



# **2021 Income Tax Return**

**SMITHSONIAN INSTITUTION**

# TAX RETURN FILING INSTRUCTIONS

FORM 990

**FOR THE YEAR ENDING**

September 30, 2022

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**Prepared For:**

SMITHSONIAN INSTITUTION  
1000 JEFFERSON DRIVE SW  
WASHINGTON, DC 20560

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**Prepared By:**

KPMG LLP  
8350 Broad Street, Suite 900  
McLean, VA 22102

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**Amount Due or Refund:**

Not applicable

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**Make Check Payable To:**

Not applicable

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**Mail Tax Return and Check (if applicable) To:**

Not applicable

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**Return Must be Mailed On or Before:**

Not applicable

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**Special Instructions:**

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-TE to us by August 15, 2023.

Form **8879-TE**

# IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning OCT 1, 2021, and ending SEP 30, 2022

# 2021

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.**

Name of filer

SMITHSONIAN INSTITUTION

EIN or SSN

53-0206027

Name and title of officer or person subject to tax

RONALD CORTEZ  
UNDER SEC FOR ADMINISTRATION

## Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than one line in Part I.**

<b>1a</b> Form 990 check here	<input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12)	<b>1b</b> <u>1,855,983,046.</u>
<b>2a</b> Form 990-EZ check here	<input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9)	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here	<input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22)	<b>3b</b> _____
<b>4a</b> Form 990-PF check here	<input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part V, line 5)	<b>4b</b> _____
<b>5a</b> Form 8868 check here	<input type="checkbox"/>	<b>b Balance due</b> (Form 8868, line 3c)	<b>5b</b> _____
<b>6a</b> Form 990-T check here	<input type="checkbox"/>	<b>b Total tax</b> (Form 990-T, Part III, line 4)	<b>6b</b> _____
<b>7a</b> Form 4720 check here	<input type="checkbox"/>	<b>b Total tax</b> (Form 4720, Part III, line 1)	<b>7b</b> _____
<b>8a</b> Form 5227 check here	<input type="checkbox"/>	<b>b FMV of assets at end of tax year</b> (Form 5227, Item D)	<b>8b</b> _____
<b>9a</b> Form 5330 check here	<input type="checkbox"/>	<b>b Tax due</b> (Form 5330, Part II, line 19)	<b>9b</b> _____
<b>10a</b> Form 8038-CP check here	<input type="checkbox"/>	<b>b Amount of credit payment requested</b> (Form 8038-CP, Part III, line 22)	<b>10b</b> _____

## Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

### PIN: check one box only

I authorize KPMG LLP to enter my PIN 20560  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

*Ronald Cortez*  
44E76D74D8364CB...

Date

## Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

54028052684

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

*Shawn Hutchinson*

Date 8/9/23

**ERO Must Retain This Form - See Instructions**

**Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2021)

Product: **Exempt**  
 Name: **SMITHSONIAN INSTITUTION**  
 FEIN: **\*\*\*\*\*6027**  
 Bank Info:  
 Fiscal Year Begin Date: **10/1/2021**  
 IRS Message:

Category:  
 Plan Number:  
 Fiscal Year End Date: **9/30/2022**

IRS Center: **Ogden**  
 e-Postmark: **8/14/2023 9:47 AM**  
 Notification:  
 eSigned:

**Return Information**

Date	Return ID	Type of Activity	Submission ID	Refund/(Due)	Updated By	eSign Date
08/11/2023	21X:1776QA:V1	Upload Started			Naselius, Karen	
08/11/2023	21X:1776QA:V1	Ready to Release by Customer				
08/14/2023	21X:1776QA:V1	Released for Transmission - Validation in Progress			Gordon, Andrea P	
08/14/2023	21X:1776QA:V1	Ready to transmit - Validation Complete				
08/14/2023	21X:1776QA:V1	Transmitted to FD	54028020232260335e21			
08/14/2023	21X:1776QA:V1	Accepted by FD on 8/14/2023				

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ID	Status Date	Status	State/Other	State Category	FBAR	FBAR BSA ID
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EXTENDED TO AUGUST 15, 2023

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

**2021**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the **2021** calendar year, or tax year beginning **OCT 1, 2021** and ending **SEP 30, 2022**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> 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 1000 JEFFERSON DRIVE SW City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20560 <b>F</b> Name and address of principal officer: LONNIE G. BUNCH III SAME AS C ABOVE	<b>D</b> Employer identification number 53-0206027 <b>E</b> Telephone number (202) 633-1000 <b>G</b> Gross receipts \$ 2,364,258,676. <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ WWW.SI.EDU		
<b>K</b> Form of organization: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: 1846
<b>M</b> State of legal domicile:		

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: "INCREASE AND DIFFUSION OF KNOWLEDGE" IS THE MISSION SET FORTH BY JAMES SMITHSON. 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) ..... <b>3</b> 17 4 Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> 17 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) ..... <b>5</b> 6834 6 Total number of volunteers (estimate if necessary) ..... <b>6</b> 70423 7a Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> 8,426,728. b Net unrelated business taxable income from Form 990-T, Part I, line 11 ..... <b>7b</b> 0.																									
<b>Revenue</b>		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Prior Year</th> <th>Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h) .....</td> <td style="text-align: right;">1,527,783,787.</td> <td style="text-align: right;">1,440,330,179.</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g) .....</td> <td style="text-align: right;">72,854,595.</td> <td style="text-align: right;">92,495,451.</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....</td> <td style="text-align: right;">173,911,340.</td> <td style="text-align: right;">269,279,800.</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....</td> <td style="text-align: right;">30,214,261.</td> <td style="text-align: right;">53,877,616.</td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....</td> <td style="text-align: right;">1,804,763,983.</td> <td style="text-align: right;">1,855,983,046.</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h) .....	1,527,783,787.	1,440,330,179.	9 Program service revenue (Part VIII, line 2g) .....	72,854,595.	92,495,451.	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	173,911,340.	269,279,800.	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	30,214,261.	53,877,616.	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	1,804,763,983.	1,855,983,046.						
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**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <i>Ronald Cortez</i> 44E76D74D8354CB... RONALD CORTEZ, UNDER SEC FOR ADMINISTRATION Type or print name and title	Date _____			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name SHAWN HUTCHINSON	Preparer's signature <i>Shawn Hutchinson</i>	Date 8/9/23	Check if self-employed <input type="checkbox"/>	PTIN P01048557
	Firm's name ▶ KPMG LLP Firm's address ▶ 8350 BROAD STREET, SUITE 900 MCLEAN, VA 22102		Firm's EIN ▶ 13-5565207		Phone no. 703-286-8000

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



# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions.  SMITHSONIAN INSTITUTION	Taxpayer identification number (TIN)  53-0206027
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1000 JEFFERSON DRIVE SW	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20560	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

OFFICE OF FINANCE & ACCOUNTING

• The books are in the care of ▶ PO BOX 37012 - WASHINGTON, DC 20013-7012

Telephone No. ▶ 202-633-7167

Fax No. ▶ 202-312-1992

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until AUGUST 15, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year \_\_\_\_\_ or
- ▶  tax year beginning OCT 1, 2021, and ending SEP 30, 2022.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

Part III Statement of Program Service Accomplishments

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

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 [X] 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 [X] 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 \$ 657,049,765. including grants of \$ 3,625,341. ) (Revenue \$ 36,922,686. ) EDUCATION, PUBLIC PROGRAMS AND EXHIBITIONS (SEE SCHEDULE O)

4b (Code: ) (Expenses \$ 424,278,020. including grants of \$ 13,939,830. ) (Revenue \$ 46,765,124. ) RESEARCH AND COLLECTIONS (SEE SCHEDULE O)

4c (Code: ) (Expenses \$ 95,410,232. including grants of \$ ) (Revenue \$ 40,194,830. ) MEMBERSHIP (SEE SCHEDULE O)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 1,176,738,017.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21, with sub-questions a-f for questions 11 and 12. Marked 'X' in Yes/No columns indicate completion.



Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 covering various organizational requirements and reporting obligations.

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 number, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, business income, foreign accounts, and various organizational requirements.

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

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

Section A. Governing Body and Management

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 on 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?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records OFFICE OF FINANCE & ACCOUNTING - 202-633-7167 PO BOX 37012, WASHINGTON, DC 20013-7012

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) AMY CHEN CHIEF INVESTMENT OFFICER	50.00 0.00				X			778,762.	0.	46,288.
(2) MR LONNIE G. BUNCH, III SECRETARY OF THE SMITHSONIAN	50.00 0.00			X				738,754.	0.	71,686.
(3) JOHN DAVIS (THRU 8/27/21) PROVOST	50.00 0.00					X		559,719.	0.	54,791.
(4) MEROE PARK DEPUTY SECRETARY & COO	50.00 0.00			X				528,377.	0.	45,619.
(5) JEFFREY SMITH MANAGING DIRECTOR, OI	50.00 0.00					X		422,679.	0.	82,698.
(6) MELISSA CHIU DIRECTOR, HIRSHHORN MUSEUM & SCULPTU	50.00 0.00					X		406,833.	0.	78,476.
(7) ROBERT SPILLER ASSISTANT SECRETARY FOR ADVANCEMENT	50.00 0.00				X			396,018.	0.	82,026.
(8) CAROL LEBLANC PRESIDENT, SMITHSONIAN ENTERPRISES	50.00 0.00				X			353,673.	0.	114,236.
(9) CHASE ROBINSON DIR SACKLER GALLERY/FREER GALL	50.00 0.00					X		406,933.	0.	56,588.
(10) KEVIN GOVER ACTING UNDER SECRETARY FOR MUSEUMS &	50.00 0.00				X			385,761.	0.	72,920.
(11) KEVIN YOUNG DIR NATL MUSEUM OF AFRICAN AME	50.00 0.00					X		377,876.	0.	78,399.
(12) ELLEN STOFAN DIRECTOR, NATL AIR AND SPACE MUSEUM	50.00 0.00				X			334,146.	0.	79,386.
(13) RICHARD KURIN (THRU 9/30/19) SR. SCHOLAR & AMBASSADOR-AT-LARGE	50.00 0.00						X	325,706.	0.	72,105.
(14) JULISSA MARENCO ASST SEC. FOR COMMUNICATIONS AND EXT	50.00 0.00				X			262,439.	0.	60,939.
(15) JUDITH LEONARD GENERAL COUNSEL	50.00 0.00			X				260,381.	0.	51,983.
(16) MICHAEL MCCARTHY (THRU 5/5/21) UNDER SECRETARY FOR ADMINISTRATION	50.00 0.00						X	247,697.	0.	35,682.
(17) PORTER WILKINSON CHIEF OF STAFF TO THE REGENTS	50.00 0.00			X				213,911.	0.	54,160.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ZULLY DORR (THRU 09/30/19) DEPUTY ASST SEC. FOR ADVANCEMENT	50.00 0.00						X	214,591.	0.	53,261.
(19) JANICE LAMBERT CHIEF FINANCIAL OFFICER	50.00 0.00				X			228,050.	0.	38,307.
(20) ROGER BRISSENDEN (THRU 3/13/21) ACTING UNDER SEC. FOR SCIENCE & RSRC	50.00 0.00						X	235,962.	0.	27,758.
(21) CATHY HELM INSPECTOR GENERAL	50.00 0.00			X				237,020.	0.	24,227.
(22) DERON BURBA (THRU 9/30/18) CHIEF INFORMATION OFFICER	50.00 0.00						X	199,227.	0.	57,566.
(23) DOUGLAS HALL ACTING UNDER SEC. FOR ADMINISTRATION	50.00 0.00			X				223,026.	0.	33,672.
(24) ERA MARSHALL (THRU 9/30/18) DIRECTOR OF EQUAL EMPLOYMENT	50.00 0.00						X	227,099.	0.	20,728.
(25) JOHN LAPIANA (THRU 9/30/18) SENIOR ADVISOR	50.00 0.00						X	196,734.	0.	39,763.
(26) NANCY BECHTOL DIRECTOR, SMITHSONIAN FACILITIES	50.00 0.00			X				199,735.	0.	29,080.
<b>1b Subtotal</b>								8,961,109.	0.	1,462,344.
<b>c Total from continuation sheets to Part VII, Section A</b>								470,913.	0.	43,677.
<b>d Total (add lines 1b and 1c)</b>								9,432,022.	0.	1,506,021.

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 1,775

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
CLARK/SMOOT/CONSIGLI, 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 92705-8664	SECURITY	15,447,446.
TC PENNSY DRIVE, LLC, 444 MADISON AVENUE, 18TH FLOOR, NEW YORK, NY 10022-6903	REAL ESTATE	11,975,381.
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 22312-2403	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 227

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) DAVID VOYLES (THRU 12/31/21) DIR OF PLANNING, MGMT & BUDGET	50.00 0.00						X	195,336.	0.	19,873.
(28) CHARLES ALCOCK (THRU 12/31/20) DIRECTOR, SMITHSONIAN ASTROPHYS OBSV	50.00 0.00						X	159,286.	0.	23,636.
(29) RONALD CORTEZ UNDER SEC FOR ADMINISTRATION	50.00 0.00			X				116,291.	0.	168.
(30) HONORABLE JOHN G. ROBERTS JR REGENT	2.00 0.00	X						0.	0.	0.
(31) HONORABLE KAMALA D. HARRIS REGENT	2.00 0.00	X						0.	0.	0.
(32) HONORABLE JOHN BOOZMAN REGENT	2.00 0.00	X						0.	0.	0.
(33) HONORABLE CATHERINE CORTEZ MAST REGENT	2.00 0.00	X						0.	0.	0.
(34) HONORABLE DAVID MATSUI REGENT	2.00 0.00	X						0.	0.	0.
(35) HONORABLE ADRIAN SMITH REGENT	2.00 0.00	X						0.	0.	0.
(36) HONORABLE BARBARA M. BARRETT REGENT	3.00 0.00	X						0.	0.	0.
(37) MR STEVE CASE REGENT	10.00 0.00	X						0.	0.	0.
(38) MR JOHN FAHEY REGENT	3.00 0.00	X						0.	0.	0.
(39) MR ROGER W. FERGUSON JR. REGENT	3.00 0.00	X						0.	0.	0.
(40) MR MICHEAL GOVAN REGENT	3.00 0.00	X						0.	0.	0.
(41) DR RISA J. LAVIZZO-MOUREY REGENT	3.00 0.00	X						0.	0.	0.
(42) MR MICHAEL M. LYNTON REGENT	3.00 0.00	X						0.	0.	0.
(43) MS DENISE M. O'LEARY REGENT	2.00 0.00	X						0.	0.	0.
(44) MR FRANKLIN D. RAINES REGENT	2.00 0.00	X						0.	0.	0.
(45) MR DAVID M. RUBENSTEIN REGENT	2.00 0.00	X						0.	0.	0.
(46) HONORABLE PATRICK J. LEAHY REGENT	2.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns .....	<b>1a</b> 37,383.				
	<b>b</b>	Membership dues .....	<b>1b</b> 27,138,375.				
	<b>c</b>	Fundraising events .....	<b>1c</b> 1,660,964.				
	<b>d</b>	Related organizations .....	<b>1d</b> 367,114.				
	<b>e</b>	Government grants (contributions) .....	<b>1e</b> 1,219,807,912.				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b> 191,318,431.				
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b> \$ 61,441,835.				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....		1,440,330,179.			
	Program Service Revenue	<b>2 a</b>	VISITORS/MEMBERS/EMPLO	Business Code 900099	53,362,216.	53,362,216.	
<b>b</b>		SUBSCRIPTIONS-MAGAZINE	511120	23,835,059.	23,835,059.		
<b>c</b>		TOURS/CLASSES	900099	9,412,406.	9,412,406.		
<b>d</b>		THEATER INCOME	512131	2,888,955.	2,888,955.		
<b>e</b>		TRAVELING EXHIBITIONS	712110	2,766,815.	2,766,815.		
<b>f</b>		All other program service revenue .....		230,000.	230,000.		
<b>g</b>		<b>Total.</b> Add lines 2a-2f .....		92,495,451.			
Other Revenue		<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....		15,867,060.		307,538.
	<b>4</b>	Income from investment of tax-exempt bond proceeds .....					
	<b>5</b>	Royalties .....		9,291,560.		9,291,560.	
	<b>6 a</b>	Gross rents .....	(i) Real	9,597,650.			
			(ii) Personal				
			<b>6a</b>	9,597,650.			
	<b>b</b>	Less: rental expenses ...	<b>6b</b> 3,235,098.				
	<b>c</b>	Rental income or (loss)	<b>6c</b> 6,362,552.				
	<b>d</b>	Net rental income or (loss) .....		6,362,552.		-679,764.	
	<b>7 a</b>	Gross amount from sales of assets other than inventory .....	(i) Securities	739,163,991.			
			(ii) Other	352,889.			
			<b>7a</b>	739,163,991.	352,889.		
			<b>b</b>	Less: cost or other basis and sales expenses .....	<b>7b</b> 486,104,140.	0.	
<b>c</b>	Gain or (loss) .....	<b>7c</b> 253,059,851.	352,889.				
<b>d</b>	Net gain or (loss) .....		253,412,740.	352,889.	253,059,851.		
<b>8 a</b>	Gross income from fundraising events (not including \$ 1,660,964. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>	58,785.				
		<b>b</b>	Less: direct expenses .....	<b>8b</b> 712,279.			
		<b>c</b>	Net income or (loss) from fundraising events .....		-653,494.		-653,494.
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>					
		<b>b</b>	Less: direct expenses .....	<b>9b</b>			
		<b>c</b>	Net income or (loss) from gaming activities .....				
<b>10 a</b>	Gross sales of inventory, less returns and allowances .....	<b>10a</b>	46,292,345.				
		<b>b</b>	Less: cost of goods sold .....	<b>10b</b> 18,224,113.			
		<b>c</b>	Net income or (loss) from sales of inventory .....		28,068,232.	27,595,922.	472,310.
Miscellaneous Revenue	<b>11 a</b>	MAG/WEBSITE ADVERTISIN	Business Code 541800	7,733,016.	-593,628.	8,326,644.	
	<b>b</b>	INTERCOMPANY REVENUE	900099	3,065,160.	3,065,160.		
	<b>c</b>	MISCELLANEOUS REVENUE	900099	10,590.	10,590.		
	<b>d</b>	All other revenue .....					
	<b>e</b>	<b>Total.</b> Add lines 11a-11d .....		10,808,766.			
<b>12</b>	<b>Total revenue.</b> See instructions .....		1,855,983,046.	122,926,384.	8,426,728.	284,299,755.	



**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	353,387.	353,387.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	13,632,628.	13,632,628.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....	3,579,156.	3,579,156.		
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	8,607,459.	3,588,552.	4,496,942.	521,965.
<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) .....	2,352,007.	263,719.	1,820,436.	267,852.
<b>7</b> Other salaries and wages .....	553,449,659.	437,405,196.	85,377,712.	30,666,751.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	78,821,183.	45,293,085.	33,214,938.	313,160.
<b>9</b> Other employee benefits .....	65,074,886.	58,460,173.	3,319,984.	3,294,729.
<b>10</b> Payroll taxes .....	40,144,486.	20,758,899.	19,205,162.	180,425.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	521,976.	427,496.	86,280.	8,200.
<b>c</b> Accounting .....	346,662.		346,662.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17	2,292,446.			2,292,446.
<b>f</b> Investment management fees .....	2,463,927.		2,463,927.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	144,924,443.	122,703,724.	10,577,895.	11,642,824.
<b>12</b> Advertising and promotion .....	3,246,411.	2,472,636.	60,439.	713,336.
<b>13</b> Office expenses .....	44,251,511.	31,341,624.	7,713,464.	5,196,423.
<b>14</b> Information technology .....	57,522,508.	28,453,972.	26,585,437.	2,483,099.
<b>15</b> Royalties .....	233,341.	233,341.		
<b>16</b> Occupancy .....	163,505,064.	144,329,673.	17,831,471.	1,343,920.
<b>17</b> Travel .....	10,392,574.	9,622,215.	356,692.	413,667.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	3,498,445.	2,690,214.	671,010.	137,221.
<b>20</b> Interest .....	7,148,912.	7,148,912.		
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	180,483,163.	150,252,233.	29,960,205.	270,725.
<b>23</b> Insurance .....	1,643,275.	471,963.	1,134,873.	36,439.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> PROGRAM PRODUCTION	52,511,441.	47,272,898.	207,885.	5,030,658.
<b>b</b> RESEARCH/SUBCONTRACT	30,615,780.	30,581,001.	33,101.	1,678.
<b>c</b> EQUIPMENT	16,119,804.	14,845,050.	1,373,455.	-98,701.
<b>d</b> _____				
<b>e</b> All other expenses _____	-90,097.	556,270.	-667,665.	21,298.
<b>25</b> Total functional expenses. Add lines 1 through 24e	1,487,646,437.	1,176,738,017.	246,170,305.	64,738,115.
<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 X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	844,451,216.	<b>1</b>	845,280,151.
	<b>2</b> Savings and temporary cash investments .....	63,712,426.	<b>2</b>	158,647,491.
	<b>3</b> Pledges and grants receivable, net .....	384,207,924.	<b>3</b>	344,702,780.
	<b>4</b> Accounts receivable, net .....	14,015,641.	<b>4</b>	15,383,181.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	10,864,725.	<b>8</b>	16,504,520.
	<b>9</b> Prepaid expenses and deferred charges .....	5,422,180.	<b>9</b>	7,863,619.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 5,777,784,736.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 2,941,519,270.	2,768,299,157.	<b>10c</b> 2,836,265,466.
	<b>11</b> Investments - publicly traded securities .....	14,017,884.	<b>11</b>	202,975.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	2,834,308,164.	<b>12</b>	2,626,748,576.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....	110,422,301.	<b>14</b>	91,375,098.
	<b>15</b> Other assets. See Part IV, line 11 .....	9,441,268.	<b>15</b>	10,086,159.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	7,059,162,886.	<b>16</b>	6,953,060,016.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	272,879,396.	<b>17</b>	277,383,954.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	730,285,978.	<b>19</b>	744,897,810.
	<b>20</b> Tax-exempt bond liabilities .....	92,743,241.	<b>20</b>	90,814,091.
	<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 .....	419,570,713.	<b>23</b>	383,570,854.
	<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 .....	47,720,399.	<b>25</b>	46,222,353.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	1,563,199,727.	<b>26</b>	1,542,889,062.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	2,805,038,537.	<b>27</b>	2,986,871,964.
	<b>28</b> Net assets with donor restrictions .....	2,690,924,622.	<b>28</b>	2,423,298,990.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>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 .....	5,495,963,159.	<b>32</b>	5,410,170,954.
<b>33</b> Total liabilities and net assets/fund balances .....	7,059,162,886.	<b>33</b>	6,953,060,016.	

**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>	1,855,983,046.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,487,646,437.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	368,336,609.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	5,495,963,159.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-454,019,132.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	-109,682.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	5,410,170,954.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>	X	
<b>3b</b>	X	

Form **990** (2021)

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2021**

Open to Public Inspection

<b>Name of the organization</b> SMITHSONIAN INSTITUTION	<b>Employer identification number</b> 53-0206027
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**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

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

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

f Enter the number of supported organizations .....

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

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	1192108664.	1292933360.	1308610079.	1527783787.	1440330179.	6761766069.
<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 .....	1192108664.	1292933360.	1308610079.	1527783787.	1440330179.	6761766069.
<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) .....						61,372,741.
<b>6 Public support.</b> Subtract line 5 from line 4.						6700393328.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	1192108664.	1292933360.	1308610079.	1527783787.	1440330179.	6761766069.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	40,028,926.	40,511,011.	33,186,345.	24,349,424.	31,521,172.	169,596,878.
<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						6931362947.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	96.67 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	96.38 %
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 on 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.)						

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

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

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2020 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b 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 Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<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>1</b>		
<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>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>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.			
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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>	Yes	No	
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>			
<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>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			



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

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

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2021

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2021 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2021</b>	<b>(iii) Distributable Amount for 2021</b>
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016			
<b>b</b> From 2017			
<b>c</b> From 2018			
<b>d</b> From 2019			
<b>e</b> From 2020			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017			
<b>b</b> Excess from 2018			
<b>c</b> Excess from 2019			
<b>d</b> Excess from 2020			
<b>e</b> Excess from 2021			

Schedule A (Form 990) 2021

**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.)

Multiple horizontal lines for supplemental information.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2021**

Name of the organization

SMITHSONIAN INSTITUTION

Employer identification number

53-0206027

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

Name of organization  SMITHSONIAN INSTITUTION	Employer identification number  53-0206027
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	UNITED STATES GOVERNMENT  FEDERAL APPROPRIATIONS  WASHINGTON, DC 20220	\$ 1,049,625,469.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  SMITHSONIAN INSTITUTION	Employer identification number  53-0206027
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**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
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

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 info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply): [ ] Preservation of land for public use, [X] Protection of natural habitat, [ ] Preservation of open space, [ ] Preservation of a historically important land area, [ ] Preservation of a certified historic structure. 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Table: Held at the End of the Tax Year. 2a Total number of conservation easements: 1. 2b Total acreage restricted by conservation easements: 88.25. 2c Number of conservation easements on a certified historic structure included in (a). 2d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register: 0. 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year: 0. 4 Number of states where property subject to conservation easement is located: 1. 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? (Yes/No). 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year. 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year. 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? (Yes/No). 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1. b Assets included in Form 990, Part X.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2021



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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,532,513,197.	1,937,754,681.	1,713,248,540.	1,645,269,208.	1,502,159,340.
b Contributions	55,461,423.	50,779,878.	35,816,167.	36,000,996.	52,445,032.
c Net investment earnings, gains, and losses	-177,127,991.	626,775,984.	270,503,159.	113,052,434.	167,085,531.
d Grants or scholarships					
e Other expenditures for facilities and programs	84,916,966.	79,750,157.	76,885,815.	75,789,588.	72,853,244.
f Administrative expenses	2,865,944.	3,047,189.	4,927,370.	5,284,510.	3,567,451.
g End of year balance	2,323,063,719.	2,532,513,197.	1,937,754,681.	1,713,248,540.	1,645,269,208.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  41.0000 %
  - b Permanent endowment  27.0000 %
  - c Term endowment  32.0000 %
- 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:
- |   | Yes                      | No                                  |
|---|--------------------------|-------------------------------------|
| (i) Unrelated organizations   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		32,818,456.		32,818,456.
b Buildings		5,050,409,124.	2,455,145,890.	2,595,263,234.
c Leasehold improvements		138,768,163.	100,365,233.	38,402,930.
d Equipment		326,172,851.	286,614,338.	39,558,513.
e Other		229,616,142.	99,393,809.	130,222,333.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,836,265,466.

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A) SECURITIES-ENDOWMENT CONSOLIDATED	2,321,341,025.	END-OF-YEAR MARKET VALUE
(B) SECURITIES-SHORT-TERM	282,564,589.	END-OF-YEAR MARKET VALUE
(C) SECURITIES-GIFT ANNUITY PROGRAM	21,303,417.	END-OF-YEAR MARKET VALUE
(D) SECURITIES-ENDOWMENT US TREAS	975,937.	END-OF-YEAR MARKET VALUE
(E) ACCRUED INTEREST-CONSOLIDATED	563,608.	END-OF-YEAR MARKET VALUE
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	2,626,748,576.	

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ESTIMATED REMEDIATION OBLIGATION	46,095,572.
(3) ACCTS. PAY-CANCELLED APPROP.	343,536.
(4) OTHER LIABILITIES	-216,755.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	46,222,353.

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	1,549,441,614.
<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> -454,019,132.		
<b>b</b>	Donated services and use of facilities	<b>2b</b> 8,394,664.		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b> 122,610,572.		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	-323,013,896.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	1,872,455,510.
<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> 2,463,928.		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b> -18,936,392.		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	-16,472,464.
<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>	1,855,983,046.

**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>	1,635,233,819.
<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> 8,394,664.		
<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>	8,394,664.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	1,626,839,155.
<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> 2,463,928.		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b> -141,656,646.		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	-139,192,718.
<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>	1,487,646,437.

**Part XIII Supplemental Information.**

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

PART 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

**Part XIII Supplemental Information** (continued)

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.

**Part XIII** Supplemental Information (continued)

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:

**Part XIII** Supplemental Information (continued)

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	122,720,254.
PROCEEDS FROM SALES OF COLLECTIONS	-109,682.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	122,610,572.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EXP	-712,279.
DIRECT EXPENSES COGS	-18,224,113.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-18,936,392.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DIRECT EXPENSES COGS	-18,224,113.
DIRECT FUNDRAISING EXP	-712,279.
IMPUTED REVENUE	-122,720,254.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	-141,656,646.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization <b>SMITHSONIAN INSTITUTION</b>	Employer identification number <b>53-0206027</b>
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**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
EAST ASIA AND THE PACIFIC	0	0	ACADEMIC APPOINTMENT STIPENDS		538,793.
SUB-SAHARAN AFRICA	0	0	ACADEMIC APPOINTMENT STIPENDS		173,491.
NORTH AMERICA	0	0	ACADEMIC APPOINTMENT STIPENDS		374,106.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	ACADEMIC APPOINTMENT STIPENDS		743,390.
SOUTH AMERICA	0	0	ACADEMIC APPOINTMENT STIPENDS		925,736.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	ACADEMIC APPOINTMENT STIPENDS		771,974.
RUSSIA AND NEIGHBORING STATES	0	0	ACADEMIC APPOINTMENT STIPENDS		51,667.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	TRAVEL, RELATED TO RESEARCH, CONFERENCES AND TRAINING	569,724.
<b>3 a</b> Subtotal .....	0	0			4,148,881.
<b>b</b> Total from continuation sheets to Part I .....	0	0			1264639601.
<b>c</b> <b>Totals</b> (add lines 3a and 3b) .....	0	0			1268788482.

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

Schedule F (Form 990) 2021

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	TRAVEL, RELATED TO RESEARCH, CONFERENCES AND TRAINING	494,775.
NORTH AMERICA	0	0	PROGRAM SERVICES	TRAVEL, RELATED TO RESEARCH, CONFERENCES AND TRAINING	115,031.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	TRAVEL, RELATED TO RESEARCH, CONFERENCES AND TRAINING	915,502.
NORTH AMERICA	0	0	PROGRAM SERVICES	TRAVEL, RELATED TO RESEARCH, CONFERENCES AND TRAINING	409,404.
SOUTH AMERICA	0	0	PROGRAM SERVICES	TRAVEL, RELATED TO RESEARCH, CONFERENCES AND TRAINING	184,384.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS	TRAVEL, RELATED TO RESEARCH, CONFERENCES AND TRAINING	1104144867.
NORTH AMERICA	0	0	INVESTMENTS	TRAVEL, RELATED TO RESEARCH, CONFERENCES AND TRAINING	4,286,200.
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	INVESTMENTS	TRAVEL, RELATED TO RESEARCH, CONFERENCES AND TRAINING	107,697,156.
SUB-SAHARAN AFRICA	0	0	INVESTMENTS	TRAVEL, RELATED TO RESEARCH, CONFERENCES AND TRAINING	46,392,282.
<b>Totals</b> .....					1264639601.





**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)
ACADEMIC APPOINTMENT STIPENDS	EAST ASIA AND THE PACIFIC	31	538,793.	DIRECT DEPOSIT AND CHECKS	0.		ACCRUAL
ACADEMIC APPOINTMENT STIPENDS	SUB-SAHARAN AFRICA	7	173,491.	DIRECT DEPOSIT AND CHECKS	0.		ACCRUAL
ACADEMIC APPOINTMENT STIPENDS	NORTH AMERICA	23	374,106.	DIRECT DEPOSIT AND CHECKS	0.		ACCRUAL
ACADEMIC APPOINTMENT STIPENDS	CENTRAL AMERICA AND THE CARIBBEAN	99	743,390.	DIRECT DEPOSIT AND CHECKS	0.		ACCRUAL
ACADEMIC APPOINTMENT STIPENDS	SOUTH AMERICA	80	925,736.	DIRECT DEPOSIT AND CHECKS	0.		ACCRUAL
ACADEMIC APPOINTMENT STIPENDS	EUROPE (INCLUDING ICELAND & GREENLAND)	61	771,974.	DIRECT DEPOSIT AND CHECKS	0.		ACCRUAL
ACADEMIC APPOINTMENT STIPENDS	RUSSIA AND NEIGHBORING STATES	1	51,667.	DIRECT DEPOSIT AND CHECKS	0.		ACCRUAL

**Part IV Foreign Forms**

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

**Part V Supplemental Information**

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

PART I, LINE 2:

THE OFFICE OF ACADEMIC APPOINTMENTS AND INTERNSHIPS HAS CENTRAL  
MANAGEMENT AND ADMINISTRATIVE RESPONSIBILITY FOR 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 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 SELECTION  
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 CAN RANGE FROM ONE  
LUMP SUM, BIWEEKLY PAYMENTS OR MONTHLY PAYMENTS. MOST FELLOWSHIP  
APPOINTMENTS ARE AWARDED FOR ONE TO TWO YEARS. ON OCCASION, THE  
SMITHSONIAN INSTITUTION HAS VISITING SCHOLARS OR FELLOWS WHO ARE  
CONDUCTING RESEARCH IN ANOTHER COUNTRY. PAYMENTS ARE USUALLY SUBMITTED AS  
STATED ABOVE, HOWEVER, ON OCCASION, THERE MAY BE ONE OR TWO WHO REQUEST

**Part V Supplemental Information**

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

THAT THEIR PAYMENTS BE SENT TO THE COUNTRY OF THEIR RESEARCH. 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

EIGHT SMITHSONIAN RESEARCH CENTERS LOCATED IN THE UNITED STATES AND ONE

LOCATED IN PANAMA MONITOR THE PROGRESS OF THEIR FELLOWS ESPECIALLY THOSE

FELLOWS IN OTHER COUNTRIES, AND THE ADMINISTRATIVE MANAGEMENT OF FUNDS IS

MANAGED THROUGH THE INSTITUTION'S CENTRAL ADMINISTRATION FOR

ACCOUNTABILITY.

PART I, LINE 2B

SI ENGAGED MULTIPLE FUNDRAISING SERVICES AND MANY WORK ON THE SAME

CAMPAIGNS. IT IS NOT POSSIBLE TO ACCURATELY REPORT THE EXACT AMOUNT OF

REVENUE ASSOCIATED WITH EACH CONTRACTOR. NONE OF THE CONTRACTORS

RETAINED HAD CONTROL OF CONTRIBUTIONS; ALL WERE PAID UNDER THE TERMS OF

NEGOTIATED CONTRACTS.

SI CLOSELY MONITORS FUNDRAISING PERFORMANCE AGAINST ESTABLISHED

CAMPAIGN GOALS FOR ITS CONTRACTORS, AND RESULTS ARE TAKEN INTO

CONSIDERATION IN FUTURE CONTRACT NEGOTIATIONS.

PART I, LINE 2B(II) LINE 2B COLUMN(II) ACTIVITY 5

MARKETING/FUNDRAISING CONSULTANT

PART I, LINE 3

**Part V Supplemental Information**

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

ACADEMIC APPOINTMENTS (STIPENDS)

PER FORM 990 INSTRUCTIONS, STIPENDS ARE REPORTED ON SCHEDULE F IF THE

PERSON RECEIVING THE STIPEND IS LIVING OR RESIDING OUTSIDE THE UNITED

STATES AT THE TIME THE STIPEND IS PAID OR DISTRIBUTED. HOWEVER, MANY OF

THESE STIPEND RECIPIENTS LATER TRAVELED TO THE SMITHSONIAN IN THE

UNITED STATES TO PERFORM THEIR RESEARCH.

FOREIGN TRAVELER

PROGRAM SERVICES FOR TRAVEL RELATED TO RESEARCH, CONFERENCES AND

TRAINING IS FOR TRAVEL BY SI EMPLOYEES, RESEARCH ASSOCIATES, OR

INVITATIONAL TRAVELERS (I.E., INDIVIDUALS WHO ARE NOT SI EMPLOYEES).

ONLY TRAVEL ESSENTIAL TO THE PERFORMANCE OF OFFICIAL SMITHSONIAN

BUSINESS AND FOR WHICH TRAVEL-RELATED EXPENSES ARE TO BE PAID BY THE

SMITHSONIAN, CAN BE APPROVED, AUTHORIZED, AND REIMBURSED.

INVESTMENTS

INVESTMENTS IN REGIONS INCLUDE INVESTMENTS IN FOREIGN PARTNERSHIPS AND

FOREIGN CORPORATIONS. THE FOREIGN REGION IS DETERMINED BY THE COUNTRY

WHOSE LAWS GOVERN THE INVESTMENT ENTITY. THE VALUE REPORTED REPRESENTS

THE FAIR MARKET VALUE OF THE INVESTMENT AT THE END OF THE FISCAL YEAR.

METHOD TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS

CENTRAL AMERICA AND THE CARIBBEAN: ACCRUAL

**Part V Supplemental Information**

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

EAST ASIA AND THE PACIFIC: ACCRUAL

EUROPE (INCLUDING ICELAND AND GREENLAND): ACCRUAL

MIDDLE EAST AND NORTH AFRICA: ACCRUAL

NORTH AMERICA (CANADA & MEXICO ONLY): ACCRUAL

RUSSIA AND NEIGHBORING STATES: ACCRUAL

SOUTH AMERICA: ACCRUAL

SOUTH ASIA: ACCRUAL

SUB-SAHARAN AFRICA: ACCRUAL

Multiple horizontal lines for supplemental information input.

**SCHEDULE G  
(Form 990)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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

**2021**

▶ Attach to Form 990 or Form 990-EZ.

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization <b>SMITHSONIAN INSTITUTION</b>	Employer identification number 53-0206027
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**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.
- |  |   |
|--|---|
| a <input checked="" type="checkbox"/> Mail solicitations               | e <input checked="" type="checkbox"/> Solicitation of non-government grants |
| b <input checked="" type="checkbox"/> Internet and email solicitations | f <input checked="" type="checkbox"/> Solicitation of government grants     |
| c <input checked="" type="checkbox"/> Phone solicitations              | g <input checked="" type="checkbox"/> Special fundraising events            |
| d <input checked="" type="checkbox"/> In-person solicitations          |   |
- 2 a 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			
AVALON CONSULTING GROUP, INC. - 805 15TH STREET NW,	DIRECT MARKETING CONSULTANT		X	0.	1,190,182.	-1,190,182.
COMMUNITY COUNSELLING SERVICE CO., LLC - 461 5TH AVENUE,	FUNDRAISING CONSULTANT		X	0.	481,500.	-481,500.
GRENZEBACH, GLIER & ASSOCIATES, INC. - 200 SOUTH	MARKETING CONSULTANT		X	0.	151,459.	-151,459.
JOHN BROWN LIMITED, INC. - 4916 CRESTWOOD DRIVE, WACO,	FUNDRAISING CONSULTANT		X	0.	13,047.	-13,047.
SD&A TELESERVICES, INC - 101 CONTINENTAL BLVD, EL	TELEMARKETING SERVICES		X	0.	135,186.	-135,186.
LIPMAN HEARNE, INC. - 1899 S ST NW, WASHINGTON, DC 20009	MARKETING SERVICES		X	0.	223,573.	-223,573.
<b>Total</b>					2,194,947.	-2,194,947.

- 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) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		NDA AWARD DINNER (event type)	HIRSHHORN BALL (event type)	19 (total number)	
Revenue	<b>1</b> Gross receipts .....	871,759.	157,525.	690,465.	1,719,749.
	<b>2</b> Less: Contributions .....	452,024.	193,000.	1,015,940.	1,660,964.
	<b>3</b> Gross income (line 1 minus line 2) .....	419,735.	-35,475.	-325,475.	58,785.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Food and beverages .....	18,193.	58,827.	74,676.	151,696.
	<b>8</b> Entertainment .....	1,185.	1,592.	4,853.	7,630.
	<b>9</b> Other direct expenses .....	182,660.	85,579.	284,714.	552,953.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				712,279.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				-653,494.	

**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))
Revenue	<b>1</b> Gross revenue .....				
	<b>2</b> Cash prizes .....				
Direct Expenses	<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: \_\_\_\_\_

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

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

- 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:
 

a The organization's facility	13a	%
b An outside facility	13b	%
- 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 to be 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.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: AVALON CONSULTING GROUP, INC.

(I) ADDRESS OF FUNDRAISER: 805 15TH STREET NW, WASHINGTON, DC 20005

(I) NAME OF FUNDRAISER: COMMUNITY COUNSELLING SERVICE CO., LLC

(I) ADDRESS OF FUNDRAISER: 461 5TH AVENUE, NEW YORK, NY 10017

(I) NAME OF FUNDRAISER: GRENZEBACH, GLIER & ASSOCIATES, INC.

**Part IV** Supplemental Information (continued)

(I) ADDRESS OF FUNDRAISER:

200 SOUTH MICHIGAN AVE, SUITE 2100, CHICAGO, IL 60604-2473

(I) NAME OF FUNDRAISER: JOHN BROWN LIMITED, INC.

(I) ADDRESS OF FUNDRAISER: 4916 CRESTWOOD DRIVE, WACO, TX 78710

(I) NAME OF FUNDRAISER: SD&A TELESERVICES, INC

(I) ADDRESS OF FUNDRAISER:

101 CONTINENTAL BLVD , EL SEGUNDO, GA 90245-4515

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.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
AUBURN UNIVERSITY 107 SAMFORD HALL AUBURN, AL 36849-0001	63-6000724	501(C)(3)	55,000.	0.			ACADEMIC APPT. STIPENDS
CLARK ATLANTA UNIVERSITY, INC. 223 JAMES P BRAWLEY DR. SW ATLANTA, GA 30314-4358	58-1825259	501(C)(3)	31,850.	0.			ACADEMIC APPT. STIPENDS
JACKSON STATE UNIVERSITY 1400 J. R. LYNCH ST, STE 206 JACKSON, MS 39217-0002	64-6000507	501(C)(3)	11,650.	0.			ACADEMIC APPT. STIPENDS
SALISBURY UNIVERSITY 1101 CAMDEN AVE. SALISBURY, MD 21801-6860	52-6002033	501(C)(3)	14,500.	0.			ACADEMIC APPT. STIPENDS
MILLERSVILLE UNIVERSITY P.O. BOX 1002 MILLERSVILLE, PA 17551-0302	23-2397926	501(C)(3)	10,300.	0.			ACADEMIC APPT. STIPENDS
UNIVERSITY OF FLORIDA 1523 UNION RD RM 207 GAINESVILLE, FL 32611-1941	59-6002052	501(C)(3)	10,931.	0.			ACADEMIC APPT. STIPENDS

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 14.
- 3** Enter total number of other organizations listed in the line 1 table ▶ 0.

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

Schedule I (Form 990) 2021

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BETHUNE-COOKMAN UNIVERSITY, IN 640 DR. MARY MCLEOD BETHUNE BLVD. DAYTONA BEACH, FL 32114-3012	59-0704726	501(C)(3)	9,710.	0.			ACADEMIC APPT. STIPENDS
FLORIDA A&M UNIVERSITY 400 FOOTE-HILYER ADMINISTRATION CENTER - TALLAHASSEE, FL 32307-3100	59-0977035	501(C)(3)	31,850.	0.			ACADEMIC APPT. STIPENDS
UNIVERSITY OF MARYLAND 3112 LEE BLDG 7809 REGENTS DRIVE COLLEGE PARK, MD 20742-0001	52-6002033	501(C)(3)	43,164.	0.			ACADEMIC APPT. STIPENDS
UNIVERSITY OF MARYLAND AT COLL 4500 CAMPUS DRIVE COLLEGE PARK, MD 20742-0001	52-6002033	501(C)(3)	7,300.	0.			ACADEMIC APPT. STIPENDS
TEXAS SOUTHERN UNIVERSITY 3100 CLEBURNE ST. HOUSTON, TX 77004-4501	74-6001391	501(C)(3)	31,850.	0.			ACADEMIC APPT. STIPENDS
FISK UNIVERSITY 1000 17TH AVENUE NORTH NASHVILLE, TN 37208	62-0202000	501(C)(3)	14,500.	0.			ACADEMIC APPT. STIPENDS
TUSKEGEE UNIVERSITY 1200 W MONTGOMERY RD TUSKEGEE INSTITUTE, AL 36088-1923	63-0288878	501(C)(3)	23,516.	0.			ACADEMIC APPT. STIPENDS
HARVARD COLLEGE, PRESIDENT & F PO BOX 4999 BOSTON, MA 02212	04-2103580	501(C)(3)	57,266.	0.			ACADEMIC APPT. STIPENDS

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
RESEARCH FELLOWSHIPS AND ACADEMIC APPOINTMENTS	991	13,632,628.	0.		

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

PART I, LINE 2:

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

**Part IV Supplemental Information**

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.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2021**

Open to Public Inspection

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.

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 indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2021



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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) AMY CHEN CHIEF INVESTMENT OFFICER	(i)	343,907.	434,855.	0.	44,399.	1,889.	825,050.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MR LONNIE G. BUNCH, III SECRETARY OF THE SMITHSONIAN	(i)	738,754.	0.	0.	47,749.	23,937.	810,440.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JOHN DAVIS (THRU 8/27/21) PROVOST	(i)	499,719.	60,000.	0.	40,406.	14,385.	614,510.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MEROE PARK DEPUTY SECRETARY & COO	(i)	513,377.	15,000.	0.	43,966.	1,653.	573,996.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JEFFREY SMITH MANAGING DIRECTOR, OI	(i)	220,104.	202,575.	0.	45,572.	37,126.	505,377.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MELISSA CHIU DIRECTOR, HIRSHHORN MUSEUM & SCULPTURE	(i)	406,833.	0.	0.	42,828.	35,648.	485,309.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) ROBERT SPILLER ASSISTANT SECRETARY FOR ADVANCEMENT	(i)	386,018.	10,000.	0.	43,920.	38,106.	478,044.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) CAROL LEBLANC PRESIDENT, SMITHSONIAN ENTERPRISES	(i)	353,673.	0.	0.	114,236.	0.	467,909.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) CHASE ROBINSON DIR SACKLER GALLERY/FREER GALL	(i)	406,933.	0.	0.	44,193.	12,395.	463,521.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) KEVIN GOVER ACTING UNDER SECRETARY FOR MUSEUMS & HERITAGE	(i)	365,761.	20,000.	0.	47,155.	25,765.	458,681.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) KEVIN YOUNG DIR NATL MUSEUM OF AFRICAN AME	(i)	302,876.	75,000.	0.	41,893.	36,506.	456,275.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) ELLEN STOFAN DIRECTOR, NATL AIR AND SPACE MUSEUM	(i)	334,146.	0.	0.	44,571.	34,815.	413,532.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) RICHARD KURIN (THRU 9/30/19) SR. SCHOLAR & AMBASSADOR-AT-LARGE	(i)	323,706.	2,000.	0.	55,847.	16,258.	397,811.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) JULISSA MARENCO ASST SEC. FOR COMMUNICATIONS AND EXT	(i)	237,439.	25,000.	0.	35,406.	25,533.	323,378.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) JUDITH LEONARD GENERAL COUNSEL	(i)	245,381.	15,000.	0.	39,967.	12,016.	312,364.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) MICHAEL MCCARTHY (THRU 5/5/21) UNDER SECRETARY FOR ADMINISTRATION	(i)	237,697.	10,000.	0.	18,044.	17,638.	283,379.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) PORTER WILKINSON CHIEF OF STAFF TO THE REGENTS	(i)	203,911.	10,000.	0.	29,306.	24,854.	268,071.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) ZULLY DORR (THRU 09/30/19) DEPUTY ASST SEC. FOR ADVANCEMENT	(i)	211,591.	3,000.	0.	30,682.	22,579.	267,852.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) JANICE LAMBERT CHIEF FINANCIAL OFFICER	(i)	218,050.	10,000.	0.	34,467.	3,840.	266,357.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(20) ROGER BRISSENDEN (THRU 3/13/21) ACTING UNDER SEC. FOR SCIENCE & RSRC	(i)	194,204.	41,758.	0.	9,924.	17,834.	263,720.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(21) CATHY HELM INSPECTOR GENERAL	(i)	237,020.	0.	0.	0.	24,227.	261,247.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(22) DERON BURBA (THRU 9/30/18) CHIEF INFORMATION OFFICER	(i)	199,227.	0.	0.	29,266.	28,300.	256,793.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(23) DOUGLAS HALL ACTING UNDER SEC. FOR ADMINISTRATION	(i)	188,526.	34,500.	0.	9,928.	23,744.	256,698.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(24) ERA MARSHALL (THRU 9/30/18) DIRECTOR OF EQUAL EMPLOYMENT	(i)	191,276.	35,823.	0.	0.	20,728.	247,827.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(25) JOHN LAPIANA (THRU 9/30/18) SENIOR ADVISOR	(i)	196,734.	0.	0.	27,954.	11,809.	236,497.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(26) NANCY BECHTOL DIRECTOR, SMITHSONIAN FACILITIES	(i)	199,735.	0.	0.	28,012.	1,068.	228,815.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(27) DAVID VOYLES (THRU 12/31/21) DIR OF PLANNING, MGMT & BUDGET	(i)	189,402.	5,934.	0.	9,834.	10,039.	215,209.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(28) CHARLES ALCOCK (THRU 12/31/20) DIRECTOR, SMITHSONIAN ASTROPHYS OBSV	(i)	159,286.	0.	0.	22,664.	972.	182,922.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

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

PART I, LINE 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: 175,835

NAME OF UNRELATED ORGANIZATION: HARVARD UNIVERSITY

**Supplemental Information on Tax-Exempt Bonds**

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

Name of the organization **SMITHSONIAN INSTITUTION** Employer identification number **53-0206027**

<b>Part I Bond Issues</b>											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
<b>A</b> FAIRFAX COUNTY ECONOMIC DEVELOPMENT AUTHORITY	54-0787833	30382ECZ5	12/03/03	77,545,000.	NEW CONSTRUCTION		X		X		X
<b>B</b> DISTRICT OF COLUMBIA	53-6001131	2548397S6	04/29/10	33,825,749.	REFUNDING OF 1997 BONDS		X		X		X
<b>C</b>											
<b>D</b>											

<b>Part II Proceeds</b>										
	A		B		C		D			
<b>1</b> Amount of bonds retired .....										
<b>2</b> Amount of bonds legally defeased .....										
<b>3</b> Total proceeds of issue .....	77,545,000.		33,825,749.							
<b>4</b> Gross proceeds in reserve funds .....										
<b>5</b> Capitalized interest from proceeds .....										
<b>6</b> Proceeds in refunding escrows .....										
<b>7</b> Issuance costs from proceeds .....	530,475.		612,994.							
<b>8</b> Credit enhancement from proceeds .....	6,161.									
<b>9</b> Working capital expenditures from proceeds .....										
<b>10</b> Capital expenditures from proceeds .....	77,008,364.									
<b>11</b> Other spent proceeds .....			33,212,755.							
<b>12</b> Other unspent proceeds .....										
<b>13</b> Year of substantial completion .....	2003		2010							
	Yes	No	Yes	No	Yes	No	Yes	No		
<b>14</b> Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? .....		X	X							
<b>15</b> Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? .....		X		X						
<b>16</b> Has the final allocation of proceeds been made? .....	X		X							
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds? .....	X		X							

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

Schedule K (Form 990) 2021

**Part III Private Business Use**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? .....		X		X				
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property? .....		X		X				
<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 .....		.00 %		1.94 %		%		%
<b>6</b> Total of lines 4 and 5 .....		.00 %		1.94 %		%		%
<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 non-governmental 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					

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<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? .....								
<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					

	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 isn't available under applicable regulations? .....	X		X					

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

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).



**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
MARIA MARABLE-BUNCH	WIFE OF L. BUNCH SE	164,169.	ANNUAL COMP		X
KIM BURBA	WIFE OF D. BURBA CH	103,817.	ANNUAL COMP		X
ROGER BRISSENDEN	FORMER KEY EMPLOYEE	161,359.	CONSULTING		X

**Part V Supplemental Information.**

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: MARIA MARABLE-BUNCH

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

WIFE OF L. BUNCH SECRETARY OF THE SMITHSONIAN INSTITUTION

(D) DESCRIPTION OF TRANSACTION: ANNUAL COMPENSATION

(A) NAME OF PERSON: KIM BURBA

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

WIFE OF D. BURBA CHIEF INFORMATION OFFICER OF THE SMITHSONIAN INSTITUTION

(D) DESCRIPTION OF TRANSACTION: ANNUAL COMPENSATION

(A) NAME OF PERSON: ROGER BRISSENDEN

(D) DESCRIPTION OF TRANSACTION: CONSULTING SERVICES



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization **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	1,835		MARKET VALUE
2 Art - Historical treasures				
3 Art - Fractional interests	X	1		
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	255	61,438,882.	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	1,678		MARKET VALUE
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts	X	1,771		MARKET VALUE
23 Scientific specimens	X	34,375		MARKET VALUE
24 Archeological artifacts	X	28		
25 Other (GOODS)	X	2	2,953.	MARKET VALUE
26 Other (ARCHIVAL ITEM)	X	38	0.	MARKET VALUE
27 Other (ARCHIVAL LINE)	X	1,780	0.	MARKET VALUE
28 Other (ARCHIVAL GB)	X	19,898	0.	MARKET VALUE

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** 68

- 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? **30a** X
- 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** X
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **32a** X
- b If "Yes," describe in Part II.
- 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a	X	

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

Schedule M (Form 990) 2021

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

SCHEDULE M, PART I, COLUMN (B):

THIS COLUMN REPRESENTS THE NUMBER OF CONTRIBUTIONS, NOT THE NUMBER OF ITEMS RECEIVED.

SCHEDULE M, 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.

SCHEDULE M, LINE 33:

IN ACCORDANCE WITH PROFESSIONAL PRACTICE, AS ALLOWED BY SFAS 116, THE

SMITHSONIAN DOES NOT ASSIGN VALUE TO COLLECTION ITEMS ACQUIRED BY

DONATION.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

SMITHSONIAN INSTITUTION

Employer identification number

53-0206027

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 INTERMITTENTLY CLOSED ITS MUSEUMS DUE TO THE

COVID-19 PANDEMIC, SMITHSONIAN MUSEUMS AND THE NATIONAL ZOO RETURNED TO

A TRADITIONAL SCHEDULE OF SEVEN DAYS A WEEK. 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 ONGOING 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 PROVIDED EDUCATIONAL INTERACTIVES,

DOCUMENTS AND IN-DEPTH LESSON PLANS THAT ALIGNED WITH COMMON CORE AND

NATIONAL AND STATE STANDARDS.

Name of the organization SMITHSONIAN INSTITUTION	Employer identification number 53-0206027
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IN NOVEMBER 2021, THE ARTS AND INDUSTRIES BUILDING OPENED TO THE PUBLIC FOR THE FIRST TIME IN NEARLY TWO DECADES WITH THE PART-EXHIBITION, PART-FESTIVAL, "FUTURES." ON VIEW UNTIL JULY 2022, "FUTURES" WAS THE FIRST AND LARGEST EXPLORATION OF THE FUTURE ON THE NATIONAL MALL, WELCOMING NEARLY 650,000 VISITORS. THE LANDMARK MUSEUM EXPERIENCE PRODUCED DIGITAL INITIATIVES THAT INVITED PEOPLE OF ALL AGES FROM ACROSS THE GLOBE TO EXPERIENCE A RADICALLY IMAGINED FUTURE.

TO ENGAGE AUDIENCES WORLDWIDE, THE NATIONAL MUSEUM OF AFRICAN AMERICAN HISTORY AND CULTURE (NMAAHC) LAUNCHED THE SEARCHABLE MUSEUM IN NOVEMBER 2021. THE INITIATIVE IS ONE OF THE MUSEUM'S LARGEST DIGITAL UNDERTAKINGS, USING EMERGING TECHNOLOGIES AND SCHOLARLY EXPERTISE TO BRING ONLINE EXHIBITIONS, VIRTUAL SYMPOSIA AND DIGITAL PROGRAMS TO AUDIENCES ACROSS THE GLOBE.

IN JUNE 2022, THE NATIONAL MUSEUM OF THE AMERICAN LATINO OPENED THE MOLINA FAMILY LATINO GALLERY, THE FIRST GALLERY DEDICATED TO THE LATINO EXPERIENCE. HOUSED AT THE NATIONAL MUSEUM OF AMERICAN HISTORY, THE MOLINA FAMILY LATINO GALLERY GIVES THE PUBLIC A PREVIEW OF THE AMERICAN LATINO MUSEUM UNTIL THE MUSEUM OPENS. THE BILINGUAL GALLERY INCORPORATES UNIVERSAL PRINCIPLES OF INCLUSIVE DESIGN TO CREATE AN EMPOWERING VISITOR EXPERIENCE FOR THOSE WITH VARYING PHYSICAL, SENSORY AND COGNITIVE CONDITIONS. ITS FIRST EXHIBITION, "PRESENTE! A LATINO HISTORY OF THE UNITED STATES," INTRODUCES VISITORS TO KEY CONCEPTS, MOMENTS AND BIOGRAPHIES THAT ILLUMINATE U.S. LATINOS' HISTORICAL AND CULTURAL LEGACIES.

AFTER A TWO-YEAR HIATUS, THE SMITHSONIAN FOLKLIFE FESTIVAL RETURNED TO

Name of the organization SMITHSONIAN INSTITUTION	Employer identification number 53-0206027
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THE NATIONAL MALL WITH PUBLIC PROGRAMS, CONCERTS AND EVENTS. THE FESTIVAL, WHICH RAN IN JUNE AND JULY 2022, EXPLORED THE CULTURAL TRADITIONS OF THE UNITED ARAB EMIRATES (UAE) AND THE SMITHSONIAN'S EARTH OPTIMISM PROGRAM THROUGH TWO WEEKS OF WORKSHOPS, DEMONSTRATIONS, PERFORMANCES, FAMILY ACTIVITIES AND DISCUSSION SESSIONS HIGHLIGHTING THE IMPORTANCE OF CULTURE AND COMMUNITY IN CREATING A SUSTAINABLE FUTURE.

IN JULY 2022, THE SMITHSONIAN HOSTED A FREE, TWO-DAY NATIONAL EDUCATION SUMMIT IN WASHINGTON, D.C. THE SUMMIT BROUGHT TOGETHER THOUSANDS OF TEACHERS, MUSEUM EDUCATORS, CURRICULUM SPECIALISTS, LIBRARIANS AND EDUCATION AGENCIES FROM ACROSS THE NATION TO DISCUSS KEY ISSUES IN EDUCATION AND EXPLORE LEARNING STRATEGIES WITH SMITHSONIAN EXPERTS AND COLLABORATORS.

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

RESEARCH AND COLLECTIONS:

THE SMITHSONIAN'S COLLECTIONS OF NEARLY 157 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 148 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,

Name of the organization SMITHSONIAN INSTITUTION	Employer identification number 53-0206027
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IRREPLACEABLE COLLECTION OF A CERTAIN SPECIES WHICH IS ESSENTIAL FOR  
COMPARATIVE STUDIES.

IN AN EFFORT TO SIGNIFICANTLY INCREASE THE NUMBER OF BLACK, LATINX,  
ASIAN AMERICAN, LGBTQ+, INDIGENOUS AND WOMEN ARTISTS REPRESENTED IN THE  
NATION'S COLLECTION, THE SMITHSONIAN AMERICAN ART MUSEUM'S RENWICK  
GALLERY ACQUIRED MORE THAN 200 OBJECTS FROM LEADING CRAFT ARTISTS  
ACROSS THE U.S. THE ACQUISITIONS CAMPAIGN-WHICH COINCIDED WITH THE  
RENICK'S 50TH ANNIVERSARY-DEEPENS THE HISTORY OF THE STUDIO CRAFT  
MOVEMENT AND REINFORCES THE RELEVANCY OF NATIONAL COLLECTIONS BY  
COLLECTING CONTEMPORARY ARTWORKS.

IN JUNE 2022, A WHOOPING CRANE-ONE OF THE MOST ENDANGERED SPECIES OF  
CRANES IN THE WORLD-HATCHED AT THE SMITHSONIAN CONSERVATION BIOLOGY  
INSTITUTE (SCBI). THROUGH THEIR RESEARCH AT THE WHOOPING CRANE BREEDING  
FACILITY, SCIENTISTS AT SCBI CONTINUE TO PLAY A LEADING ROLE IN THE  
SMITHSONIAN'S GLOBAL EFFORTS TO SAVE WILDLIFE SPECIES FROM EXTINCTION  
AND TRAIN FUTURE GENERATIONS OF CONSERVATIONISTS.

RESEARCHERS AT THE SMITHSONIAN TROPICAL RESEARCH CENTER DISCOVERED THAT  
COASTAL PLANTS AND ANIMALS CAN THRIVE IN THE OPEN OCEAN BY COLONIZING  
PLASTIC POLLUTION. SCIENTISTS OBSERVED COASTAL SPECIES HUNDREDS OF  
MILES OUT TO SEA IN THE NORTH PACIFIC SUBTROPICAL GYRE, COMMONLY KNOWN  
AS THE "GREAT PACIFIC GARBAGE PATCH." THE DISCOVERY SHOWS PREVIOUSLY  
UNTHINKABLE WAYS OF ADAPTABILITY IN THE OPEN OCEAN AND POSES QUESTIONS  
ABOUT THE POTENTIALLY HARMFUL EFFECTS ON THE EXISTING OCEAN ECOSYSTEMS.

ASTRONOMERS AT THE CENTER FOR ASTROPHYSICS REVEALED THE FIRST IMAGE OF

Name of the organization SMITHSONIAN INSTITUTION	Employer identification number 53-0206027
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THE SUPERMASSIVE BLACK HOLE AT THE HEART OF THE MILKY WAY GALAXY. THIS  
BREAKTHROUGH PROVIDES VALUABLE CLUES ABOUT THE WORKINGS OF SUCH GIANTS,  
WHICH ARE THOUGHT TO RESIDE AT THE CENTER OF MOST GALAXIES. IT IS THE  
SECOND-EVER PICTURE CAPTURED OF A BLACK HOLE.

SCIENTISTS AT THE NATIONAL MUSEUM OF NATURAL HISTORY DISCOVERED A NEW  
EXTINCT SPECIES OF A LIZARD-LIKE REPTILE THAT INHABITED JURASSIC NORTH  
AMERICA ABOUT 150 MILLION YEARS AGO. THE DISCOVERY OF OPISTHAMIMUS  
GREGORI HELPS COMPLETE THE EVOLUTIONARY HISTORY OF NEW ZEALAND'S LIVING  
TUATARA. THE RESEARCH BRINGS SCIENTISTS CLOSER TO UNDERSTANDING AN  
EVOLUTIONARY CHASM BETWEEN LIZARDS AND RHYNCHOCEPHALIANS, AN ORDER THAT  
DIVERGED FROM LIZARDS AT LEAST 230 MILLION YEARS AGO.

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

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 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.

Name of the organization SMITHSONIAN INSTITUTION	Employer identification number 53-0206027
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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 PRODUCES MORE THAN 1,000 ONLINE AND IN-PERSON SEMINARS AND LECTURES, MULTI-PART COURSES, STUDIO ARTS CLASSES, STUDY TOURS, CONCERTS AND CHILDREN'S PROGRAMS. PERFORMANCES AT DISCOVERY THEATER AND SUMMER CAMPS ON THE NATIONAL MALL ARE AMONG THE PROGRAMS THAT FOSTER THE JOYS OF LEARNING FOR YOUNG PEOPLE. SMITHSONIAN ASSOCIATES HAS CONTINUED TO EXPAND ITS VIRTUAL PROGRAMMING TO INCREASE ENGAGEMENT WITH NATIONAL AND INTERNATIONAL AUDIENCES. NOTABLE GUESTS INCLUDED PRIMATOLOGIST FRANS DE WAAL, ACTOR AND WRITER KAL PENN, PULITZER-PRIZE WINNER AUTHOR GERALDINE BROOKS, BEST-SELLING AUTHOR JODI PICOULT, AND CHEFS J. KENJI LOPEZ-ALT, CHRISTOPHER KIMBALL AND PATI JINICH.

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 1A:

THE BYLAWS OF THE ORGANIZATION DELEGATE AUTHORITY TO THE EXECUTIVE COMMITTEE TO ACT ON BEHALF OF THE BOARD OF REGENTS WHEN THE BOARD OF



Name of the organization SMITHSONIAN INSTITUTION	Employer identification number 53-0206027
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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 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.

Name of the organization SMITHSONIAN INSTITUTION	Employer identification number 53-0206027
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## FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 RETURN IS REVIEWED BY THE CONTROLLER OF SMITHSONIAN, 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

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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 REGENT'S COMMITTEE ON COMPENSATION AND HUMAN RESOURCES ENGAGES AN INDEPENDENT CONSULTANT TO DEVELOP AND ASSEMBLE COMPARABILITY DATA FOR ITS CONSIDERATION AND TO INFORM ITS DECISIONS.

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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 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, CHANGES IN NET ASSETS:

PROCEEDS FROM SALES OF COLLECTIONS	-109,682.
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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.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

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
CLAY FELLOWSHIPS CHARITABLE TRUST - 04-3560268, 10 MEMORIAL BOULEVARD, PROVIDENCE, RI 02903	SUPPORT OF SMITHSONIAN ASTROPHYSICAL OBSERVATORY	MASSACHUSETTS	501(C)(3)	12 TYPE III-O	N/A		X

**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	
BLACKBIRD 1846 ENERGY FUND, LP - 47-3887280, 10000 MEMORIAL DRIVE, SUITE 550, HOUSTON, TX 77024	INVESTMENTS	DE	BLACKBIR D 1846 ENERGY FUND GP, LP	EXCLUDED	-55,448.	981,419.		X	N/A		X	100%

**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
CHARITABLE REMAINDER TRUSTS (2) 1000 JEFFERSON DRIVE, S.W. WASHINGTON, DC 20560	CHARITABLE REMAINDER TRUST	DC	N/A	TRUST				X	
CHARITABLE REMAINDER TRUSTS (2) 1000 JEFFERSON DRIVE, S.W. WASHINGTON, DC 20560	CHARITABLE REMAINDER TRUST	MA	N/A	TRUST				X	
CHARITABLE REMAINDER TRUSTS (1) 1000 JEFFERSON DRIVE, S.W. WASHINGTON, DC 20560	CHARITABLE REMAINDER TRUST	MI	N/A	TRUST				X	
CHARITABLE REMAINDER TRUSTS (5) 1000 JEFFERSON DRIVE, S.W. WASHINGTON, DC 20560	CHARITABLE REMAINDER TRUST	NY	N/A	TRUST				X	
CHARITABLE REMAINDER TRUSTS (3) 1000 JEFFERSON DRIVE, S.W. WASHINGTON, DC 20560	CHARITABLE REMAINDER TRUST	VA	N/A	TRUST				X	



**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?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....	X	
<b>s</b> Other transfer of cash or property from related organization(s) .....	X	

**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
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			





