -107,123,958. DIRECT FUNDRAISING EXP -169,183. DIRECT EXPENSES COGS -5,708,370.

## **Additional Data**

[Return to Form](#)

**Software ID:**

**Software Version:**

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

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

▶ Attach to Form 990.

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

**2020**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
SMITHSONIAN INSTITUTION

**Employer identification number**

53-0206027

**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 or 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 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
(1) ASIA	0	0	ACADEMIC APPOINTMENT STIPENDS		491,620
(2) SUB-SAHARAN-AFRICA	0	0	ACADEMIC APPOINTMENT STIPENDS		115,275
(3) NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	ACADEMIC APPOINTMENT STIPENDS		264,615
(4) NORTH AMERICA	0	0	ACADEMIC APPOINTMENT STIPENDS		405,477
(5) SOUTH AMERICA	0	0	ACADEMIC APPOINTMENT STIPENDS		887,814
(6) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	ACADEMIC APPOINTMENT STIPENDS		671,637
(7) RUSSIA AND NEIGHBORING STATES	0	0	ACADEMIC APPOINTMENT STIPENDS		50,000
(8) AUSTRALIA	0	0	ACADEMIC APPOINTMENT STIPENDS		65,120
(9) ASIA	0	0	PROGRAM SERVICES	TRAVEL, RELATED TO RESEARCH, CONFERENCES AND TRAINING	80,676
(10) SUB-SAHARAN-AFRICA	0	0	PROGRAM SERVICES	TRAVEL, RELATED TO RESEARCH, CONFERENCES AND TRAINING	149,963
(11) NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	PROGRAM SERVICES	TRAVEL, RELATED TO RESEARCH, CONFERENCES AND TRAINING	5,637
(12) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	PROGRAM SERVICES	TRAVEL, RELATED TO RESEARCH, CONFERENCES AND TRAINING	56,944
(13) NORTH AMERICA	0	0	PROGRAM SERVICES	TRAVEL, RELATED TO RESEARCH, CONFERENCES AND TRAINING	96,969
(14) SOUTH AMERICA	0	0	PROGRAM SERVICES	TRAVEL, RELATED TO RESEARCH, CONFERENCES AND TRAINING	32,223
(15) CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		1,148,427,261
(16) NORTH AMERICA	0	0	INVESTMENTS		5,512,726
(17) EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	INVESTMENTS		132,592,725
(18) SUB-SAHARAN AFRICA	0	0	INVESTMENTS		44,497,357
<b>3a</b> Sub-total . . . . .	0	0			2,951,558
<b>b</b> Total from continuation sheets to Part I . . . . .	0	0			1,331,452,481
<b>c Totals</b> (add lines 3a and 3b)	0	0			1,334,404,039

**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)
(1)		SUB-SAHARAN- AFRICA	ACADEMIC APPOINTMENT STIPENDS	54,400	DIRECT DEPOSIT AND CHECKS			
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

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

3 Enter total number of other organizations or entities 1

**Part III 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)
(1) ACADEMIC APPOINTMENT STIPENDS	ASIA	22	491,620	DIRECT DEPOSIT AND CHECKS			ACCRUAL
(2) ACADEMIC APPOINTMENT STIPENDS	SUB-SAHARAN-AFRICA	6	60,875	DIRECT DEPOSIT AND CHECKS			ACCRUAL
(3) ACADEMIC APPOINTMENT STIPENDS	NORTH AMERICA (CANADA & MEXICO ONLY)	19	264,615	DIRECT DEPOSIT AND CHECKS			ACCRUAL
(4) ACADEMIC APPOINTMENT STIPENDS	NORTH AMERICA	54	405,477	DIRECT DEPOSIT AND CHECKS			ACCRUAL
(5) ACADEMIC APPOINTMENT STIPENDS	SOUTH AMERICA	53	887,814	DIRECT DEPOSIT AND CHECKS			ACCRUAL
(6) ACADEMIC APPOINTMENT STIPENDS	EUROPE (INCLUDING ICELAND AND GREENLAND)	36	671,637	DIRECT DEPOSIT AND CHECKS			ACCRUAL
(7) ACADEMIC APPOINTMENT STIPENDS	RUSSIA AND NEIGHBORING STATES	1	50,000	DIRECT DEPOSIT AND CHECKS			ACCRUAL
(8) ACADEMIC APPOINTMENT STIPENDS	AUSTRALIA	2	65,120	DIRECT DEPOSIT AND CHECKS			ACCRUAL
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

**Part IV Foreign Forms**

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



## Additional Data

**Software ID:**

**Software Version:**

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

**2020**

**Open to Public  
Inspection**

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

▶ Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
SMITHSONIAN INSTITUTION

Employer identification number  
53-0206027

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- |   |  |
|---|--|
| <b>a</b> <input checked="" type="checkbox"/> Mail solicitations               | <b>e</b> <input checked="" type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input checked="" type="checkbox"/> Internet and email solicitations | <b>f</b> <input checked="" type="checkbox"/> Solicitation of government grants     |
| <b>c</b> <input checked="" type="checkbox"/> Phone solicitations              | <b>g</b> <input checked="" type="checkbox"/> Special fundraising events            |
| <b>d</b> <input checked="" type="checkbox"/> In-person solicitations          |  |
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 AVALON CONSULTING GROUP INC 805 15TH STREET NW WASHINGTON, DC 20005	DIRECT MARKETING CONSULTANT		No	0	597,488	-597,488
2 BLACKBAUD INC P O BOX 930256 ATLANTA, GA 311930256	FUNDRAISING CONSULTANT		No	0	38,543	-38,543
3 COMMUNITY COUNSELLING SERVICE CO LLC 461 5TH AVENUE NEW YORK, NY 10017	FUNDRAISING CONSULTANT		No	0	461,029	-461,029
4 GRENZEBACH GLIER & ASSOCIATES INC 200 SOUTH MICHIGAN AVE SUITE 2100 CHIGAGO, IL 606042473	MARKETING CONSULTANT		No	0	242,520	-242,520
5 JOHN BROWN LIMITED INC 4916 CRESTWOOD DRIVE WACO, TX 78710	FUNDRAISING CONSULTANT		No	0	13,047	-13,047
6 PUBLIC INTEREST COMMUNICATION INC 7700 LEESBURG PIKE FALLS CHURCH, VA 22043	FUNDRAISING CONSULTANT		No	0	5,918	-5,918
7 SD&A TELESERVICES INC 101 CONTINENTAL BLVD EL SEGUNDO, GA 902454515	TELEMARKETING SERVICES		No	0	75,827	-75,827
8						
9						
10						
<b>Total</b>					1,434,372	-1,434,372

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 <b>NDA AWARD DINNER</b> (event type)	(b) Event #2 <b>ANNUAL FUNDRAISING GALA</b> (event type)	(c) Other events <b>5</b> (total number)	(d) Total events (add col. (a) through col. (c))
<b>Revenue</b>	<b>1</b> Gross receipts . . . . .			167,130	167,130
	<b>2</b> Less: Contributions . . . . .			137,934	137,934
	<b>3</b> Gross income (line 1 minus line 2) . . . . .			29,196	29,196
<b>Direct Expenses</b>	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .			189	189
	<b>9</b> Other direct expenses . . . . .	100,000	56,975	12,019	168,994
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				169,183
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				-139,987	

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
<b>Revenue</b>	<b>1</b> Gross revenue . . . . .				
<b>Direct Expenses</b>	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % .. <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % .. <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % .. <input type="checkbox"/> No		
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶					
<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶					

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states? . . . . .  Yes  No

**b** If "No," explain: \_\_\_\_\_

-----

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**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .  Yes  No

**b** If "Yes," explain: \_\_\_\_\_

-----

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**11** Does the organization conduct gaming activities with nonmembers?  Yes  No

**12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

**13** Indicate the percentage of gaming activity conducted in:

<b>a</b> The organization's facility	<b>13a</b>	%
<b>b</b> An outside facility	<b>13b</b>	%

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ -----

Address ▶ -----

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

**b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.

**c** If "Yes," enter name and address of the third party:

Name ▶ -----

Address ▶ -----

**16** Gaming manager information:

Name ▶ -----

Gaming manager compensation ▶ \$ -----

Description of services provided ▶ -----

Director/officer       Employee       Independent contractor

**17** Mandatory distributions:

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
SCHEDULE G, PART I	SI IS A TRUST INSTRUMENTALITY OF THE U.S. AND AS SUCH IS EXEMPT FROM STATE REGULATIONS PURSUANT TO THE SUPREMACY CLAUSE OF THE U.S. CONSTITUTION. ALL STATES THAT HAVE INQUIRED ABOUT SI FUNDRAISING SOLICITATION REGISTRATION HAVE ACKNOWLEDGED THIS EXEMPTION.

**Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States**  
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization  
SMITHSONIAN INSTITUTION

**Employer identification number**  
53-0206027

**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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) OLD DOMINION UNIVERSITY ROLLINS HALL 2003A NORFOLK, VA 235290001	54-6000884	501(C)(3)	55,000				ACADEMIC APPT. STIPENDS
(2) QUEENS COLLEGE FOUNDATION INC 65-30 KISSENA BLVD FL 13 STE 1306 FLUSHING, NY 113671575	11-6080521	501(C)(3)	35,000				ACADEMIC APPT. STIPENDS
(3) OHIO STATE UNIV RESEARCH FDN 1960 KENNY ROAD COLUMBUS, OH 432101063	31-6401599	501(C)(3)	27,550				ACADEMIC APPT. STIPENDS
(4) UNIVERSITY OF MARYLAND AT COLL 4500 CAMPUS DRIVE COLLEGE PARK, MD 207420001	52-6002033	501(C)(3)	27,351				ACADEMIC APPT. STIPENDS
(5) CALDWELL COUNTY SCHOOLS 1914 HICKORY BLVD SW LENOIR, NC 286456404	56-6000998	501(C)(3)	20,950				ACADEMIC APPT. STIPENDS
(6) MARLBORO COUNTY SCHOOL DISTRIC 122 BROAD STREET BENNETTSVILLE, SC 295120947	57-6000387	501(C)(3)	15,500				ACADEMIC APPT. STIPENDS
(7) BURKE COUNTY PUBLIC SCHOOLS 700 E PARKER ROAD MORGANTON, NC 286556762	56-0935935	501(C)(3)	14,450				ACADEMIC APPT. STIPENDS
(8) POLK COUNTY BOARD OF EDUCATION 125 E MILLS STREET COLUMBUS, NC 287220638	56-6001098	501(C)(3)	8,725				ACADEMIC APPT. STIPENDS
(9) REGENTS OF THE UNIVERSITY OF M 106 PLEASANT STREET SE MINNEAPOLIS, MN 55455	41-6007513	501(C)(3)	8,320				ACADEMIC APPT. STIPENDS
(10) COUNTY OF ALEXANDER 700 LILEDOUN ROAD TAYLORSVILLE, NC 286810250	56-6000984	501(C)(3)	8,100				ACADEMIC APPT. STIPENDS
(11) ORANGEBURG COUNTY SCHOOL DISTR 102 FOUNDERS CT ORANGEBURG, SC 291182087	83-3861927	501(C)(3)	7,625				ACADEMIC APPT. STIPENDS
(12) NOVOGENE CORPORATION INC 8801 FOLSOM BLVD SUITE 290 SACRAMENTO, CA 958264534	47-2149437	501(C)(3)	5,964				ACADEMIC APPT. STIPENDS

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 12
- 3** Enter total number of other organizations listed in the line 1 table 0

**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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) ACADEMIC APPOINTMENT STIPENDS	969	11,810,520			
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2:	<p>THE SMITHSONIAN PROGRAMS OF RESEARCH FELLOWSHIPS AND OTHER ACADEMIC APPOINTMENTS FOR UNDERGRADUATE, GRADUATE STUDENTS, POSTDOCTORAL AND SENIOR SCHOLARS. THE SMITHSONIAN INSTITUTION FELLOWSHIP PROGRAM IS A COMPETITIVE FELLOWSHIP PROGRAM FOR GRADUATE AND POSTDOCTORAL FELLOWS, WHO APPLY TO CONDUCT RESEARCH AT THE INSTITUTION WITH RESEARCH STAFF SERVING AS ADVISORS. THE REVIEW PROCESS IS MADE UP OF DISCIPLINARY COMMITTEES COMPRISED OF THE INSTITUTION'S RESEARCH STAFF WHO EVALUATE THE CANDIDATES AND THEN SELECT THE FELLOWS. THERE ARE OTHER COMPETITIVE AND NON-COMPETITIVE FELLOWSHIPS FOR VISITING SCHOLAR AND STUDENT APPOINTEES SELECTED THROUGH THE SMITHSONIAN UNITS THAT GO THROUGH A VARIETY OF OTHER SELECTIONS PROCESSES BEFORE AN AWARD IS MADE. AN OFFICIAL LETTER/AGREEMENT IS PROVIDED TO EACH AWARD RECIPIENT IDENTIFYING THE AWARD TITLE, DATES OF TENURE, STIPEND ALLOWANCES, AND REQUIRED RESPONSIBILITIES FOR HOLDING THIS POSITION. ALL RECIPIENTS EITHER WILL IDENTIFY A FINANCIAL INSTITUTION FOR RECEIPT OF THEIR MONETARY AWARD OR THEY WILL RECEIVE US TREASURY CHECKS. DEPENDING ON THE TENURE OF THE APPOINTMENT, PAYMENTS MAY BE MADE IN A LUMP SUM OR IN PERIODIC PAYMENTS. MOST FELLOWSHIP APPOINTMENTS ARE AWARDED FOR ONE TO TWO YEARS. AT THE END OF TENURE, A FINAL REPORT OF THEIR RESEARCH ACCOMPLISHMENTS IS PROVIDED FOR OUR RECORDS. SMITHSONIAN RESEARCH STAFF WHO SERVE AS ADVISORS TO THESE FELLOWS, STUDENTS AND SCHOLARS ARE USUALLY IN THE FIELD DURING THEIR TENURE. THE INDIVIDUAL SMITHSONIAN RESEARCH CENTERS MONITOR THE PROGRESS OF THEIR FELLOWS, AND THE FUNDS ARE MANAGED THROUGH THE INSTITUTION'S CENTRAL ADMINISTRATION TO ENSURE ACCOUNTABILITY. SIMILAR PROCESSES ARE FOLLOWED FOR AWARDS MADE TO ORGANIZATIONS WHOSE ACADEMIC STAFF PERFORM THE RELATED RESEARCH.</p>

**Additional Data**

[Return to Form](#)

**Software ID:**  
**Software Version:**

**Schedule J**  
**(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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

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

**2020**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
SMITHSONIAN INSTITUTION

Employer identification number

53-0206027

**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 checked="" 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 idemnification 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 (e.g., maid, chauffeur, chef) |

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

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

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

- |   |   |
|---|---|
| <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 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 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 in lines 5 and 6? If "Yes," describe in Part III.

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

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

	Yes	No
<b>1a</b>		
<b>1b</b>		No
<b>2</b>		No
<b>3</b>		
<b>4a</b>		No
<b>4b</b>		No
<b>4c</b>		No
<b>5a</b>		No
<b>5b</b>		No
<b>6a</b>		No
<b>6b</b>		No
<b>7</b>		No
<b>8</b>		No
<b>9</b>		

**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 are not listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and 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 MR LONNIE G BUNCH III SECRETARY OF THE SMITHSONIAN	(i)	720,822	0	5,334	41,565	22,746	790,467	0
	(ii)	0	0	0	0	0	0	0
2 AMY CHEN CHIEF INVESTMENT OFFICER	(i)	271,816	400,097	1,766	39,345	1,367	714,391	0
	(ii)	0	0	0	0	0	0	0
3 JEFFREY SMITH INVESTMENT OFFICER	(i)	188,862	426,124	273	27,220	33,222	675,701	0
	(ii)	0	0	0	0	0	0	0
4 CAROL LEBLANC PRESIDENT, SMITHSONIAN ENTERPRISES	(i)	346,335	153,396	1,568	41,565	21,924	564,788	0
	(ii)	0	0	0	0	0	0	0
5 MICHAEL GIOVENCO INVESTMENT OFFICER	(i)	164,604	365,573	213	21,528	11,128	563,046	0
	(ii)	0	0	0	0	0	0	0
6 BRYAN DOTSON INVESTMENT OFFICER	(i)	137,886	334,113	124	19,082	35,950	527,155	0
	(ii)	0	0	0	0	0	0	0
7 MEROE PARK DEPUTY SECRETARY & COO	(i)	448,019	0	892	39,773	1,653	490,337	0
	(ii)	0	0	0	0	0	0	0
8 MELISSA CHIU DIRECTOR, HIRSHHORN MUSEUM & SCULPTU	(i)	399,997	5,000	666	41,565	33,811	481,039	0
	(ii)	0	0	0	0	0	0	0
9 JOHN DAVIS INTERIM DIRECTOR, COOPER HEWITT	(i)	406,164	10,000	1,794	41,565	20,760	480,283	0
	(ii)	0	0	0	0	0	0	0
10 ROBERT SPILLER ASSISTANT SECRETARY FOR ADVANCEMENT	(i)	380,816	10,000	1,743	41,565	35,265	469,389	0
	(ii)	0	0	0	0	0	0	0
11 MICHAEL MCCARTHY UNDER SECRETARY FOR ADMINISTRATION	(i)	336,207	20,000	826	41,565	33,627	432,225	0
	(ii)	0	0	0	0	0	0	0
12 RICHARD KURIN SR. SCHOLAR AND AMBASSADOR-AT- LARGE	(i)	318,493	10,000	6,802	48,060	15,403	398,758	0
	(ii)	0	0	0	0	0	0	0
13 KEVIN GOVER ACTING UNDER SECRETARY FOR MUSEUMS &	(i)	292,793	5,000	3,880	41,565	24,473	367,711	0
	(ii)	0	0	0	0	0	0	0
14 ELLEN STOFAN DIRECTOR, NATIONAL AIR AND SPACE MUS	(i)	281,732	5,000	1,400	41,565	33,228	362,925	0
	(ii)	0	0	0	0	0	0	0
15 JULISSA MARENCO ASST. SECRETARY FOR COMMUNICATIONS A	(i)	232,577	7,000	350	34,559	24,330	298,816	0
	(ii)	0	0	0	0	0	0	0
16 JUDITH LEONARD GENERAL COUNSEL	(i)	240,210	5,000	4,811	34,559	11,398	295,978	0
	(ii)	0	0	0	0	0	0	0
17 ROGER BRISSENDEN ACTING UNDER SECRETARY FOR SCIENCE &	(i)	216,512	25,000	0	9,721	21,496	272,729	0
	(ii)	0	0	0	0	0	0	0
18 ZULLY DORR DEPUTY ASSISTANT SECRETARY FOR ADVAN	(i)	210,405	750	0	30,271	21,378	262,804	0
	(ii)	0	0	0	0	0	0	0
19 DERON BURBA CHIEF INFORMATION OFFICER	(i)	196,474	5,000	810	28,079	28,143	258,506	0
	(ii)	0	0	0	0	0	0	0
20 PORTER WILKINSON CHIEF OF STAFF - REGENTS	(i)	210,946	10,000	197	29,093	1,183	251,419	0
	(ii)	0	0	0	0	0	0	0

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21 CATHY HELM INSPECTOR GENERAL	(i)	223,061	0	0	0	23,368	246,429	0
	(ii)	0	0	0	0	- 0	- 0	0
22 ERA MARSHALL DIRECTOR OF EQUAL EMPLOYMENT & SUPPL	(i)	215,054	10,000	0	0	20,031	245,085	0
	(ii)	0	0	0	0	- 0	- 0	0
23 JOHN LAPIANA SENIOR ADVISOR	(i)	193,686	5,000	1,168	26,472	11,203	237,529	0
	(ii)	0	0	0	0	- 0	- 0	0
24 DOUGLAS HALL ACTING UNDER SECRETARY FOR ADMINISTR	(i)	188,416	12,500	0	9,823	21,390	232,129	0
	(ii)	0	0	0	0	- 0	- 0	0
25 NANCY BECHTOL DIRECTOR, SMITHSONIAN FACILITIES	(i)	196,446	749	1,171	26,511	1,066	225,943	0
	(ii)	0	0	0	0	- 0	- 0	0
26 DAVID VOYLES DIRECTOR OF PLANNING, MGMT AND BUDGE	(i)	191,076	5,067	0	7,625	9,713	213,481	0
	(ii)	0	0	0	0	- 0	- 0	0
27 CHARLES ALCOCK DIRECTOR, SMITHSONIAN ASTROPHYSICAL	(i)	156,729	0	1,642	19,759	897	179,027	0
	(ii)	0	0	0	0	- 0	- 0	0

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 1A	CHARTERED TRAVEL FOR BONA-FIDE BUSINESS PURPOSES WAS AUTHORIZED FOR TWO KEY EMPLOYEES WHEN THE CIRCUMSTANCES OF THEIR TRAVEL MET THE REQUIREMENTS OF THE SMITHSONIAN'S POLICY FOR SUCH TRAVEL. CHARTERED CLASS TRAVEL WAS APPROVED IN EACH INSTANCE BY THAT INDIVIDUAL'S DESIGNATED "APPROVING OFFICIAL" FOR TRAVEL. THE SMITHSONIAN'S TRAVEL POLICY IS GUIDED BY THE FEDERAL TRAVEL REGULATIONS AS SUPPLEMENTED BY THE SMITHSONIAN'S TRAVEL HANDBOOK. THE ACCOUNTABLE PLAN FOR TRAVEL REIMBURSEMENTS MAINTAINED BY THE SMITHSONIAN MEETS IRS REQUIREMENTS, THEREFORE NO PORTION OF THIS TRAVEL WAS TREATED AS TAXABLE COMPENSATION.
PART II: COMPENSATION FROM AN UNRELATED ORGANIZATION OR INDIVIDUAL	NAME: CHARLES ALCOCK COMPENSATION FROM UNRELATED ORGANIZATION: \$171,320 NAME OF UNRELATED ORGANIZATION: HARVARD UNIVERSITY

## **Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

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

**Schedule K  
(Form 990)**

**Supplemental Information on Tax-Exempt Bonds**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
SMITHSONIAN INSTITUTION

Employer identification number  
53-0206027

**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) Pool financing	
						Yes	No	Yes	No	Yes	No
A FAIRFAX COUNTY ECONOMIC DEVELOPMENT AUTHORITY	54-0787833	30382ECZ5	12-03-2003	77,545,000	NEW CONSTRUCTION		X		X		X
B DISTRICT OF COLUMBIA	53-6001131	2548397S6	04-29-2010	33,825,749	REFUNDING OF 1997 BONDS		X		X		X

**Part II Proceeds**

		A	B	C	D
1	Amount of bonds retired . . . . .		19,180,749		
2	Amount of bonds legally defeased . . . . .				
3	Total proceeds of issue . . . . .	77,545,000	33,825,749		
4	Gross proceeds in reserve funds . . . . .				
5	Capitalized interest from proceeds . . . . .				
6	Proceeds in refunding escrows . . . . .				
7	Issuance costs from proceeds . . . . .	530,475	612,994		
8	Credit enhancement from proceeds . . . . .	6,161			
9	Working capital expenditures from proceeds . . . . .				
10	Capital expenditures from proceeds . . . . .	77,008,364			
11	Other spent proceeds . . . . .		33,212,755		
12	Other unspent proceeds . . . . .				
13	Year of substantial completion . . . . .	2003	2010		
		Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2019, a current refunding issue)? . . . . .		X	X	
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2019, an advance refunding issue)? . . . . .		X	X	
16	Has the final allocation of proceeds been made? . . . . .	X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X	

**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		X				
2	Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .		X		X				

**Part III Private Business Use** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .		X	X					
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?			X					
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X		X				
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶								
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶	0 %		1.940 %					
<b>6</b> Total of lines 4 and 5 . . . . .	0 %		1.940 %					
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .		X		X				
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X		X				
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .	X		X					

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .		X		X				
<b>2</b> If "No" to line 1, did the following apply? . . . . .								
<b>a</b> Rebate not due yet? . . . . .		X		X				
<b>b</b> Exception to rebate? . . . . .	X		X					
<b>c</b> No rebate due? . . . . .		X		X				
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .	X		X					
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of hedge . . . . .								
<b>d</b> Was the hedge superintegrated? . . . . .								
<b>e</b> Was the hedge terminated? . . . . .								

**Part IV Arbitrage** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		X		X				
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . . . .	X		X					

**Part V Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
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 is not available under applicable regulations?	X		X					

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

Return Reference	Explanation
SCHEDULE K, PART III, LINE 5	THE PERCENTAGE OF FINANCED PROPERTY USED IN PRIVATE BUSINESS USE AS A RESULT OF UNRELATED TRADE OR BUSINESS ACTIVITY IS BASED ON THE PERCENTAGE OF UNRELATED REVENUE IN THE GIFT SHOP WITHIN THE SPACE FINANCED BY THIS BOND ISSUE. THE PRIVATE BUSINESS USE FOR THE CURRENT WAS LESS THAN 5%. THE PRIVATE BUSINESS IS BEING MONITORED AND WILL REMAIN UNDER 5% FOR THE ENTIRE MEASUREMENT PERIOD (1998-2028).

**Additional Data**

[Return to Form](#)

**Software ID:**

**Software Version:**

**Schedule L**  
(Form 990 or 990-EZ)

**Transactions with Interested Persons**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**  
▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
SMITHSONIAN INSTITUTION

**Employer identification number**  
53-0206027

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).  
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

**2** Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. \_\_\_\_\_  
**3** Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. . . . . ▶ \$ . ▶ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

**Total** . . . . . ▶ \$ \_\_\_\_\_

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) MARIA MARABLE-BUNCH	WIFE OF L. BUNCH SECRETARY OF THE SMITHSONIAN INSTITUTION	165,105	ANNUAL COMPENSATION		No

**Part V Supplemental Information**

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

Return Reference

Explanation

**Additional Data**

[Return to Form](#)

**Software ID:**  
**Software Version:**

# Noncash Contributions

## 2020

**Open to Public Inspection**

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
SMITHSONIAN INSTITUTION

**Employer identification number**

53-0206027

### 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 . . . . .	X	1,843		
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	306	13,292,940	MARKET VALUE
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 . . . . .	X	545		
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .	X	1,967		
23 Scientific specimens . . . . .	X	5,306		
24 Archeological artifacts . . . . .				
25 Other ▶ (GOODS) . . . . .	X	22	977,471	MARKET VALUE
26 Other (ARCHIVAL ITEMS) . . . . .	X	2,026	0	
27 Other (ARCHIVAL LINEAR FT) . . . . .	X	478	0	
28 Other (ARCHIVAL GB) . . . . .	X	3,713	0	

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 56

		<b>Yes</b>	<b>No</b>
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?			
b If "Yes," describe the arrangement in Part II.			
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	Yes	
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.			

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

Return Reference	Explanation
PART I, LINE 32B:	ITEMS ARE SOLD THROUGH COMMERCIAL GALLERIES AND AUCTIONS HOUSES. INDIVIDUALS AND FIRMS ARE HIRED ON A CONTRACTUAL BASIS TO PROCESS ACQUISITIONS. ALTHOUGH THE SMITHSONIAN ACQUIRES COLLECTION ITEMS AND OBJECTS WITH THE GOOD FAITH INTENTION OF RETAINING THEM FOR AN INDEFINITE PERIOD OF TIME, PRUDENT COLLECTIONS MANAGEMENT INCLUDES JUDICIOUS CONSIDERATION OF APPROPRIATE DEACCESSIONING AND DISPOSAL TO REFINE AND IMPROVE THE QUALITY AND RELEVANCE OF THE COLLECTIONS WITH RESPECT TO THE SMITHSONIAN'S MISSION AND PURPOSE. WHEN OBJECTS ARE DEACCESSIONED FOR DISPOSAL BY SALE, THE SMITHSONIAN CONTRACTS WITH COMMERCIAL GALLERIES OR AUCTION HOUSES TO SELL THE OBJECTS IN ORDER TO ASSURE THE BEST RETURN FROM THE SALE.
PART I, LINE 33:	IN ACCORDANCE WITH PROFESSIONAL PRACTICE, AS ALLOWED BY SFAS 116, THE SMITHSONIAN DOES NOT ASSIGN VALUE TO COLLECTION ITEMS ACQUIRED BY DONATION.

## **Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

**SCHEDULE O**  
**(Form 990 or 990-EZ)****Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

**2020****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service**Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.**▶ **Attach to Form 990 or 990-EZ.**▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**Name of the organization  
SMITHSONIAN INSTITUTION**Employer identification number**

53-0206027

Return Reference	Explanation
FORM 990, PAGE 1, LINE K	THE SMITHSONIAN INSTITUTION IS A TRUST INSTRUMENTALITY OF THE U.S., CREATED BY CONGRESS; ORGANIZED PURSUANT TO 20 U.S.C. SEC. 41 ET SEQ. FORM 990, PAGE 1, LINE M STATE OF LEGAL DOMICILE: AS A TRUST INSTRUMENTALITY OF THE UNITED STATES, THE SMITHSONIAN INSTITUTION IS A FEDERAL ENTITY THAT IS NOT DOMICILED IN ANY STATE.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:	EDUCATION, PUBLIC PROGRAMS AND EXHIBITIONS: AFTER THE SMITHSONIAN CLOSED ITS MUSEUMS DUE TO THE COVID-19 PANDEMIC IN MARCH 2020, ALL 19 MUSEUMS RE-OPENED TO THE PUBLIC ON ADJUSTED SCHEDULES STARTING IN MAY 2021. IN CONJUNCTION WITH LOCAL AND NATIONAL GUIDELINES, THE MUSEUMS ADHERED TO NEW HEALTH AND SAFETY PROTOCOLS TO PROTECT AGAINST THE SPREAD OF COVID-19. IN RESPONSE TO THE GLOBAL PANDEMIC, THE SMITHSONIAN PRIORITIZED DIGITAL APPROACHES TO EDUCATION, PUBLIC PROGRAMS AND EXHIBITIONS. THE SMITHSONIAN DEVELOPED AND CURATED THE EDUCATIONAL RESOURCES STUDENTS, TEACHERS AND CAREGIVERS NEEDED TO SUPPORT DISTANCE LEARNING. AS PART OF THOSE EFFORTS, THE SMITHSONIAN PARTNERED WITH PBS LEARNINGMEDIA TO BRING LEARNING-READY CONTENT TO PRE-K12 EDUCATORS NATIONWIDE. THE SMITHSONIAN PROVIDED EDUCATIONAL INTERACTIVES, DOCUMENTS AND IN-DEPTH LESSON PLANS THAT ALIGNED WITH COMMON CORE AND NATIONAL AND STATE STANDARDS. AT THE END OF 2020, THE SMITHSONIAN HOSTED "24 HOURS IN A TIME OF CHANGE," A DAY-LONG VIRTUAL PROGRAM CENTERED AROUND CONTEMPORARY ISSUES SUCH AS RACIAL INJUSTICE AND THE COVID-19 PANDEMIC. THE PROGRAM ENCOURAGED A NATIONAL DIALOGUE BY INVITING THE PUBLIC TO REFLECT ON AND SHARE THEIR PERSONAL EXPERIENCES OF 2020. IN ADDITION TO DIGITAL CONVERSATIONS, TEN SMITHSONIAN MUSEUMS AND CENTERS HOSTED A SERIES OF VIRTUAL RECORDED AND LIVE PROGRAMS. TO EXPAND PUBLIC UNDERSTANDING OF AND APPRECIATION FOR PORTRAITURE, THE NATIONAL PORTRAIT GALLERY COMMENCED A NATIONWIDE TOUR OF THE ICONIC OBAMA PORTRAITS BY ARTISTS AMY SHERALD AND KEHINDE WILEY. THE TOUR, WHICH BEGAN IN JUNE 2021, INCLUDES STOPS IN BROOKLYN, LOS ANGELES, ATLANTA, AND HOUSTON. DURING ITS STOP IN ILLINOIS, THE TOUR CONSISTENTLY BROKE DAILY ATTENDANCE RECORDS FOR THE ART INSTITUTE OF CHICAGO. THE SMITHSONIAN LAUNCHED A NEW RACE INITIATIVE, "OUR SHARED FUTURE: RECKONING WITH OUR RACIAL PAST" WITH A VIRTUAL FORUM IN AUG. 2021. THE VIRTUAL EVENT BROUGHT TOGETHER NATIONAL THOUGHT LEADERS AND SMITHSONIAN EXPERTS TO ENCOURAGE A PUBLIC DIALOGUE ABOUT HOW AMERICANS UNDERSTAND, EXPERIENCE AND CONFRONT RACISM. THE EVENT TOUCHED ON SIX MAIN THEMES: RACE AND WELLNESS; RACE AND WEALTH; RACE AND PLACE; RACE, POLICY AND ETHICS; RACE BEYOND THE U.S.; AND RACE, ARTS AND AESTHETICS. IN SEPT. 2021, THE NATIONAL MUSEUM OF AFRICAN AMERICAN HISTORY AND CULTURE OPENED THE EXHIBIT, "MAKE GOOD THE PROMISES: RECONSTRUCTION AND ITS LEGACIES." THE LANDMARK EXHIBITION EXAMINES WHAT HISTORIANS CONSIDER TO BE THE LEAST STUDIED PERIOD IN AMERICAN HISTORY. "MAKE GOOD THE PROMISES" FEATURES MORE THAN 175 OBJECTS, 300 IMAGES AND 14 MEDIA PROGRAMS EXPLORING THE PERIOD AND ITS ONGOING IMPACT ON AMERICA TODAY.
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:	RESEARCH AND COLLECTIONS: THE SMITHSONIAN'S COLLECTIONS OF NEARLY 156 MILLION OBJECTS (ART, ARTIFACTS AND SCIENTIFIC SPECIMENS) ARE THE HEART OF THE INSTITUTION. RESEARCH, PUBLIC PROGRAMS AND EXHIBITIONS ARE BASED ON THESE COLLECTIONS, WHICH ADDITIONALLY INCLUDE MORE THAN 33 MILLION DIGITAL RECORDS OF ONLINE MATERIAL. CARE OF THE COLLECTIONS INVOLVES THE WORK OF REGISTRARS, CONSERVATORS, MUSEUM SPECIALISTS, DESIGNERS, CURATORS AND EDITORS. APPROXIMATELY 146 MILLION OBJECTS AND SPECIMENS ARE PART OF THE NATIONAL MUSEUM OF NATURAL HISTORY COLLECTIONS AND ARE PRIMARILY USED FOR RESEARCH BY BOTH SMITHSONIAN SCIENTISTS AND RESEARCHERS FROM AROUND THE WORLD. IN SOME CASES, THE MUSEUM HAS THE DEFINITIVE, IRREPLACEABLE COLLECTION OF A CERTAIN SPECIES WHICH IS ESSENTIAL FOR COMPARATIVE STUDIES. AS PART OF THE SMITHSONIAN'S COLLECTION EFFORTS SURROUNDING THE HISTORIC EVENTS OF 2020, THE NATIONAL MUSEUM OF AMERICAN HISTORY ANNOUNCED THE ACQUISITION OF MATERIALS CONNECTED WITH THE FIRST-KNOWN DOSES OF FDA-APPROVED COVID-19 VACCINE ADMINISTERED IN THE U.S. THE ACQUISITION INCLUDED THE VIAL THAT CONTAINED THE FIRST DOSES OF APPROVED VACCINE DISPENSED IN THE U.S., AS WELL AS OBJECTS RELATED TO VACCINE DISTRIBUTION. IN AUGUST 2021, TWO SCIMITAR-HORNED ORYX CALVES WERE BORN AS THE RESULT OF ARTIFICIAL INSEMINATION AT SMITHSONIAN CONSERVATION BIOLOGY INSTITUTE (SCBI). THE SCIMITAR-HORNED ORYX ARE CONSIDERED EXTINCT IN THE WILD. BY DEVELOPING AN ALTERNATE PROTOCOL FOR INSEMINATING SCIMITAR-HORNED ORYX, SCIENTISTS AT SCBI CONTINUE TO PLAY A LEADING ROLE IN THE SMITHSONIAN'S GLOBAL EFFORTS TO SAVE WILDLIFE SPECIES FROM EXTINCTION. RESEARCHERS AT THE SMITHSONIAN TROPICAL RESEARCH CENTER LED A STUDY THAT SHOWS THE ASTEROID IMPACT THAT DECIMATED THE DINOSAURS 66 MILLION YEARS AGO ALSO CAUSED 45% OF PLANTS IN WHAT IS NOW COLOMBIA TO GO EXTINCT. THE TEAM DISCOVERED THAT THE MASSIVE EXTINCTION ALLOWED FOR THE REIGN OF FLOWERING PLANTS IN MODERN TROPICAL RAINFORESTS. THEIR STUDY SHEDS LIGHT ON THE ORIGINS OF MODERN RAINFORESTS AND MAY HELP SCIENTISTS UNDERSTAND HOW RAINFORESTS WILL RESPOND TO A RAPIDLY CHANGING CLIMATE IN THE FUTURE. ASTRONOMERS AT THE CENTER FOR ASTROPHYSICS DETECTED THE FIRST JUPITER-LIKE PLANET WITHOUT CLOUDS OR HAZE IN ITS OBSERVABLE ATMOSPHERE. THE EXCEEDINGLY RARE DISCOVERY MARKS THE SECOND TIME ASTRONOMERS HAVE OBSERVED A CLOUD-FREE EXOPLANET. THE DISCOVERY OF PLANETS WITH CLEAR ATMOSPHERES WILL ALLOW SCIENTISTS TO BETTER STUDY THE CHEMICAL COMPOSITION OF PLANETS. SCIENTISTS AT THE NATIONAL MUSEUM OF NATURAL HISTORY DISPROVED THE IDEA THAT EELS ARE EXCLUSIVELY SOLITARY PREDATORS BY DISCOVERING ELECTRIC EELS HUNTING IN A GROUP. DESPITE HOW COMMON GROUP HUNTING IS IN MAMMALS, ONLY NINE SPECIES OF FISH ARE KNOWN TO HUNT IN GROUPS. THE RESEARCH IS A SUBSTANTIAL CONTRIBUTION TO EEL LITERATURE CONSIDERING HOW LITTLE IS KNOWN ABOUT THE SPECIES.
FORM 990, PART III, LINE 4C, PROGRAM	MEMBERSHIP: THE NATIONAL ASSOCIATE PROGRAM IS THE INSTITUTION'S LARGEST AND MOST BASIC MEMBERSHIP PROGRAM. THE PROGRAM PROVIDES MEMBERS WITH SMITHSONIAN MAGAZINE, WHICH IS PUBLISHED 11 TIMES A

Return Reference	Explanation
SERVICE ACCOMPLISHMENTS:	YEAR. THE PRINT AND ONLINE PUBLICATION PROVIDES IN-DEPTH COVERAGE OF HISTORY, SCIENCE, NATURE, ART AND WORLD CULTURES. "FRIENDS OF THE SMITHSONIAN" IS A HIGHER-LEVEL MEMBERSHIP PROGRAM FOR PEOPLE INTERESTED IN A DEEP PHILANTHROPIC CONNECTION TO THE SMITHSONIAN. FRIENDS RECEIVE SMITHSONIAN MAGAZINE, PLUS THEY ARE INVITED TO VARIOUS EVENTS AND ARE GIVEN THE OPPORTUNITY TO LEARN ABOUT AND SUPPORT THE INSTITUTION'S EXHIBITIONS AND RESEARCH. THE SMITHSONIAN ASSOCIATES IS A SELF-SUPPORTING MEMBERSHIP PROGRAM WHICH PRODUCES INFORMATIVE, ENLIGHTENING, ENTERTAINING, AND INSIGHTFUL PROGRAMS INSPIRED BY AND GOING BEYOND SMITHSONIAN RESEARCH, COLLECTIONS AND EXHIBITIONS. PROGRAMS ENGAGE AUDIENCES FROM PRE-K TO POST-RETIREMENT WHO HAVE KEEN INTEREST IN FURTHERING THEIR UNDERSTANDING OF THE ARTS AND SCIENCES, THE PAST, PRESENT, AND FUTURE OF WORLD CULTURES. THE LARGEST MUSEUM-BASED EDUCATIONAL PROGRAM IN THE WORLD, SMITHSONIAN ASSOCIATES ANNUALLY OFFERS MORE THAN 750 VIRTUAL SEMINARS AND LECTURES, IN-PERSON AND ONLINE STUDIO ART CLASSES, PERFORMANCES, AND LOCAL AND REGIONAL STUDY TOURS. PERFORMANCES AT DISCOVERY THEATER AND MORE THAN 100 EDUCATIONALLY FOCUSED ONLINE AND IN-PERSON SUMMER CAMPS ARE AMONG THE PROGRAMS THAT FOSTER THE JOYS OF LEARNING FOR YOUNG PEOPLE AND THEIR FAMILIES. SMITHSONIAN ASSOCIATES STREAMING LAUNCHED DURING THE PANDEMIC AND CONTINUES TO INCREASE ENGAGEMENT WITH NATIONAL AND INTERNATIONAL AUDIENCES. NOTABLE GUESTS IN 2021 INCLUDED JUSTICE STEPHEN BREYER, DR. ANTHONY FAUCI, ELIZABETH WARREN, AUTHOR JODI PICOULT, AND ACTORS MARTIN SHEEN AND STANLEY TUCCI.
FORM 990, PART IV, LINE 12B	THE SMITHSONIAN'S AUDITED FINANCIAL STATEMENTS ARE INCLUDED IN THE UNITED STATES GOVERNMENT'S CONSOLIDATED AUDITED FINANCIAL STATEMENTS.
FORM 990, PART VI, SECTION A, LINE 1	THE BYLAWS OF THE ORGANIZATION DELEGATE AUTHORITY TO THE EXECUTIVE COMMITTEE TO ACT ON BEHALF OF THE BOARD OF REGENTS WHEN THE BOARD OF REGENTS IS NOT IN SESSION. THE BOARD OF REGENTS ELECTS FROM ITS MEMBERS AN EXECUTIVE COMMITTEE CONSISTING OF THREE MEMBERS. THE EXECUTIVE COMMITTEE HAS AND MAY EXERCISE ALL POWERS OF THE BOARD OF REGENTS WHEN THE BOARD OF REGENTS IS NOT IN SESSION, EXCEPT THOSE EXPRESSLY RESERVED TO ITSELF BY THE BOARD OF REGENTS, PROVIDED THAT ALL SUCH PROCEEDINGS ARE REPORTED TO THE GOVERNANCE AND NOMINATING COMMITTEE AND THE BOARD OF REGENTS ON A REGULAR BASIS. THE CHAIR OF THE BOARD SERVES AS CHAIR OF THE EXECUTIVE COMMITTEE. THE VICE CHAIR OF THE BOARD SERVES AS A MEMBER OF THE EXECUTIVE COMMITTEE.
FORM 990, PART VI, SECTION A, LINE 2	STEVE CASE - BUSINESS RELATIONSHIP DAVID RUBENSTEIN - BUSINESS RELATIONSHIP FRANKLIN RAINES - BUSINESS RELATIONSHIP
FORM 990, PART VI, SECTION A, LINE 7A	PURSUANT TO FEDERAL STATUTE, THE BOARD OF REGENTS CONSISTS OF THE VICE PRESIDENT OF THE UNITED STATES, THE CHIEF JUSTICE OF THE UNITED STATES, THREE MEMBERS OF THE U.S. SENATE, THREE MEMBERS OF THE U.S. HOUSE OF REPRESENTATIVES, AND NINE ADDITIONAL CITIZEN REGENTS. THE THREE SENATORS ARE APPOINTED BY THE PRESIDENT PRO TEMPORE OF THE U.S. SENATE, AND THE THREE MEMBERS OF THE HOUSE OF REPRESENTATIVES ARE APPOINTED BY THE SPEAKER OF THE HOUSE OF REPRESENTATIVES. THEIR APPOINTMENT TERMS COINCIDE WITH THE TERMS FOR WHICH THEY ARE ELECTED, AND THEY MAY BE REAPPOINTED IF RE-ELECTED. THE CITIZEN REGENTS ARE NOMINATED BY THE BOARD OF REGENTS, AND APPOINTED BY A JOINT RESOLUTION OF CONGRESS WHICH IS SIGNED BY THE PRESIDENT OF THE UNITED STATES.
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 RETURN IS REVIEWED BY THE DIRECTOR OF FINANCE AND ACCOUNTING, THE OFFICE OF GENERAL COUNSEL, CHIEF OPERATING OFFICER AND THE SECRETARY OF THE SMITHSONIAN. THE RETURN IS ALSO REVIEWED BY AN INDEPENDENT ACCOUNTING FIRM. AFTER THIS REVIEW PROCESS, THE 990 IS MADE AVAILABLE TO THE FULL BOARD FOR ITS REVIEW AND COMMENT. THE AUDIT & REVIEW COMMITTEE CONDUCTS A FINAL REVIEW OF THE RETURN AT A REGULARLY SCHEDULED COMMITTEE MEETING PRIOR TO ITS FILING.
FORM 990, PART VI, SECTION B, LINE 12C	ALL OFFICERS, KEY EMPLOYEES, AND CERTAIN OTHER EMPLOYEES ARE REQUIRED TO COMPLETE AND FILE ANNUALLY A CONFIDENTIAL FINANCIAL DISCLOSURE REPORT. THESE REPORTS - WHICH REQUIRE DISCLOSURE OF CERTAIN ASSETS, EARNED INCOME, LIABILITIES, OUTSIDE POSITIONS, OUTSIDE CONTRACTS AND AGREEMENTS, GIFTS, HOSPITALITY, REIMBURSEMENTS, AND OTHER INTERESTS RELATED TO THE EMPLOYEE'S SMITHSONIAN POSITION - ARE REVIEWED BY THE INSTITUTION'S OFFICE OF GENERAL COUNSEL FOR COMPLIANCE WITH APPLICABLE CONFLICT OF INTEREST POLICIES AND LAWS. IN ADDITION TO THIS REQUIRED REPORTING, ALL KEY EMPLOYEES ARE REQUIRED TO COMPLY WITH THE INSTITUTION'S STANDARDS OF CONDUCT, WHICH, AMONG OTHER THINGS, REQUIRES THAT EMPLOYEES NOT ENGAGE IN PRIVATE OR PERSONAL ACTIVITIES THAT MIGHT CONFLICT OR APPEAR TO CONFLICT WITH SMITHSONIAN INTERESTS, REQUIRES THAT EMPLOYEES OBTAIN OFFICE OF GENERAL COUNSEL APPROVAL BEFORE ENGAGING IN AN OUTSIDE ACTIVITY FOR COMPENSATION, AND REQUIRES EMPLOYEES TO CONSULT WITH THE OFFICE OF GENERAL COUNSEL WHENEVER A DOUBT EXISTS AS TO WHETHER AN ACTIVITY OR PLANNED ACTIVITY VIOLATES THE STANDARDS. ALL MEMBERS OF THE SMITHSONIAN'S GOVERNING BODY ARE REQUIRED TO COMPLETE AND FILE ANNUALLY THE BOARD OF REGENTS ANNUAL DISCLOSURE STATEMENT. THESE STATEMENTS - WHICH REQUIRE REPORTING BY MEMBERS (INCLUDING ANY REPORTABLE INTERESTS HELD BY IMMEDIATE FAMILY OF MEMBERS) ON OUTSIDE POSITIONS AND SUBSTANTIAL SHAREHOLDING IN FOR-PROFIT BUSINESS ENTITIES, OUTSIDE POSITIONS IN NON-PROFIT ENTITIES, AND INTERESTS AND AFFILIATIONS OF THE MEMBER THAT HAVE OR SOUGHT TO HAVE A RELATIONSHIP TO THE SMITHSONIAN - ARE REVIEWED BY THE INSTITUTION'S GENERAL COUNSEL FOR COMPLIANCE WITH APPLICABLE CONFLICT OF INTEREST POLICIES AND LAWS. IN ADDITION TO THIS REQUIRED REPORTING, ALL MEMBERS OF THE SMITHSONIAN'S GOVERNING BODY ARE REQUIRED TO COMPLY WITH THE BOARD OF REGENTS ETHICS GUIDELINES, WHICH, AMONG OTHER THINGS, DEFINE CONFLICTS OF INTEREST AND ESTABLISH PROCEDURES FOR DISCLOSING AND REPORTING OF CONFLICTS AND RECUSAL FROM DECISION-MAKING.
FORM 990, PART VI, SECTION B, LINE 15	THE SMITHSONIAN ENSURES THAT COMPENSATION PAID TO OFFICERS AND OTHER KEY EMPLOYEES IS REASONABLE AND COMPARABLE TO SIMILAR ORGANIZATIONS. EMPLOYEES OF THE SMITHSONIAN MAY BE PAID WITH FEDERALLY APPROPRIATED FUNDS OR WITH NONFEDERAL ("TRUST") FUNDS. MOST TRUST FUNDED (NONFEDERAL) OFFICER AND KEY EMPLOYEE POSITIONS ARE SUBJECT TO MARKET-BASED COMPENSATION, AND THE BOARD OF REGENTS' COMMITTEE ON COMPENSATION AND HUMAN RESOURCES ENGAGES AN INDEPENDENT CONSULTANT TO DEVELOP AND ASSEMBLE COMPARABILITY DATA FOR ITS CONSIDERATION AND TO INFORM ITS DECISIONS. THE COMMITTEE'S ANNUAL DELIBERATIONS AND DECISIONS ARE DOCUMENTED AS PART OF THE FINAL RECOMMENDATION MATERIALS SUBMITTED TO THE BOARD OF REGENTS'. SALARIES FOR FEDERAL EMPLOYEES ARE DETERMINED BY STATUTORILY ESTABLISHED PAY RANGES FOR CIVIL SERVICE EMPLOYEES. AS A MATTER OF

Return Reference	Explanation
	POLICY, THE SMITHSONIAN HAS ESTABLISHED SIMILAR RANGES FOR CERTAIN TRUST FUNDED OFFICER AND KEY EMPLOYEE POSITIONS AND MAINTAINS THOSE RANGES IN PROPORTION TO THE APPROPRIATE FEDERAL PAY RANGES.
FORM 990, PART VI, SECTION C, LINE 19	THE SMITHSONIAN MAKES ITS GOVERNING DOCUMENTS, STATEMENT OF VALUES AND CODE OF ETHICS, AND AUDITED FINANCIAL STATEMENTS AVAILABLE ON ITS PUBLIC WEBSITE (WWW.SI.EDU). DOCUMENTS MAY ALSO BE VIEWED AT THE OFFICE OF FINANCE AND ACCOUNTING OR MAILED.
FORM 990, PART XI, LINE 9:	CHANGE IN NET ASSETS RELATED ORG -7,092,897. GAIN ON SALE OF REAL ESTATE 373,807.
FORM 990, PART XII, LINE 2B	THE SMITHSONIAN INSTITUTION IS SEPARATELY AUDITED. THE SMITHSONIAN INSTITUTION'S AUDITED FINANCIAL STATEMENTS ARE INCLUDED IN THE UNITED STATES GOVERNMENT'S CONSOLIDATED AUDITED FINANCIAL STATEMENTS.

## **Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
SMITHSONIAN INSTITUTION

**Employer identification number**

53-0206027

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
<b>(1)</b> CLAY FELLOWSHIPS CHARITABLE TRUST 10 MEMORIAL BOULEVARD  PROVIDENCE, RI 02903 04-3560268	SUPPORT OF SMITHSONIAN ASTROPHYSICAL OBSERVATORY	MA	501(C)(3)	12 TYPE III-O	N/A		No
<b>(2)</b> SMITHSONIAN UK CHARITABLE TRUST C/O WITHER LLP 16 OLD BAILEY LONDON EC4M 7EG UK	ADVANCE THE WORK OF THE SMITHSONIAN INSTITUTION WORLDWIDE	UK	501(C)(3)		SMITHSONIAN INSTITUTION	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
<b>(1)</b> BLACKBIRD 1846 ENERGY FUND LP 10000 MEMORIAL DRIVE SUITE 550 HOUSTON, TX 77024 47-3887280	INVESTMENTS	DE	BLACKBIR D 1846 ENERGY FUND GP LP	EXCLUDED	-4,449,880	1,636,867		No			No	100.000 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
<b>(1)</b> CHARITABLE REMAINDER TRUSTS (2) 1000 JEFFERSON DRIVE SW WASHINGTON, DC 20560	CHARITABLE REMAINDER TRUST	DC	N/A	T				Yes	
<b>(2)</b> CHARITABLE REMAINDER TRUSTS (2) 1000 JEFFERSON DRIVE SW WASHINGTON, DC 20560	CHARITABLE REMAINDER TRUST	MA	N/A	T				Yes	
<b>(3)</b> CHARITABLE REMAINDER TRUSTS (1) 1000 JEFFERSON DRIVE SW WASHINGTON, DC 20560	CHARITABLE REMAINDER TRUST	MI	N/A	T				Yes	
<b>(4)</b> CHARITABLE REMAINDER TRUSTS (5) 1000 JEFFERSON DRIVE SW WASHINGTON, DC 20560	CHARITABLE REMAINDER TRUST	NY	N/A	T				Yes	
<b>(5)</b> CHARITABLE REMAINDER TRUSTS (3) 1000 JEFFERSON DRIVE SW WASHINGTON, DC 20560	CHARITABLE REMAINDER TRUST	VA	N/A	T				Yes	
<b>(6)</b> REVETAS SIV I LP 1 ROYAL PLAZA ROYAL AVENUE ST PETER PORT GY1 2HL GK	INVESTMENTS	GK	REVETAS GP II LIMITED	C	71,344	2,993,966	100.000 %	Yes	
<b>(7)</b> FOUNDATION CREDIT OPPORTUNITIES OFFSHORE LTD PO BOX 309 UGLAND HOUSE GRAND CAYMAN KY1-1104 CJ	INVESTMENTS	CJ	N/A	T	-1,807,125	22,051,763	66.000 %	Yes	

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity . . . . .
- b** Gift, grant, or capital contribution to related organization(s) . . . . .
- c** Gift, grant, or capital contribution from related organization(s) . . . . .
- d** Loans or loan guarantees to or for related organization(s) . . . . .
- e** Loans or loan guarantees by related organization(s) . . . . .
- f** Dividends from related organization(s) . . . . .
- g** Sale of assets to related organization(s) . . . . .
- h** Purchase of assets from related organization(s) . . . . .
- i** Exchange of assets with related organization(s) . . . . .
- j** Lease of facilities, equipment, or other assets to related organization(s) . . . . .
- k** Lease of facilities, equipment, or other assets from related organization(s) . . . . .
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s) . . . . .
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .
- o** Sharing of paid employees with related organization(s) . . . . .
- p** Reimbursement paid to related organization(s) for expenses . . . . .
- q** Reimbursement paid by related organization(s) for expenses . . . . .
- r** Other transfer of cash or property to related organization(s) . . . . .
- s** Other transfer of cash or property from related organization(s) . . . . .

	Yes	No
<b>1a</b>		No
<b>1b</b>		No
<b>1c</b>	Yes	
<b>1d</b>		No
<b>1e</b>		No
<b>1f</b>		No
<b>1g</b>		No
<b>1h</b>		No
<b>1i</b>		No
<b>1j</b>		No
<b>1k</b>		No
<b>1l</b>		No
<b>1m</b>		No
<b>1n</b>		No
<b>1o</b>		No
<b>1p</b>		No
<b>1q</b>		No
<b>1r</b>		No
<b>1s</b>	Yes	

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved



**Part VII Supplemental Information**

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

**Return Reference****Explanation**

Schedule R (Form 990) 2020

**Additional Data****Return to Form****Software ID:****Software Version:**