KPMG

2020 Income Tax Return

SMITHSONIAN INSTITUTION

Form **8879-EO**

Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2020, or fiscal year beginning OCT 1 , 2020, and ending SEP 30 , 2021

▶ **Do not send to the IRS. Keep for your records.**

▶ **Go to www.irs.gov/Form8879EO for the latest information.**

OMB No. 1545-0047

2020

Name of exempt organization or person subject to tax	Taxpayer identification number
SMITHSONIAN INSTITUTION	53-0206027

Name and title of officer or person subject to tax
JANICE LAMBERT
CHIEF FINANCIAL OFFICER

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a,** or **7a** 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,** or **7b,** 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.

1a Form 990 check here ▶ [X]	**b Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	**1b**	1,804,763,983.
2a Form 990-EZ check here ▶	**b Total revenue,** if any (Form 990-EZ, line 9)	**2b**	
3a Form 1120-POL check here ▶	**b Total tax** (Form 1120-POL, line 22)	**3b**	
4a Form 990-PF check here ▶	**b Tax based on investment income** (Form 990-PF, Part VI, line 5)	**4b**	
5a Form 8868 check here ▶	**b Balance due** (Form 8868, line 3c)	**5b**	
6a Form 990-T check here ▶	**b Total tax** (Form 990-T, Part III, line 4)	**6b**	
7a Form 4720 check here ▶	**b Total tax** (Form 4720, Part III, line 1)	**7b**	

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

Under penalties of perjury, I declare that [X] I am an officer of the above organization or [ ] I am a person subject to tax with respect to (name of organization) Smithsonian Instituition , (EIN) ________ and that I have examined a copy of the 2020 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

[X] 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 2020 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 organization, I will enter my PIN as my signature on the tax year 2020 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 ▶ Janice Lambert Date ▶ 08/11/2020

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. 54028060519
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 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 ▶ Andrew Roe Date ▶ 8/10/2022

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

PUBLIC INSPECTION COPY

Product: **Exempt**
Name: **SMITHSONIAN INSTITUTION**
FEIN: *****6027**
Bank Info:
Fiscal Year Begin Date: **10/1/2020**
IRS Message:

Category:

Plan Number:

Fiscal Year End Date: **9/30/2021**

IRS Center: **Ogden**
e-Postmark: **8/12/2022 10:36 AM**
Notification:

eSigned:

Return Information

Date	Return ID	Type of Activity	Submission ID	Refund/(Due)	Updated By	eSign Date
08/12/2022	20X:1776QA:V2	Upload Started			Jathoul,Gagandeep	
08/12/2022	20X:1776QA:V2	Ready to Release by Customer				
08/12/2022	20X:1776QA:V2	Upload Started			Jathoul,Gagandeep	
08/12/2022	20X:1776QA:V2	Ready to Release by Customer				
08/12/2022	20X:1776QA:V2	Released for Transmission - Validation in Progress			Carey, Suzanne M	
08/12/2022	20X:1776QA:V2	Ready to transmit - Validation Complete				
08/12/2022	20X:1776QA:V2	Transmitted to FD	54028020222240339e01			
08/12/2022	20X:1776QA:V2	Accepted by FD on 8/12/2022				

ID	Status Date	Status	State/Other	State Category	FBAR	FBAR BSA ID

PUBLIC INSPECTION COPY

EXTENDED TO AUGUST 15, 2022

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning OCT 1, 2020 and ending SEP 30, 2021

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

C Name of organization: SMITHSONIAN INSTITUTION

Doing business as

Number and street (or P.O. box if mail is not delivered to street address): 1000 JEFFERSON DRIVE SW — Room/suite

City or town, state or province, country, and ZIP or foreign postal code: WASHINGTON, DC 20560

D Employer identification number: 53-0206027

E Telephone number: (202) 633-1000

G Gross receipts $ 2,200,967,631.

F Name and address of principal officer: LONNIE G. BUNCH III
SAME AS C ABOVE

H(a) Is this a group return for subordinates? Yes [X] No

H(b) Are all subordinates included? Yes No
If "No," attach a list. See instructions

H(c) Group exemption number ▶

I Tax-exempt status: [X] 501(c)(3) 501(c) ( )◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.SI.EDU

K Form of organization: Corporation [X] Trust Association Other ▶

L Year of formation: 1846

M State of legal domicile:

Part I Summary

Activities & Governance

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 ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	17
5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	6829
6	Total number of volunteers (estimate if necessary)	6	1711
7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	8,759,246.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	1,308,610,079.	1,527,783,787.
	9	Program service revenue (Part VIII, line 2g)	70,900,273.	72,854,595.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	138,930,823.	173,911,340.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	43,158,810.	30,214,261.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,561,599,985.	1,804,763,983.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	15,999,050.	15,009,433.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	740,009,927.	735,501,143.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	2,351,761.	1,928,096.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 60,704,432.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	635,654,155.	663,681,466.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,394,014,893.	1,416,120,138.
	19	Revenue less expenses. Subtract line 18 from line 12	167,585,092.	388,643,845.
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	6,053,364,633.	7,059,162,886.
	21	Total liabilities (Part X, line 26)	1,416,385,130.	1,563,199,727.
	22	Net assets or fund balances. Subtract line 21 from line 20	4,636,979,503.	5,495,963,159.

Part II Signature Block

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

Sign Here

▶ Janice Lambert — 08/11/2022
Signature of officer — Date

▶ JANICE LAMBERT, CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
ANDREW ROE	Andrew Roe	8/10/2022		P01876391

Firm's name ▶ KPMG LLP — Firm's EIN ▶ 13-5565207

Firm's address ▶ 8350 BROAD STREET, SUITE 900
MCLEAN, VA 22102 — Phone no. 703-286-8000

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

Form **8868** (Rev. January 2020)
Department of the Treasury
Internal Revenue Service

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

▶ File a separate application for each return.
▶ Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

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.*

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.

Type or print

File by the due date for filing your return. See instructions.

Name of exempt organization or other filer, see instructions.
SMITHSONIAN INSTITUTION

Taxpayer identification number (TIN)
53-0206027

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 990-T (corporation)	07
Form 990-BL	02	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

- The books are in the care of ▶ MARTHA NEWTON 1000 JEFFERSON DRIVE SW - WASHINGTON, DC 20560
  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, 2022, 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, 2020, and ending SEP 30, 2021.

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

3a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	**3a**	$ 0.
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.	**3b**	$ 0.
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	**3c**	$ 0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO 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 $ 344,149,517. including grants of $ 3,283,361.) (Revenue $ 38,832,807.)

EDUCATION, PUBLIC PROGRAMS AND EXHIBITIONS (SEE SCHEDULE O)

4b (Code:) (Expenses $ 558,341,782. including grants of $ 11,726,072.) (Revenue $ 35,691,873.)

RESEARCH AND COLLECTIONS (SEE SCHEDULE O)

4c (Code:) (Expenses $ 63,709,805. including grants of $) (Revenue $ 9,023,742.)

MEMBERSHIP (SEE SCHEDULE O)

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

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

4e Total program service expenses ▶ 966,201,104.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7	X	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8	X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	X	
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16	X	
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17	X	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	3155			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c		

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

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	6829			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*			3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a	X	
b	If "Yes," enter the name of the foreign country ▶ ARMENIA, GABON, PANAMA					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			8		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter:					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?			15		X
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?			16		X
	If "Yes," complete Form 4720, Schedule O.					

Part VI Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year — 1a: 17 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent — 1b: 17			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
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*	9		X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ 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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(1) MR LONNIE G BUNCH, III SECRETARY OF THE SMITHSONIAN	50.00 0.00			X				726,156.	0.	64,311.
(2) AMY CHEN CHIEF INVESTMENT OFFICER	50.00 0.00				X			673,679.	0.	40,712.
(3) JEFFREY SMITH INVESTMENT OFFICER	50.00 0.00					X		615,259.	0.	60,442.
(4) CAROL LEBLANC PRESIDENT, SMITHSONIAN ENTERPRISES	50.00 0.00				X			501,299.	0.	63,489.
(5) MICHAEL GIOVENCO INVESTMENT OFFICER	50.00 0.00					X		530,390.	0.	32,656.
(6) RYAN DOTSON INVESTMENT OFFICER	50.00 0.00					X		472,123.	0.	55,032.
(7) MEROE PARK DEPUTY SECRETARY & COO	50.00 0.00			X				448,911.	0.	41,426.
(8) MELISSA CHIU DIRECTOR, HIRSHHORN MUSEUM & SCULPTU	50.00 0.00					X		405,663.	0.	75,376.
(9) JOHN DAVIS INTERIM DIRECTOR, COOPER HEWITT	50.00 0.00					X		417,958.	0.	62,325.
(10) ROBERT SPILLER ASSISTANT SECRETARY FOR ADVANCEMENT	50.00 0.00				X			392,559.	0.	76,830.
(11) MICHAEL MCCARTHY UNDER SECRETARY FOR ADMINISTRATION	50.00 0.00			X				357,033.	0.	75,192.
(12) RICHARD KURIN SR. SCHOLAR AND AMBASSADOR-AT-LARGE	50.00 0.00						X	335,295.	0.	63,463.
(13) KEVIN GOVER ACTING UNDER SECRETARY FOR MUSEUMS &	50.00 0.00				X			301,673.	0.	66,038.
(14) ELLEN STOFAN DIRECTOR, NATIONAL AIR AND SPACE MUS	50.00 0.00				X			288,132.	0.	74,793.
(15) JULISSA MARENCO ASST. SECRETARY FOR COMMUNICATIONS A	50.00 0.00				X			239,927.	0.	58,889.
(16) JUDITH LEONARD GENERAL COUNSEL	50.00 0.00			X				250,021.	0.	45,957.
(17) ROGER BRISSENDEN ACTING UNDER SECRETARY FOR SCIENCE &	50.00 0.00				X			241,512.	0.	31,217.

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: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(18) ZULLY DORR	50.00									
DEPUTY ASSISTANT SECRETARY FOR ADVAN	0.00						X	211,155.	0.	51,649.
(19) DERON BURBA	50.00									
CHIEF INFORMATION OFFICER	0.00						X	202,284.	0.	56,222.
(20) PORTER WILKINSON	50.00									
CHIEF OF STAFF - REGENTS	0.00			X				221,143.	0.	30,276.
(21) CATHY HELM	50.00									
INSPECTOR GENERAL	0.00			X				223,061.	0.	23,368.
(22) ERA MARSHALL	50.00									
DIRECTOR OF EQUAL EMPLOYMENT & SUPPL	0.00						X	225,054.	0.	20,031.
(23) JOHN LAPIANA	50.00									
SENIOR ADVISOR	0.00						X	199,854.	0.	37,675.
(24) DOUGLAS HALL	50.00									
ACTING UNDER SECRETARY FOR ADMINISTR	0.00			X				200,916.	0.	31,213.
(25) NANCY BECHTOL	50.00									
DIRECTOR, SMITHSONIAN FACILITIES	0.00				X			198,366.	0.	27,577.
(26) DAVID VOYLES	50.00									
DIRECTOR OF PLANNING, MGMT AND BUDGE	0.00						X	196,143.	0.	17,338.
1b Subtotal ▶								9,075,566.	0.	1,283,497.
c Total from continuation sheets to Part VII, Section A ▶								158,371.	0.	20,656.
d Total (add lines 1b and 1c) ▶								9,233,937.	0.	1,304,153.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 1,725

		Yes	No
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	8,599,481.
100 DISCOVERY PARK DE, LLC 116 HUNTINGTON AVE, BOSTON, MA 02116	REAL ESTATE	5,355,337.
HUANG-CFM JOINT VENTURE, 5601N GENERAL WASHINGTON DRIVE, ALEXANDRIA, VA 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: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(27) CHARLES ALCOCK DIRECTOR, SMITHSONIAN ASTROPHYSICAL	50.00 0.00				X			158,371.	0.	20,656.
(28) HONORABLE JOHN G. ROBERTS, JR. REGENT	2.00 0.00	X						0.	0.	0.
(29) HONORABLE MICHAEL R. PENCE REGENT (CONCLUDED JAN 2021)	2.00 0.00	X						0.	0.	0.
(30) HONORABLE KAMALA D. HARRIS REGENT (COMMENCE JAN 2021)	2.00 0.00	X						0.	0.	0.
(31) HONORABLE JOHN BOOZMAN REGENT	2.00 0.00	X						0.	0.	0.
(32) HONORABLE CATHERINE CORTEZ MAST REGENT (COMMENCE FEB 2021)	2.00 0.00	X						0.	0.	0.
(33) HONORABLE PATRICK J. LEAHY REGENT	2.00 0.00	X						0.	0.	0.
(34) HONORABLE DAVID PERDUE REGENT (CONCLUDED JAN 2021)	2.00 0.00	X						0.	0.	0.
(35) HONORABLE DORIS MATSUI REGENT	2.00 0.00	X						0.	0.	0.
(36) HONORABLE LUCILLE ROYBAL-ALLARD REGENT	2.00 0.00	X						0.	0.	0.
(37) HONORABLE JOHN SHIMKUS REGENT (CONCLUDED JAN 2021)	2.00 0.00	X						0.	0.	0.
(38) HONORABLE ADRIAN SMITH REGENT (COMMENCE APR 2021)	2.00 0.00	X						0.	0.	0.
(39) HONORABLE BARBARA M. BARRETT REGENT (COMMENCE JUNE 2021)	3.00 0.00	X						0.	0.	0.
(40) MR STEVE CASE REGENT	10.00 0.00	X						0.	0.	0.
(41) MR JOHN FAHEY REGENT	3.00 0.00	X						0.	0.	0.
(42) MR ROGER W. FERGUSON, JR. REGENT	3.00 0.00	X						0.	0.	0.
(43) MR MICHAEL GOVAN REGENT	3.00 0.00	X						0.	0.	0.
(44) DR RISA J. LAVIZZO-MOUREY REGENT	3.00 0.00	X						0.	0.	0.
(45) MR MICHAEL M. LYNTON REGENT	3.00 0.00	X						0.	0.	0.
(46) MS DENISE M. O'LEARY REGENT	2.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

PUBLIC INSPECTION COPY

Form 990 SMITHSONIAN INSTITUTION 53-0206027

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: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(47) MR. FRANKLIN D RAINES REGENT (CONCLUDED JAN 2021)	2.00 0.00	X						0.	0.	0.
(48) MR DAVID M. RUBENSTEIN REGENT	7.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c								158,371.		20,656.

Part VIII Statement of Revenue

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

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a	41,540.				
	b	Membership dues	1b	26,150,117.				
	c	Fundraising events	1c	137,934.				
	d	Related organizations	1d	313,659.				
	e	Government grants (contributions)	1e	1,128,227,740.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	372,912,797.				
	g	Noncash contributions included in lines 1a-1f	1g	$ 14,415,001.				
	h	**Total.** Add lines 1a-1f ▶			1,527,783,787.			
Program Service Revenue			**Business Code**					
	2 a	VISITORS/MEMBERS/EMPLO	900099		39,058,229.	39,058,229.		
	b	SUBSCRIPTIONS-MAGAZINE	511120		27,600,665.	27,600,665.		
	c	TOURS/CLASSES	900099		4,446,029.	4,439,789.	6,240.	
	d	TRAVELING EXHIBITIONS	712110		1,121,053.	1,121,053.		
	e	THEATER INCOME	512131		628,619.	628,619.		
	f	All other program service revenue						
	g	**Total.** Add lines 2a-2f ▶			72,854,595.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶			11,187,982.		137,334.	11,050,648.
	4	Income from investment of tax-exempt bond proceeds ▶						
	5	Royalties ▶			12,307,816.			12,307,816.
				(i) Real / (ii) Personal				
	6 a	Gross rents	6a	(i) 6,787,713.				
	b	Less: rental expenses	6b	(i) 5,934,087.				
	c	Rental income or (loss)	6c	(i) 853,626.				
	d	Net rental income or (loss) ▶			853,626.		753,257.	100,369.
				(i) Securities / (ii) Other				
	7 a	Gross amount from sales of assets other than inventory	7a	(i) 545,745,690. (ii) 1,369,676.				
	b	Less: cost or other basis and sales expenses	7b	(i) 384,392,008. (ii) 0.				
	c	Gain or (loss)	7c	(i) 161,353,682. (ii) 1,369,676.				
	d	Net gain or (loss) ▶			162,723,358.	1,369,676.		161,353,682.
	8 a	Gross income from fundraising events (not including $ 137,934. of contributions reported on line 1c). See Part IV, line 18	8a	29,196.				
	b	Less: direct expenses	8b	169,183.				
	c	Net income or (loss) from fundraising events ▶			-139,987.			-139,987.
	9 a	Gross income from gaming activities. See Part IV, line 19	9a					
	b	Less: direct expenses	9b					
	c	Net income or (loss) from gaming activities ▶						
	10 a	Gross sales of inventory, less returns and allowances	10a	12,429,903.				
	b	Less: cost of goods sold	10b	5,708,370.				
	c	Net income or (loss) from sales of inventory ▶			6,721,533.	6,721,533.		
Miscellaneous Revenue			**Business Code**					
	11 a	MAG/WEBSITE ADVERTISIN	541800		7,214,096.	-443,867.	7,657,963.	
	b	INTERCOMPANY REVENUE	900099		3,254,889.	3,050,437.	204,452.	
	c	MISCELLANEOUS REVENUE	900099		2,288.	2,288.		
	d	All other revenue						
	e	**Total.** Add lines 11a-11d ▶			10,471,273.			
	12	**Total revenue.** See instructions ▶			1,804,763,983.	83,548,422.	8,759,246.	184,672,528.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	247,353.	247,353.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	11,810,520.	11,810,520.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	2,951,560.	2,951,560.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	7,699,235.	2,934,444.	4,295,402.	469,389.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	1,616,163.		1,616,163.	
7 Other salaries and wages	540,853,399.	421,418,733.	90,584,736.	28,849,930.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	74,093,777.	31,273,191.	42,820,586.	
9 Other employee benefits	72,622,988.	26,044,590.	43,011,959.	3,566,439.
10 Payroll taxes	38,615,581.	14,325,857.	24,254,459.	35,265.
11 Fees for services (nonemployees):				
a Management				
b Legal	347,534.	213,032.	129,202.	5,300.
c Accounting	1,246,043.		1,236,815.	9,228.
d Lobbying				
e Professional fundraising services. See Part IV, line 17	1,928,096.			1,928,096.
f Investment management fees	3,234,653.		3,234,653.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	120,594,318.	75,524,834.	34,457,644.	10,611,840.
12 Advertising and promotion	2,378,654.	1,511,376.	291,354.	575,924.
13 Office expenses	42,414,848.	25,148,140.	8,864,172.	8,402,536.
14 Information technology	43,791,018.	7,851,005.	34,559,237.	1,380,776.
15 Royalties	360,282.	360,282.		
16 Occupancy	157,695,520.	117,329,399.	38,319,047.	2,047,074.
17 Travel	3,415,554.	3,440,335.	136,818.	-161,599.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,177,002.	913,186.	1,128,318.	135,498.
20 Interest	6,911,571.	6,911,571.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	168,501,285.	140,277,320.	27,971,213.	252,752.
23 Insurance	1,898,731.	740,271.	1,158,408.	52.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a EQUIPMENT	43,400,426.	22,821,904.	20,361,078.	217,444.
b PROGRAM PRODUCTION	34,528,193.	20,839,148.	11,310,961.	2,378,084.
c RESEARCH/SUBCONTRACT	30,876,378.	30,874,299.	1,675.	404.
d				
e All other expenses	-90,544.	438,754.	-529,298.	
25 **Total functional expenses.** Add lines 1 through 24e	1,416,120,138.	966,201,104.	389,214,602.	60,704,432.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

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

Form **990** (2020)

Part XI Reconciliation of Net Assets

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

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

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: [ ] Cash [X] Accrual [ ] Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: [ ] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: [ ] Separate basis [ ] Consolidated basis [X] 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?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X	
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	3b	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047
2020
Open to Public Inspection

Name of the organization SMITHSONIAN INSTITUTION

Employer identification number 53-0206027

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

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

1 [ ] A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 [ ] A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
3 [ ] A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4 [ ] A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
5 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
6 [ ] A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
8 [ ] A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 [ ] An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
10 [ ] An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
11 [ ] An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
12 [ ] An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

- a [ ] **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b [ ] **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c [ ] **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d [ ] **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e [ ] Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1174926626.	1192108664.	1292933360.	1308610079.	1527783787.	6496362516.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	1174926626.	1192108664.	1292933360.	1308610079.	1527783787.	6496362516.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						66,577,374.
6 **Public support.** Subtract line 5 from line 4.						6429785142.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	1174926626.	1192108664.	1292933360.	1308610079.	1527783787.	6496362516.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	36,693,083.	40,028,926.	40,511,011.	33,186,345.	24,349,424.	174,768,789.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						6671131305.

12 Gross receipts from related activities, etc. (see instructions) ..... 12 | 642,871,136.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) ..... 14 | 96.38 %

15 Public support percentage from 2019 Schedule A, Part II, line 14 ..... 15 | 97.19 %

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

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

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

b **10% -facts-and-circumstances test - 2019.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ..... ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ..... ▶ ☐

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

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) 15 %

16 Public support percentage from 2019 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2020** (line 10c, column (f), divided by line 13, column (f)) 17 %

18 Investment income percentage from **2019** Schedule A, Part III, line 17 18 %

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

a ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c ☐ The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a governmental entity (see instructions).*

			Yes	No
2	Activities Test. **Answer lines 2a and 2b below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* **Part VI** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations. **Answer lines 3a and 3b below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No" provide details in* **Part VI.**	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*	3b		

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

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

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

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

Section C - Distributable Amount				Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

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

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

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

Schedule B (Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

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

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 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

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

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

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

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

Name of organization	Employer identification number
SMITHSONIAN INSTITUTION	53-0206027

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		$ 987,185,814.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2		$ 200,000,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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

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

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

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

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

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

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

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

Name of organization	Employer identification number
SMITHSONIAN INSTITUTION	53-0206027

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns **(a)** through **(e) and** the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this info. once.) ▶ $

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

2020

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.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ 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 (for example, recreation or education)
- ☒ 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.

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	1
b	Total acreage restricted by conservation easements	2b	88.25
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	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 ▶ $

PUBLIC INSPECTION COPY

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

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

a Board designated or quasi-endowment ▶ 41.3000 %
b Permanent endowment ▶ 23.4300 %
c Term endowment ▶ 35.2700 %

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

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		4,283,965,354.	2,309,386,140.	1,974,579,214.
c Leasehold improvements		132,998,684.	91,097,356.	41,901,328.
d Equipment		454,313,772.	367,232,609.	87,081,163.
e Other		631,918,996.		631,918,996.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				2,768,299,157.

Part VII Investments - Other Securities.

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

(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	2,505,394,087.	END-OF-YEAR MARKET VALUE
(B) SECURITIES-SHORT-TERM	274,924,929.	END-OF-YEAR MARKET VALUE
(C) SECURITIES-GIFT ANNUITY PROGRAM	27,237,852.	END-OF-YEAR MARKET VALUE
(D) SECURITIES-ACCRUED ENDOWMENT	25,769,642.	END-OF-YEAR MARKET VALUE
(E) SECURITIES-ENDOWMENT US TREAS	998,750.	END-OF-YEAR MARKET VALUE
(F) ACCRUED INTEREST-CONSOLIDATED	-17,096.	END-OF-YEAR MARKET VALUE
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	2,834,308,164.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ESTIMATED REMEDIATION OBLIGATION	46,649,154.
(3) ACCTS. PAY-CANCELLED APPROP.	343,537.
(4) OTHER LIABILITIES	727,708.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	47,720,399.

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

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

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

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

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

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

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

Part XIII Supplemental Information.

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

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	107,123,958.
GAIN ON SALE OF REAL ESTATE	373,807.
CHANGES IN NET OTHER ASSET OF RELATED ORG	-7,092,896.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	100,404,869.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EXP	-169,183.
DIRECT EXPENSES COGS	-5,708,370.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-5,877,553.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

IMPUTED REVENUE	-107,123,958.
DIRECT FUNDRAISING EXP	-169,183.
DIRECT EXPENSES COGS	-5,708,370.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	-113,001,511.

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 for instructions and the latest information.

OMB No. 1545-0047
2020
Open to Public Inspection

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

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ...... [X] 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
ASIA	0	0	ACADEMIC APPOINTMENT STIPENDS		491,620.
SUB-SAHARAN-AFRICA	0	0	ACADEMIC APPOINTMENT STIPENDS		115,275.
NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	ACADEMIC APPOINTMENT STIPENDS		264,615.
NORTH AMERICA	0	0	ACADEMIC APPOINTMENT STIPENDS		405,477.
SOUTH AMERICA	0	0	ACADEMIC APPOINTMENT STIPENDS		887,814.
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	ACADEMIC APPOINTMENT STIPENDS		671,637.
RUSSIA AND NEIGHBORING STATES	0	0	ACADEMIC APPOINTMENT STIPENDS		50,000.
AUSTRALIA	0	0	ACADEMIC APPOINTMENT STIPENDS		65,120.
3 a Subtotal	0	0			2,951,558.
b Total from continuation sheets to Part I	0	0			1331452481.
c **Totals** (add lines 3a and 3b)	0	0			1334404039.

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule F (Form 990) 2020**

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
ASIA	0	0	PROGRAM SERVICES	TRAVEL, RELATED TO RESEARCH, CONFERENCES AND TRAINING	80,676.
SUB-SAHARAN-AFRICA	0	0	PROGRAM SERVICES	TRAVEL, RELATED TO RESEARCH, CONFERENCES AND TRAINING	149,963.
NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	PROGRAM SERVICES	TRAVEL, RELATED TO RESEARCH, CONFERENCES AND TRAINING	5,637.
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	PROGRAM SERVICES	TRAVEL, RELATED TO RESEARCH, CONFERENCES AND TRAINING	56,944.
NORTH AMERICA	0	0	PROGRAM SERVICES	TRAVEL, RELATED TO RESEARCH, CONFERENCES AND TRAINING	96,969.
SOUTH AMERICA	0	0	PROGRAM SERVICES	TRAVEL, RELATED TO RESEARCH, CONFERENCES AND TRAINING	32,223.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		1148427261.
NORTH AMERICA	0	0	INVESTMENTS		5,512,726.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	INVESTMENTS		132,592,725.
SUB-SAHARAN AFRICA	0	0	INVESTMENTS		44,497,357.
Totals ▶					1331452481.

PUBLIC INSPECTION COPY

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN-AFRICA	ACADEMIC APPOINTMENT STIPENDS	54,400.	DIRECT DEPOSIT AND CHECKS	0.		

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

3 Enter total number of other organizations or entities ▶ 1

Schedule F (Form 990) 2020

PUBLIC INSPECTION COPY

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	ASIA	22	491,620.	DIRECT DEPOSIT AND CHECKS	0.		ACCRUAL
ACADEMIC APPOINTMENT STIPENDS	SUB-SAHARAN-AFRICA	6	60,875.	DIRECT DEPOSIT AND CHECKS	0.		ACCRUAL
ACADEMIC APPOINTMENT STIPENDS	NORTH AMERICA (CANADA & MEXICO ONLY)	19	264,615.	DIRECT DEPOSIT AND CHECKS	0.		ACCRUAL
ACADEMIC APPOINTMENT STIPENDS	NORTH AMERICA	54	405,477.	DIRECT DEPOSIT AND CHECKS	0.		ACCRUAL
ACADEMIC APPOINTMENT STIPENDS	SOUTH AMERICA	53	887,814.	DIRECT DEPOSIT AND CHECKS	0.		ACCRUAL
ACADEMIC APPOINTMENT STIPENDS	EUROPE (INCLUDING ICELAND AND GREENLAND)	36	671,637.	DIRECT DEPOSIT AND CHECKS	0.		ACCRUAL
ACADEMIC APPOINTMENT STIPENDS	RUSSIA AND NEIGHBORING STATES	1	50,000.	DIRECT DEPOSIT AND CHECKS	0.		ACCRUAL
ACADEMIC APPOINTMENT STIPENDS	AUSTRALIA	2	65,120.	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)* ..... [X] **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)* ..... [X] **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)* ..... [X] **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)* ..... [X] **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)* ..... [X] **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)* ..... [X] **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 FELLOWSHIPS 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 FUNDRAISER. NONE OF THESE FUNDRAISERS 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

PUBLIC INSPECTION COPY

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization: SMITHSONIAN INSTITUTION

Employer identification number: 53-0206027

Part I **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 [X] Mail solicitations
b [X] Internet and email solicitations
c [X] Phone solicitations
d [X] In-person solicitations
e [X] Solicitation of non-government grants
f [X] Solicitation of government grants
g [X] Special fundraising events

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? [X] 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? Yes	No	(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
AVALON CONSULTING GROUP, INC. - 805 15TH STREET NW,	DIRECT MARKETING CONSULTANT		X	0.	597,488.	-597,488.
BLACKBAUD, INC. - P O BOX 930256, ATLANTA, GA	FUNDRAISING CONSULTANT		X	0.	38,543.	-38,543.
COMMUNITY COUNSELLING SERVICE CO., LLC - 461 5TH AVENUE ,	FUNDRAISING CONSULTANT		X	0.	461,029.	-461,029.
GRENZEBACH, GLIER & ASSOCIATES, INC. - 200 SOUTH	MARKETING CONSULTANT		X	0.	242,520.	-242,520.
JOHN BROWN LIMITED, INC. - 4916 CRESTWOOD DRIVE, WACO,	FUNDRAISING CONSULTANT		X	0.	13,047.	-13,047.
PUBLIC INTEREST COMMUNICATION, INC - 7700	FUNDRAISING CONSULTANT		X	0.	5,918.	-5,918.
SD&A TELESERVICES, INC - 101 CONTINENTAL BLVD , EL	TELEMARKETING SERVICES		X	0.	75,827.	-75,827.
Total ▶					1,434,372.	-1,434,372.

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

SEE PART IV FOR CONTINUATIONS

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

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

		(a) Bingo	**(b)** Pull tabs/instant bingo/progressive bingo	**(c)** Other gaming	**(d)** Total gaming (add col. **(a)** through col. **(c)**)
Revenue	**1** Gross revenue				
Direct Expenses	**2** Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ **Yes**______ % ☐ **No**	☐ **Yes**______ % ☐ **No**	☐ **Yes**______ % ☐ **No**	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 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: BLACKBAUD, INC.

(I) ADDRESS OF FUNDRAISER: P O BOX 930256, ATLANTA, GA 31193-0256

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

Part IV Supplemental Information *(continued)*

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

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

(I) ADDRESS OF FUNDRAISER:

200 SOUTH MICHIGAN AVE, SUITE 2100, CHIGAGO, 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: PUBLIC INTEREST COMMUNICATION, INC

(I) ADDRESS OF FUNDRAISER: 7700 LEESBURG PIKE, FALLS CHURCH , VA 22043

(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.

PUBLIC INSPECTION COPY

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 for the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization: SMITHSONIAN INSTITUTION

Employer identification number 53-0206027

Part I 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? [X] Yes [ ] No

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
OLD DOMINION UNIVERSITY ROLLINS HALL 2003A NORFOLK, VA 23529-0001	54-6000884	501(C)(3)	55,000.	0.			ACADEMIC APPT. STIPENDS
QUEENS COLLEGE FOUNDATION INC. 65-30 KISSENA BLVD FL 13 STE 1306 FLUSHING, NY 11367-1575	11-6080521	501(C)(3)	35,000.	0.			ACADEMIC APPT. STIPENDS
OHIO STATE UNIV. RESEARCH FDN 1960 KENNY ROAD COLUMBUS, OH 43210-1063	31-6401599	501(C)(3)	27,550.	0.			ACADEMIC APPT. STIPENDS
UNIVERSITY OF MARYLAND AT COLL 4500 CAMPUS DRIVE COLLEGE PARK, MD 20742-0001	52-6002033	501(C)(3)	27,351.	0.			ACADEMIC APPT. STIPENDS
CALDWELL COUNTY SCHOOLS 1914 HICKORY BLVD SW LENOIR, NC 28645-6404	56-6000998	501(C)(3)	20,950.	0.			ACADEMIC APPT. STIPENDS
MARLBORO COUNTY SCHOOL DISTRIC 122 BROAD STREET BENNETTSVILLE, SC 29512-0947	57-6000387	501(C)(3)	15,500.	0.			ACADEMIC APPT. STIPENDS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 12.

3 Enter total number of other organizations listed in the line 1 table ▶ 0.

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule I (Form 990) 2020**

032101 11-02-20

PUBLIC INSPECTION COPY

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BURKE COUNTY PUBLIC SCHOOLS 700 E PARKER ROAD MORGANTON, NC 28655-6762	56-0935935	501(C)(3)	14,450.	0.			ACADEMIC APPT. STIPENDS
POLK COUNTY BOARD OF EDUCATION 125 E MILLS STREET COLUMBUS, NC 28722-0638	56-6001098	501(C)(3)	8,725.	0.			ACADEMIC APPT. STIPENDS
REGENTS OF THE UNIVERSITY OF M 106 PLEASANT STREET SE MINNEAPOLIS, MN 55455	41-6007513	501(C)(3)	8,320.	0.			ACADEMIC APPT. STIPENDS
COUNTY OF ALEXANDER 700 LILEDOUN ROAD TAYLORSVILLE, NC 28681-0250	56-6000984	501(C)(3)	8,100.	0.			ACADEMIC APPT. STIPENDS
ORANGEBURG COUNTY SCHOOL DISTR 102 FOUNDERS CT ORANGEBURG, SC 29118-2087	83-3861927	501(C)(3)	7,625.	0.			ACADEMIC APPT. STIPENDS
NOVOGENE CORPORATION INC. 8801 FOLSOM BLVD, SUITE 290 SACRAMENTO, CA 95826-4534	47-2149437	501(C)(3)	5,964.	0.			ACADEMIC APPT. STIPENDS

PUBLIC INSPECTION COPY

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
ACADEMIC APPOINTMENT STIPENDS	969	11,810,520.	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)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047
2020
Open to Public Inspection

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

Part I Questions Regarding Compensation

			Yes	No
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. [X] First-class or charter travel [ ] Travel for companions [ ] Tax indemnification and gross-up payments [ ] Discretionary spending account [ ] Housing allowance or residence for personal use [ ] Payments for business use of personal residence [ ] Health or social club dues or initiation fees [ ] 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	**1b**		X
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?	**2**		X
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. [X] Compensation committee [X] Independent compensation consultant [ ] Form 990 of other organizations [ ] Written employment contract [X] Compensation survey or study [X] 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?	**4a**		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	**4b**		X
c	Participate in or receive payment from an equity-based compensation arrangement?	**4c**		X
	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?	**5a**		X
b	Any related organization?	**5b**		X
	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?	**6a**		X
b	Any related organization?	**6b**		X
	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	**7**		X
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	**8**		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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

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

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

(A) Name and Title		**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
(1) MR LONNIE G BUNCH, III	(i)	720,822.	0.	5,334.	41,565.	22,746.	790,467.	0.
SECRETARY OF THE SMITHSONIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) AMY CHEN	(i)	271,816.	400,097.	1,766.	39,345.	1,367.	714,391.	0.
CHIEF INVESTMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JEFFREY SMITH	(i)	188,862.	426,124.	273.	27,220.	33,222.	675,701.	0.
INVESTMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) CAROL LEBLANC	(i)	346,335.	153,396.	1,568.	41,565.	21,924.	564,788.	0.
PRESIDENT, SMITHSONIAN ENTERPRISES	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MICHAEL GIOVENCO	(i)	164,604.	365,573.	213.	21,528.	11,128.	563,046.	0.
INVESTMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) RYAN DOTSON	(i)	137,886.	334,113.	124.	19,082.	35,950.	527,155.	0.
INVESTMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) MEROE PARK	(i)	448,019.	0.	892.	39,773.	1,653.	490,337.	0.
DEPUTY SECRETARY & COO	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) MELISSA CHIU	(i)	399,997.	5,000.	666.	41,565.	33,811.	481,039.	0.
DIRECTOR, HIRSHHORN MUSEUM & SCULPTU	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) JOHN DAVIS	(i)	406,164.	10,000.	1,794.	41,565.	20,760.	480,283.	0.
INTERIM DIRECTOR, COOPER HEWITT	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) ROBERT SPILLER	(i)	380,816.	10,000.	1,743.	41,565.	35,265.	469,389.	0.
ASSISTANT SECRETARY FOR ADVANCEMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) MICHAEL MCCARTHY	(i)	336,207.	20,000.	826.	41,565.	33,627.	432,225.	0.
UNDER SECRETARY FOR ADMINISTRATION	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) RICHARD KURIN	(i)	318,493.	10,000.	6,802.	48,060.	15,403.	398,758.	0.
SR. SCHOLAR AND AMBASSADOR-AT-LARGE	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) KEVIN GOVER	(i)	292,793.	5,000.	3,880.	41,565.	24,473.	367,711.	0.
ACTING UNDER SECRETARY FOR MUSEUMS &	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) ELLEN STOFAN	(i)	281,732.	5,000.	1,400.	41,565.	33,228.	362,925.	0.
DIRECTOR, NATIONAL AIR AND SPACE MUS	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) JULISSA MARENCO	(i)	232,577.	7,000.	350.	34,559.	24,330.	298,816.	0.
ASST. SECRETARY FOR COMMUNICATIONS A	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) JUDITH LEONARD	(i)	240,210.	5,000.	4,811.	34,559.	11,398.	295,978.	0.
GENERAL COUNSEL	(ii)	0.	0.	0.	0.	0.	0.	0.

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

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

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

(A) Name and Title		**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
(17) ROGER BRISSENDEN	(i)	216,512.	25,000.	0.	9,721.	21,496.	272,729.	0.
ACTING UNDER SECRETARY FOR SCIENCE &	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) ZULLY DORR	(i)	210,405.	750.	0.	30,271.	21,378.	262,804.	0.
DEPUTY ASSISTANT SECRETARY FOR ADVAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) DERON BURBA	(i)	196,474.	5,000.	810.	28,079.	28,143.	258,506.	0.
CHIEF INFORMATION OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(20) PORTER WILKINSON	(i)	210,946.	10,000.	197.	29,093.	1,183.	251,419.	0.
CHIEF OF STAFF - REGENTS	(ii)	0.	0.	0.	0.	0.	0.	0.
(21) CATHY HELM	(i)	223,061.	0.	0.	0.	23,368.	246,429.	0.
INSPECTOR GENERAL	(ii)	0.	0.	0.	0.	0.	0.	0.
(22) ERA MARSHALL	(i)	215,054.	10,000.	0.	0.	20,031.	245,085.	0.
DIRECTOR OF EQUAL EMPLOYMENT & SUPPL	(ii)	0.	0.	0.	0.	0.	0.	0.
(23) JOHN LAPIANA	(i)	193,686.	5,000.	1,168.	26,472.	11,203.	237,529.	0.
SENIOR ADVISOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(24) DOUGLAS HALL	(i)	188,416.	12,500.	0.	9,823.	21,390.	232,129.	0.
ACTING UNDER SECRETARY FOR ADMINISTR	(ii)	0.	0.	0.	0.	0.	0.	0.
(25) NANCY BECHTOL	(i)	196,446.	749.	1,171.	26,511.	1,066.	225,943.	0.
DIRECTOR, SMITHSONIAN FACILITIES	(ii)	0.	0.	0.	0.	0.	0.	0.
(26) DAVID VOYLES	(i)	191,076.	5,067.	0.	7,625.	9,713.	213,481.	0.
DIRECTOR OF PLANNING, MGMT AND BUDGE	(ii)	0.	0.	0.	0.	0.	0.	0.
(27) CHARLES ALCOCK	(i)	156,729.	0.	1,642.	19,759.	897.	179,027.	0.
DIRECTOR, SMITHSONIAN ASTROPHYSICAL	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A:

CHARTERED TRAVEL FOR BONA-FIDE BUSINESS PURPOSES WAS AUTHORIZED FOR TWO KEY EMPLOYEES WHEN THE CIRCUMSTANCES OF THEIR TRAVEL MET THE REQUIREMENTS OF THE SMITHSONIAN'S POLICY FOR SUCH TRAVEL. CHARTERED CLASS TRAVEL WAS APPROVED IN EACH INSTANCE BY THAT INDIVIDUAL'S DESIGNATED "APPROVING OFFICIAL" FOR TRAVEL.

THE SMITHSONIAN'S TRAVEL POLICY IS GUIDED BY THE FEDERAL TRAVEL REGULATIONS AS SUPPLEMENTED BY THE SMITHSONIAN'S TRAVEL HANDBOOK. THE ACCOUNTABLE PLAN FOR TRAVEL REIMBURSEMENTS MAINTAINED BY THE SMITHSONIAN MEETS IRS REQUIREMENTS, THEREFORE NO PORTION OF THIS TRAVEL WAS TREATED AS TAXABLE COMPENSATION.

PART II: COMPENSATION FROM AN UNRELATED ORGANIZATION OR INDIVIDUAL

NAME: CHARLES ALCOCK

COMPENSATION FROM UNRELATED ORGANIZATION: $171,320

NAME OF UNRELATED ORGANIZATION: HARVARD UNIVERSITY

SCHEDULE K (Form 990)
Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

OMB No. 1545-0047
2020
Open to Public Inspection

Name of the organization: SMITHSONIAN INSTITUTION

Employer identification number 53-0206027

Part I Bond Issues

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

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired		19,180,749.		
2	Amount of bonds legally defeased				
3	Total proceeds of issue	77,545,000.	33,825,749.		
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	530,475.	612,994.		
8	Credit enhancement from proceeds	6,161.			
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	77,008,364.			
11	Other spent proceeds		33,212,755.		
12	Other unspent proceeds				
13	Year of substantial completion	2003	2010		

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
14	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X	X					
15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X				
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule K (Form 990) 2020**

PUBLIC INSPECTION COPY

Part III Private Business Use

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X				
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X				
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X	X					
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?			X					
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	%		%		%		%	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	.00 %		1.94 %		%		%	
6	Total of lines 4 and 5	.00 %		1.94 %		%		%	
7	Does the bond issue meet the private security or payment test?		X		X				
8a	Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	%		%		%		%	
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X					

Part IV Arbitrage

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

PUBLIC INSPECTION COPY

Part IV Arbitrage *(continued)*

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

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation 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).

SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

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

OMB No. 1545-0047

2020

Open To Public Inspection

Name of the organization: SMITHSONIAN INSTITUTION

Employer identification number: 53-0206027

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

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

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ $

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance Benefiting Interested Persons.

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

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

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

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

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

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization: SMITHSONIAN INSTITUTION

Employer identification number: 53-0206027

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art	X	1,843		
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	306	13,292,940.	MARKET VALUE
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles	X	545		
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts	X	1,967		
23	Scientific specimens	X	5,306		
24	Archeological artifacts				
25	Other ▶ (GOODS)	X	22	977,471.	MARKET VALUE
26	Other ▶ (ARCHIVAL ITEM)	X	2,026	0.	
27	Other ▶ (ARCHIVAL LINE)	X	478	0.	
28	Other ▶ (ARCHIVAL GB)	X	3,713	0.	

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

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt 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.			

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, 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 or 990-EZ)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047
2020
Open to Public Inspection

Name of the organization	Employer identification number
SMITHSONIAN INSTITUTION	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 CLOSED ITS MUSEUMS DUE TO THE COVID-19 PANDEMIC IN MARCH 2020, ALL 19 MUSEUMS RE-OPENED TO THE PUBLIC ON ADJUSTED SCHEDULES STARTING IN MAY 2021. IN CONJUNCTION WITH LOCAL AND NATIONAL GUIDELINES, THE MUSEUMS ADHERED TO NEW HEALTH AND SAFETY PROTOCOLS TO PROTECT AGAINST THE SPREAD OF COVID-19.

IN RESPONSE TO THE GLOBAL PANDEMIC, THE SMITHSONIAN PRIORITIZED DIGITAL APPROACHES TO EDUCATION, PUBLIC PROGRAMS AND EXHIBITIONS. THE SMITHSONIAN DEVELOPED AND CURATED THE EDUCATIONAL RESOURCES STUDENTS, TEACHERS AND CAREGIVERS NEEDED TO SUPPORT DISTANCE LEARNING. AS PART OF THOSE EFFORTS, THE SMITHSONIAN PARTNERED WITH PBS LEARNINGMEDIA TO BRING LEARNING-READY CONTENT TO PRE-K12 EDUCATORS NATIONWIDE. THE SMITHSONIAN PROVIDED EDUCATIONAL INTERACTIVES, DOCUMENTS AND IN-DEPTH LESSON PLANS THAT ALIGNED WITH COMMON CORE AND NATIONAL AND STATE

STANDARDS.

AT THE END OF 2020, THE SMITHSONIAN HOSTED "24 HOURS IN A TIME OF CHANGE," A DAY-LONG VIRTUAL PROGRAM CENTERED AROUND CONTEMPORARY ISSUES SUCH AS RACIAL INJUSTICE AND THE COVID-19 PANDEMIC. THE PROGRAM ENCOURAGED A NATIONAL DIALOGUE BY INVITING THE PUBLIC TO REFLECT ON AND SHARE THEIR PERSONAL EXPERIENCES OF 2020. IN ADDITION TO DIGITAL CONVERSATIONS, TEN SMITHSONIAN MUSEUMS AND CENTERS HOSTED A SERIES OF VIRTUAL RECORDED AND LIVE PROGRAMS.

TO EXPAND PUBLIC UNDERSTANDING OF AND APPRECIATION FOR PORTRAITURE, THE NATIONAL PORTRAIT GALLERY COMMENCED A NATIONWIDE TOUR OF THE ICONIC OBAMA PORTRAITS BY ARTISTS AMY SHERALD AND KEHINDE WILEY. THE TOUR, WHICH BEGAN IN JUNE 2021, INCLUDES STOPS IN BROOKLYN, LOS ANGELES, ATLANTA, AND HOUSTON. DURING ITS STOP IN ILLINOIS, THE TOUR CONSISTENTLY BROKE DAILY ATTENDANCE RECORDS FOR THE ART INSTITUTE OF CHICAGO.

THE SMITHSONIAN LAUNCHED A NEW RACE INITIATIVE, "OUR SHARED FUTURE: RECKONING WITH OUR RACIAL PAST" WITH A VIRTUAL FORUM IN AUG. 2021. THE VIRTUAL EVENT BROUGHT TOGETHER NATIONAL THOUGHT LEADERS AND SMITHSONIAN EXPERTS TO ENCOURAGE A PUBLIC DIALOGUE ABOUT HOW AMERICANS UNDERSTAND, EXPERIENCE AND CONFRONT RACISM. THE EVENT TOUCHED ON SIX MAIN THEMES: RACE AND WELLNESS; RACE AND WEALTH; RACE AND PLACE; RACE, POLICY AND ETHICS; RACE BEYOND THE U.S.; AND RACE, ARTS AND AESTHETICS.

IN SEPT. 2021, THE NATIONAL MUSEUM OF AFRICAN AMERICAN HISTORY AND CULTURE OPENED THE EXHIBIT, "MAKE GOOD THE PROMISES: RECONSTRUCTION AND

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

ITS LEGACIES." THE LANDMARK EXHIBITION EXAMINES WHAT HISTORIANS CONSIDER TO BE THE LEAST STUDIED PERIOD IN AMERICAN HISTORY. "MAKE GOOD THE PROMISES" FEATURES MORE THAN 175 OBJECTS, 300 IMAGES AND 14 MEDIA PROGRAMS EXPLORING THE PERIOD AND ITS ONGOING IMPACT ON AMERICA TODAY.

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

RESEARCH AND COLLECTIONS:

THE SMITHSONIAN'S COLLECTIONS OF NEARLY 156 MILLION OBJECTS (ART, ARTIFACTS AND SCIENTIFIC SPECIMENS) ARE THE HEART OF THE INSTITUTION. RESEARCH, PUBLIC PROGRAMS AND EXHIBITIONS ARE BASED ON THESE COLLECTIONS, WHICH ADDITIONALLY INCLUDE MORE THAN 33 MILLION DIGITAL RECORDS OF ONLINE MATERIAL. CARE OF THE COLLECTIONS INVOLVES THE WORK OF REGISTRARS, CONSERVATORS, MUSEUM SPECIALISTS, DESIGNERS, CURATORS AND EDITORS. APPROXIMATELY 146 MILLION OBJECTS AND SPECIMENS ARE PART OF THE NATIONAL MUSEUM OF NATURAL HISTORY COLLECTIONS AND ARE PRIMARILY USED FOR RESEARCH BY BOTH SMITHSONIAN SCIENTISTS AND RESEARCHERS FROM AROUND THE WORLD. IN SOME CASES, THE MUSEUM HAS THE DEFINITIVE, IRREPLACEABLE COLLECTION OF A CERTAIN SPECIES WHICH IS ESSENTIAL FOR COMPARATIVE STUDIES.

AS PART OF THE SMITHSONIAN'S COLLECTION EFFORTS SURROUNDING THE HISTORIC EVENTS OF 2020, THE NATIONAL MUSEUM OF AMERICAN HISTORY ANNOUNCED THE ACQUISITION OF MATERIALS CONNECTED WITH THE FIRST-KNOWN DOSES OF FDA-APPROVED COVID-19 VACCINE ADMINISTERED IN THE U.S. THE ACQUISITION INCLUDED THE VIAL THAT CONTAINED THE FIRST DOSES OF APPROVED VACCINE DISPENSED IN THE U.S., AS WELL AS OBJECTS RELATED TO VACCINE DISTRIBUTION.

Name of the organization: SMITHSONIAN INSTITUTION

Employer identification number: 53-0206027

IN AUGUST 2021, TWO SCIMITAR-HORNED ORYX CALVES WERE BORN AS THE RESULT OF ARTIFICIAL INSEMINATION AT SMITHSONIAN CONSERVATION BIOLOGY INSTITUTE (SCBI). THE SCIMITAR-HORNED ORYX ARE CONSIDERED EXTINCT IN THE WILD. BY DEVELOPING AN ALTERNATE PROTOCOL FOR INSEMINATING SCIMITAR-HORNED ORYX, SCIENTISTS AT SCBI CONTINUE TO PLAY A LEADING ROLE IN THE SMITHSONIAN'S GLOBAL EFFORTS TO SAVE WILDLIFE SPECIES FROM EXTINCTION.

RESEARCHERS AT THE SMITHSONIAN TROPICAL RESEARCH CENTER LED A STUDY THAT SHOWS THE ASTEROID IMPACT THAT DECIMATED THE DINOSAURS 66 MILLION YEARS AGO ALSO CAUSED 45% OF PLANTS IN WHAT IS NOW COLOMBIA TO GO EXTINCT. THE TEAM DISCOVERED THAT THE MASSIVE EXTINCTION ALLOWED FOR THE REIGN OF FLOWERING PLANTS IN MODERN TROPICAL RAINFORESTS. THEIR STUDY SHEDS LIGHT ON THE ORIGINS OF MODERN RAINFORESTS AND MAY HELP SCIENTISTS UNDERSTAND HOW RAINFORESTS WILL RESPOND TO A RAPIDLY CHANGING CLIMATE IN THE FUTURE.

ASTRONOMERS AT THE CENTER FOR ASTROPHYSICS DETECTED THE FIRST JUPITER-LIKE PLANET WITHOUT CLOUDS OR HAZE IN ITS OBSERVABLE ATMOSPHERE. THE EXCEEDINGLY RARE DISCOVERY MARKS THE SECOND TIME ASTRONOMERS HAVE OBSERVED A CLOUD-FREE EXOPLANET. THE DISCOVERY OF PLANETS WITH CLEAR ATMOSPHERES WILL ALLOW SCIENTISTS TO BETTER STUDY THE CHEMICAL COMPOSITION OF PLANETS.

SCIENTISTS AT THE NATIONAL MUSEUM OF NATURAL HISTORY DISPROVED THE IDEA THAT EELS ARE EXCLUSIVELY SOLITARY PREDATORS BY DISCOVERING ELECTRIC EELS HUNTING IN A GROUP. DESPITE HOW COMMON GROUP HUNTING IS IN

MAMMALS, ONLY NINE SPECIES OF FISH ARE KNOWN TO HUNT IN GROUPS. THE RESEARCH IS A SUBSTANTIAL CONTRIBUTION TO EEL LITERATURE CONSIDERING HOW LITTLE IS KNOWN ABOUT THE SPECIES.

FORM 990, PART III, LINE 4C, PROGRAM 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.

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

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

ASSOCIATES ANNUALLY OFFERS MORE THAN 750 VIRTUAL SEMINARS AND LECTURES, IN-PERSON AND ONLINE STUDIO ART CLASSES, PERFORMANCES, AND LOCAL AND REGIONAL STUDY TOURS. PERFORMANCES AT DISCOVERY THEATER AND MORE THAN 100 EDUCATIONALLY FOCUSED ONLINE AND IN-PERSON SUMMER CAMPS ARE AMONG THE PROGRAMS THAT FOSTER THE JOYS OF LEARNING FOR YOUNG PEOPLE AND THEIR FAMILIES. SMITHSONIAN ASSOCIATES STREAMING LAUNCHED DURING THE PANDEMIC AND CONTINUES TO INCREASE ENGAGEMENT WITH NATIONAL AND INTERNATIONAL AUDIENCES. NOTABLE GUESTS IN 2021 INCLUDED JUSTICE STEPHEN BREYER, DR. ANTHONY FAUCI, ELIZABETH WARREN, AUTHOR JODI PICOULT, AND ACTORS MARTIN SHEEN AND STANLEY TUCCI.

FORM 990, PART IV, LINE 12B

THE SMITHSONIAN'S AUDITED FINANCIAL STATEMENTS ARE INCLUDED IN THE UNITED STATES GOVERNMENT'S CONSOLIDATED AUDITED FINANCIAL STATEMENTS.

FORM 990, PART VI, SECTION A, LINE 1:

THE BYLAWS OF THE ORGANIZATION DELEGATE AUTHORITY TO THE EXECUTIVE COMMITTEE TO ACT ON BEHALF OF THE BOARD OF REGENTS WHEN THE BOARD OF REGENTS IS NOT IN SESSION. THE BOARD OF REGENTS ELECTS FROM ITS MEMBERS AN EXECUTIVE COMMITTEE CONSISTING OF THREE MEMBERS.

THE EXECUTIVE COMMITTEE HAS AND MAY EXERCISE ALL POWERS OF THE BOARD OF REGENTS WHEN THE BOARD OF REGENTS IS NOT IN SESSION, EXCEPT THOSE EXPRESSLY RESERVED TO ITSELF BY THE BOARD OF REGENTS, PROVIDED THAT ALL SUCH PROCEEDINGS ARE REPORTED TO THE GOVERNANCE AND NOMINATING COMMITTEE AND THE BOARD OF REGENTS ON A REGULAR BASIS.

THE CHAIR OF THE BOARD SERVES AS CHAIR OF THE EXECUTIVE COMMITTEE. THE VICE

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

CHAIR OF THE BOARD SERVES AS A MEMBER OF THE EXECUTIVE COMMITTEE.

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

STEVE CASE - BUSINESS RELATIONSHIP

DAVID RUBENSTEIN - BUSINESS RELATIONSHIP

FRANKLIN RAINES - BUSINESS RELATIONSHIP

FORM 990, PART VI, SECTION A, LINE 7A:

PURSUANT TO FEDERAL STATUTE, THE BOARD OF REGENTS CONSISTS OF THE VICE PRESIDENT OF THE UNITED STATES, THE CHIEF JUSTICE OF THE UNITED STATES, THREE MEMBERS OF THE U.S. SENATE, THREE MEMBERS OF THE U.S. HOUSE OF REPRESENTATIVES, AND NINE ADDITIONAL CITIZEN REGENTS.

THE THREE SENATORS ARE APPOINTED BY THE PRESIDENT PRO TEMPORE OF THE U.S. SENATE, AND THE THREE MEMBERS OF THE HOUSE OF REPRESENTATIVES ARE APPOINTED BY THE SPEAKER OF THE HOUSE OF REPRESENTATIVES. THEIR APPOINTMENT TERMS COINCIDE WITH THE TERMS FOR WHICH THEY ARE ELECTED, AND THEY MAY BE REAPPOINTED IF RE-ELECTED.

THE CITIZEN REGENTS ARE NOMINATED BY THE BOARD OF REGENTS, AND APPOINTED BY A JOINT RESOLUTION OF CONGRESS WHICH IS SIGNED BY THE PRESIDENT OF THE UNITED STATES.

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

THE FORM 990 RETURN IS REVIEWED BY THE DIRECTOR OF FINANCE AND ACCOUNTING, THE OFFICE OF GENERAL COUNSEL, CHIEF OPERATING OFFICER AND THE SECRETARY OF THE SMITHSONIAN. THE RETURN IS ALSO REVIEWED BY AN INDEPENDENT ACCOUNTING FIRM.

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

AFTER THIS REVIEW PROCESS, THE 990 IS MADE AVAILABLE TO THE FULL BOARD FOR ITS REVIEW AND COMMENT.

THE AUDIT & REVIEW COMMITTEE CONDUCTS A FINAL REVIEW OF THE RETURN AT A REGULARLY SCHEDULED COMMITTEE MEETING PRIOR TO ITS FILING.

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

ALL OFFICERS, KEY EMPLOYEES, AND CERTAIN OTHER EMPLOYEES ARE REQUIRED TO COMPLETE AND FILE ANNUALLY A CONFIDENTIAL FINANCIAL DISCLOSURE REPORT. THESE REPORTS - WHICH REQUIRE DISCLOSURE OF CERTAIN ASSETS, EARNED INCOME, LIABILITIES, OUTSIDE POSITIONS, OUTSIDE CONTRACTS AND AGREEMENTS, GIFTS, HOSPITALITY, REIMBURSEMENTS, AND OTHER INTERESTS RELATED TO THE EMPLOYEE'S SMITHSONIAN POSITION - ARE REVIEWED BY THE INSTITUTION'S OFFICE OF GENERAL COUNSEL FOR COMPLIANCE WITH APPLICABLE CONFLICT OF INTEREST POLICIES AND LAWS.

IN ADDITION TO THIS REQUIRED REPORTING, ALL KEY EMPLOYEES ARE REQUIRED TO COMPLY WITH THE INSTITUTION'S STANDARDS OF CONDUCT, WHICH, AMONG OTHER THINGS, REQUIRES THAT EMPLOYEES NOT ENGAGE IN PRIVATE OR PERSONAL ACTIVITIES THAT MIGHT CONFLICT OR APPEAR TO CONFLICT WITH SMITHSONIAN INTERESTS, REQUIRES THAT EMPLOYEES OBTAIN OFFICE OF GENERAL COUNSEL APPROVAL BEFORE ENGAGING IN AN OUTSIDE ACTIVITY FOR COMPENSATION, AND REQUIRES EMPLOYEES TO CONSULT WITH THE OFFICE OF GENERAL COUNSEL WHENEVER A DOUBT EXISTS AS TO WHETHER AN ACTIVITY OR PLANNED ACTIVITY VIOLATES THE STANDARDS.

ALL MEMBERS OF THE SMITHSONIAN'S GOVERNING BODY ARE REQUIRED TO COMPLETE

Name of the organization SMITHSONIAN INSTITUTION

Employer identification number 53-0206027

AND FILE ANNUALLY THE BOARD OF REGENTS ANNUAL DISCLOSURE STATEMENT. THESE STATEMENTS - WHICH REQUIRE REPORTING BY MEMBERS (INCLUDING ANY REPORTABLE INTERESTS HELD BY IMMEDIATE FAMILY OF MEMBERS) ON OUTSIDE POSITIONS AND SUBSTANTIAL SHAREHOLDING IN FOR-PROFIT BUSINESS ENTITIES, OUTSIDE POSITIONS IN NON-PROFIT ENTITIES, AND INTERESTS AND AFFILIATIONS OF THE MEMBER THAT HAVE OR SOUGHT TO HAVE A RELATIONSHIP TO THE SMITHSONIAN - ARE REVIEWED BY THE INSTITUTION'S GENERAL COUNSEL FOR COMPLIANCE WITH APPLICABLE CONFLICT OF INTEREST POLICIES AND LAWS.

IN ADDITION TO THIS REQUIRED REPORTING, ALL MEMBERS OF THE SMITHSONIAN'S GOVERNING BODY ARE REQUIRED TO COMPLY WITH THE BOARD OF REGENTS ETHICS GUIDELINES, WHICH, AMONG OTHER THINGS, DEFINE CONFLICTS OF INTEREST AND ESTABLISH PROCEDURES FOR DISCLOSING AND REPORTING OF CONFLICTS AND RECUSAL FROM DECISION-MAKING.

FORM 990, PART VI, SECTION B, LINE 15:

THE SMITHSONIAN ENSURES THAT COMPENSATION PAID TO OFFICERS AND OTHER KEY EMPLOYEES IS REASONABLE AND COMPARABLE TO SIMILAR ORGANIZATIONS. EMPLOYEES OF THE SMITHSONIAN MAY BE PAID WITH FEDERALLY APPROPRIATED FUNDS OR WITH NONFEDERAL ("TRUST") FUNDS. MOST TRUST FUNDED (NONFEDERAL) OFFICER AND KEY EMPLOYEE POSITIONS ARE SUBJECT TO MARKET-BASED COMPENSATION, AND THE BOARD OF REGENTS' COMMITTEE ON COMPENSATION AND HUMAN RESOURCES ENGAGES AN INDEPENDENT CONSULTANT TO DEVELOP AND ASSEMBLE COMPARABILITY DATA FOR ITS CONSIDERATION AND TO INFORM ITS DECISIONS.

THE COMMITTEE'S ANNUAL DELIBERATIONS AND DECISIONS ARE DOCUMENTED AS PART OF THE FINAL RECOMMENDATION MATERIALS SUBMITTED TO THE BOARD OF REGENTS'. SALARIES FOR FEDERAL EMPLOYEES ARE DETERMINED BY STATUTORILY ESTABLISHED

Name of the organization: SMITHSONIAN INSTITUTION

Employer identification number: 53-0206027

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:

CHANGE IN NET ASSETS RELATED ORG	-7,092,897.
GAIN ON SALE OF REAL ESTATE	373,807.
TOTAL TO FORM 990, PART XI, LINE 9	-6,719,090.

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 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization: SMITHSONIAN INSTITUTION

Employer identification number 53-0206027

Part I **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
SMITHSONIAN UK CHARITABLE TRUST C/O WITHER LLP, 16 OLD BAILEY LONDON, UNITED KINGDOM EC4M 7EG	ADVANCE THE WORK OF THE SMITHSONIAN INSTITUTION WORLDWIDE	UNITED KINGDOM	501(C)(3)		SMITHSONIAN INSTITUTION	X	

For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule R (Form 990) 2020**

PUBLIC INSPECTION COPY

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? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
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	-4,449,880.	1,636,867.		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	(i) 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	

Schedule R (Form 990) SMITHSONIAN INSTITUTION 53-0206027

Part IV **Continuation of Identification of Related Organizations Taxable as a Corporation or Trust**

(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
REVETAS SIV I LP 1 ROYAL PLAZA, ROYAL AVENUE, ST. PETER PORT, GUERNSEY GY1 2HL	INVESTMENTS	GUERNSEY	REVETAS GP II LIMITED	C CORP	71,344.	2,993,966.	100%	X	
FOUNDATION CREDIT OPPORTUNITIES OFFSHORE LTD., PO BOX 309, UGLAND HOUSE, GRAND CAYMAN, CAYMAN ISLANDS KY1-1104	INVESTMENTS	CAYMAN ISLANDS	N/A	TRUST	-1,807,125.	22,051,763.	66.00%	X	

032224 04-01-20

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

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part VII **Supplemental Information**

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