



2021 Income Tax Return

SMITHSONIAN INSTITUTION

EXTENDED TO AUGUST 15, 2023

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

B Check if applicable:	C Name of organization SMITHSONIAN INSTITUTION	D Employer identification number 53-0206027
<input type="checkbox"/> Address change	Doing business as	E Telephone number (202) 633-1000
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1000 JEFFERSON DRIVE SW	
<input type="checkbox"/> Initial return	City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20560	G Gross receipts \$ 2,364,258,676.
<input type="checkbox"/> Final return/terminated	F Name and address of principal officer: LONNIE G. BUNCH III SAME AS C ABOVE	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Amended return		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Application pending	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	If "No," attach a list. See instructions
J Website: WWW.SI.EDU		H(c) Group exemption number
K Form of organization: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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 <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	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 2021 (Part V, line 2a)	5	6834
	6	Total number of volunteers (estimate if necessary)	6	70423
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	8,426,728.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	1,527,783,787.	1,440,330,179.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	72,854,595.	92,495,451.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	173,911,340.	269,279,800.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	30,214,261.	53,877,616.
			1,804,763,983.	1,855,983,046.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	15,009,433.	17,565,171.
	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)	735,501,143.	748,449,680.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	1,928,096.	2,292,446.
	b	Total fundraising expenses (Part IX, column (D), line 25) 64,738,115.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	663,681,466.	719,339,140.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,416,120,138.	1,487,646,437.	
19	Revenue less expenses. Subtract line 18 from line 12	388,643,845.	368,336,609.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	7,059,162,886.	6,953,060,016.
	22	Net assets or fund balances. Subtract line 21 from line 20	1,563,199,727.	1,542,889,062.
		5,495,963,159.	5,410,170,954.	

Part II Signature Block

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

Sign Here	Signature of officer <i>Ronald Cortez</i> 44E76D74D8354CB...	Date	SIGN HERE
	RONALD CORTEZ, UNDER SEC FOR ADMINISTRATION Type or print name and title		
Paid	Print/Type preparer's name SHAWN HUTCHINSON	Preparer's signature <i>Shawn Hutchinson</i>	Date 8/9/23
Preparer Use Only	Firm's name KPMG LLP	Firm's EIN 13-5565207	Check if self-employed <input type="checkbox"/> PTIN P01048557
	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 Yes No

Form **8868**
(Rev. January 2022)

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

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

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

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 <small>File by the due date for filing your return. See instructions.</small>	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 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

OFFICE OF FINANCE & ACCOUNTING

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

Telephone No. ▶ **202-633-7167**

Fax No. ▶ **202-312-1992**

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

1 I request an automatic 6-month extension of time until AUGUST 15, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning OCT 1, 2021, and ending SEP 30, 2022.

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

3a If this application is for Forms 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-TE and Form 8879-TE for payment instructions.

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

Form **8868** (Rev. 1-2022)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: "INCREASE AND DIFFUSION OF KNOWLEDGE" IS THE MISSION SET FORTH BY JAMES SMITHSON. THE SMITHSONIAN ENDEAVORS TO SHAPE THE FUTURE BY PRESERVING OUR HERITAGE, DISCOVERING NEW KNOWLEDGE, AND SHARING OUR RESOURCES WITH THE WORLD.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 657,049,765. including grants of \$ 3,625,341.) (Revenue \$ 36,922,686.) EDUCATION, PUBLIC PROGRAMS AND EXHIBITIONS (SEE SCHEDULE O)

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

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

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

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

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	X	
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>	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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?	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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	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? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	X	
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		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? <i>If "Yes," complete Schedule L, Part I</i>		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
28a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	X	
28b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	X	
28c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	X	
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
35b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

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		
1b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

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 6834		
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 ► <u>ARMENIA, GABON, PANAMA</u> 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 the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16		X
If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17		
If "Yes," complete Form 6069.			

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

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

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 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.		
	17		
b	Enter the number of voting members included on line 1a, above, who are independent		
	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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	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		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	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	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		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?		

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.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **OFFICE OF FINANCE & ACCOUNTING - 202-633-7167**
PO BOX 37012, WASHINGTON, DC 20013-7012

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

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

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

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

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

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

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

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

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

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1,775**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	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	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	X	

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CLARK/SMOOT/CONSIGLI, A JOINT VENTURE 7500 OLD GEORGETOWN RD., BETHESDA, MD 20814	CONSTRUCTION	94,129,726.
UNIVERSAL PROTECTION SERVICE, LP, 1551 N. TUSTIN AVE, SANTA ANA, CA 92705-8664	SECURITY	15,447,446.
TC PENNSY DRIVE, LLC, 444 MADISON AVENUE, 18TH FLOOR, NEW YORK, NY 10022-6903	REAL ESTATE	11,975,381.
100 DISCOVERY PARK DE, LLC 116 HUNTINGTON AVE, BOSTON, MA 02116	REAL ESTATE	5,355,337.
HUANG-CFM JOINT VENTURE, 5601N GENERAL WASHINGTON DRIVE, ALEXANDRIA, VA 22312-2403	CONSTRUCTION	4,452,145.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **227**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) HONORABLE LUCILLE ROYBAL-ALLARD REGENT	2.00 0.00	X						0.	0.	0.
(48) MR GARY PETERS REGENT	2.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c								470,913.		43,677.

Part VIII Statement of Revenue

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

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

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	353,387.	353,387.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	13,632,628.	13,632,628.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	3,579,156.	3,579,156.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	8,607,459.	3,588,552.	4,496,942.	521,965.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	2,352,007.	263,719.	1,820,436.	267,852.
7 Other salaries and wages	553,449,659.	437,405,196.	85,377,712.	30,666,751.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	78,821,183.	45,293,085.	33,214,938.	313,160.
9 Other employee benefits	65,074,886.	58,460,173.	3,319,984.	3,294,729.
10 Payroll taxes	40,144,486.	20,758,899.	19,205,162.	180,425.
11 Fees for services (nonemployees):				
a Management				
b Legal	521,976.	427,496.	86,280.	8,200.
c Accounting	346,662.		346,662.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	2,292,446.			2,292,446.
f Investment management fees	2,463,927.		2,463,927.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	144,924,443.	122,703,724.	10,577,895.	11,642,824.
12 Advertising and promotion	3,246,411.	2,472,636.	60,439.	713,336.
13 Office expenses	44,251,511.	31,341,624.	7,713,464.	5,196,423.
14 Information technology	57,522,508.	28,453,972.	26,585,437.	2,483,099.
15 Royalties	233,341.	233,341.		
16 Occupancy	163,505,064.	144,329,673.	17,831,471.	1,343,920.
17 Travel	10,392,574.	9,622,215.	356,692.	413,667.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,498,445.	2,690,214.	671,010.	137,221.
20 Interest	7,148,912.	7,148,912.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	180,483,163.	150,252,233.	29,960,205.	270,725.
23 Insurance	1,643,275.	471,963.	1,134,873.	36,439.
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 PROGRAM PRODUCTION	52,511,441.	47,272,898.	207,885.	5,030,658.
b RESEARCH/SUBCONTRACT	30,615,780.	30,581,001.	33,101.	1,678.
c EQUIPMENT	16,119,804.	14,845,050.	1,373,455.	-98,701.
d _____				
e All other expenses	-90,097.	556,270.	-667,665.	21,298.
25 Total functional expenses. Add lines 1 through 24e	1,487,646,437.	1,176,738,017.	246,170,305.	64,738,115.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	844,451,216.	1	845,280,151.
	2 Savings and temporary cash investments	63,712,426.	2	158,647,491.
	3 Pledges and grants receivable, net	384,207,924.	3	344,702,780.
	4 Accounts receivable, net	14,015,641.	4	15,383,181.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	10,864,725.	8	16,504,520.
	9 Prepaid expenses and deferred charges	5,422,180.	9	7,863,619.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,777,784,736.		
	b Less: accumulated depreciation	10b 2,941,519,270.	2,768,299,157.	10c 2,836,265,466.
	11 Investments - publicly traded securities	14,017,884.	11	202,975.
	12 Investments - other securities. See Part IV, line 11	2,834,308,164.	12	2,626,748,576.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets	110,422,301.	14	91,375,098.
	15 Other assets. See Part IV, line 11	9,441,268.	15	10,086,159.
16 Total assets. Add lines 1 through 15 (must equal line 33)	7,059,162,886.	16	6,953,060,016.	
Liabilities	17 Accounts payable and accrued expenses	272,879,396.	17	277,383,954.
	18 Grants payable		18	
	19 Deferred revenue	730,285,978.	19	744,897,810.
	20 Tax-exempt bond liabilities	92,743,241.	20	90,814,091.
	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	419,570,713.	23	383,570,854.
	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	47,720,399.	25	46,222,353.
	26 Total liabilities. Add lines 17 through 25	1,563,199,727.	26	1,542,889,062.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	2,805,038,537.	27	2,986,871,964.
	28 Net assets with donor restrictions	2,690,924,622.	28	2,423,298,990.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	5,495,963,159.	32	5,410,170,954.
33 Total liabilities and net assets/fund balances	7,059,162,886.	33	6,953,060,016.	

Part XI Reconciliation of Net Assets

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

1 Total revenue (must equal Part VIII, column (A), line 12)	1	1,855,983,046.
2 Total expenses (must equal Part IX, column (A), line 25)	2	1,487,646,437.
3 Revenue less expenses. Subtract line 2 from line 1	3	368,336,609.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,495,963,159.
5 Net unrealized gains (losses) on investments	5	-454,019,132.
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	-109,682.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	5,410,170,954.

Part XII Financial Statements and Reporting

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

		Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> 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	

Form **990** (2021)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

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

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1192108664.	1292933360.	1308610079.	1527783787.	1440330179.	6761766069.
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	1192108664.	1292933360.	1308610079.	1527783787.	1440330179.	6761766069.
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)						61,372,741.
6 Public support. Subtract line 5 from line 4.						6700393328.

Section B. Total Support

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

Section C. Computation of Public Support Percentage

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

Schedule A (Form 990) 2021

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
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 on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
1		
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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
2a		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
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? <i>If "Yes" or "No" provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b		

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

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

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

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

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - 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 2021 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-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2022. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

Schedule A (Form 990) 2021

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization

SMITHSONIAN INSTITUTION

Employer identification number

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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

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

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

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

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

Name of organization SMITHSONIAN INSTITUTION	Employer identification number 53-0206027
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). [] Preservation of land for public use (for example, recreation or education) [] Preservation of a historically important land area [X] Protection of natural habitat [] Preservation of a certified historic structure [] Preservation of open space
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
a Total number of conservation easements
b Total acreage restricted by conservation easements
c Number of conservation easements on a certified historic structure included in (a)
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
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)?
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

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

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

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange program
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? **Yes** **No**

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

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

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

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

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

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

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

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

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

- a Board designated or quasi-endowment 41.0000 %
- b Permanent endowment 27.0000 %
- c Term endowment 32.0000 %

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

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

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

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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

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

Part VI Land, Buildings, and Equipment.

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

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

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
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	46,095,572.
(3) ACCTS. PAY-CANCELLED APPROP.	343,536.
(4) OTHER LIABILITIES	-216,755.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	46,222,353.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	1,549,441,614.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a -454,019,132.		
b	Donated services and use of facilities	2b 8,394,664.		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d 122,610,572.		
e	Add lines 2a through 2d		2e	-323,013,896.
3	Subtract line 2e from line 1		3	1,872,455,510.
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 2,463,928.		
b	Other (Describe in Part XIII.)	4b -18,936,392.		
c	Add lines 4a and 4b		4c	-16,472,464.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	1,855,983,046.

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

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

1	Total expenses and losses per audited financial statements		1	1,635,233,819.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a 8,394,664.		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	8,394,664.
3	Subtract line 2e from line 1		3	1,626,839,155.
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 2,463,928.		
b	Other (Describe in Part XIII.)	4b -141,656,646.		
c	Add lines 4a and 4b		4c	-139,192,718.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	1,487,646,437.

Part XIII Supplemental Information.

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

PART II, LINE 3:

SMITHSONIAN INSTITUTION DID NOT MODIFY, TRANSFER, RELEASE, EXTINGUISH OR

TERMINATE ANY CONSERVATION EASEMENTS DURING THE YEAR.

PART II, LINE 6:

THE SMITHSONIAN ENVIRONMENTAL RESEARCH CENTER (SERC) IS LOCATED ON 2,650

ACRES OF LAND ON THE CHESAPEAKE BAY IN SOUTHERN MARYLAND SPANNING

FORESTS, WETLANDS, MARSHES, AND 12 MILES OF PROTECTED SHORELINE. THE SITE

SERVES AS A NATURAL LABORATORY FOR LONG-TERM AND CUTTING-EDGE ECOLOGICAL

RESEARCH. THE SMITHSONIAN HAS A CONSERVATION EASEMENT ASSOCIATED WITH

PROPERTY THAT IS IMMEDIATELY ADJACENT TO SERC LAND OWNED BY THE

INSTITUTION. FACILITIES AND SECURITY STAFF VISIT THE AREA REGULARLY AND

ARE THUS ABLE TO REPORT ANY UNUSUAL ACTIVITY ON THE LAND SUBJECT TO THE

Part XIII Supplemental Information (continued)

EASEMENT. THE ORGANIZATION DOES NOT SEPARATELY TRACK THE HOURS AND EXPENSES ASSOCIATED WITH MONITORING THE PROPERTY RELATED TO THE EASEMENT.

PART II, LINE 9:

THE SMITHSONIAN INSTITUTION'S CONSERVATION EASEMENT DOES NOT APPEAR IN THE INSTITUTION'S AUDITED FINANCIAL STATEMENTS.

PART III, LINE 1A:

IN CONFORMITY WITH THE PRACTICE GENERALLY FOLLOWED BY MUSEUMS, NO VALUE IS ASSIGNED TO THE COLLECTIONS IN THE STATEMENT OF FINANCIAL POSITION.

PURCHASES OF COLLECTION ITEMS ARE RECOGNIZED AS REDUCTIONS IN NET ASSETS WITHOUT DONOR RESTRICTION IN THE PERIOD OF ACQUISITION.

PROCEEDS FROM DEACCESSIONS OR INSURANCE RECOVERIES FOR LOST OR DESTROYED COLLECTION ITEMS ARE RECOGNIZED AS INCREASES IN THE APPROPRIATE NET ASSET CLASS AND ARE DESIGNATED FOR FUTURE COLLECTION ACQUISITIONS, CARE, AND MAINTENANCE.

PART III, LINE 4:

THE ACQUISITION, PRESERVATION, MANAGEMENT, AND STUDY OF COLLECTIONS ARE FUNDAMENTAL TO THE SMITHSONIAN'S MISSION TO INCREASE AND DIFFUSE KNOWLEDGE AND HAVE BEEN THE FOUNDATION UPON WHICH IT RESTS.

SMITHSONIAN COLLECTIONS ARE A NATIONAL AND GLOBAL RESOURCE ACCESSED EACH YEAR BY MILLIONS OF VISITORS AND RESEARCHERS WHO USE TRADITIONAL METHODS AND CUTTING-EDGE TECHNOLOGIES TO EXPLORE SUBJECTS FROM AERONAUTICS TO ZOOLOGY.

Part XIII Supplemental Information (continued)

THROUGH ITS COLLECTIONS, THE SMITHSONIAN PRESENTS THE ASTONISHING RECORD OF AMERICAN AND INTERNATIONAL ARTISTIC, HISTORICAL, CULTURAL, AND SCIENTIFIC ACHIEVEMENT, WITH A SCOPE AND DEPTH NO OTHER INSTITUTION IN THE WORLD CAN MATCH.

SMITHSONIAN COLLECTIONS CONTRIBUTE TO POPULATION RECOVERY OF ENDANGERED SPECIES, ADVANCES IN REPRODUCTIVE BIOLOGY, GENOME RESOURCE BANKING, MEDICAL RESEARCH, FORENSIC ANALYSIS, BIO-SECURITY, AND CONSERVATION POLICY WORLDWIDE.

ASSEMBLED OVER MORE THAN 175 YEARS, THE COLLECTIONS ARE CENTRAL TO THE CORE ACTIVITIES AND TO THE VITALITY AND SIGNIFICANCE OF THE SMITHSONIAN.

PART V, LINE 4:

THE ENDOWMENT INCLUDES APPROXIMATELY 700 INDIVIDUAL ENDOWMENT FUNDS. THE ENDOWMENT PROVIDES STABLE FINANCIAL SUPPORT FOR SCHOLARSHIP, RESEARCH ACTIVITIES, OTHER PROGRAMS, ACQUISITIONS OF COLLECTIONS AND OTHER INSTITUTIONAL ACTIVITIES.

IT PLAYS A CRITICAL ROLE IN ENABLING THE INSTITUTION TO ACHIEVE ITS MISSION - "THE INCREASE AND DIFFUSION OF KNOWLEDGE."

THE ENDOWMENT INCLUDES BOTH DONOR-RESTRICTED ENDOWMENT FUNDS AND FUNDS DESIGNATED BY THE BOARD OF REGENTS TO FUNCTION AS ENDOWMENTS. CLASSIFICATION AND REPORTING OF NET ASSETS ASSOCIATED WITH THE ENDOWMENT REFLECT DONOR-IMPOSED RESTRICTIONS.

PART X, LINE 2:

Part XIII Supplemental Information (continued)

FIN 48 (ASC 740) FOOTNOTE

THE SMITHSONIAN RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF
THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. THE
SMITHSONIAN DOES NOT BELIEVE ITS FINANCIAL STATEMENTS INCLUDE ANY
UNCERTAIN TAX POSITIONS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

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

PART XI, LINE 4B - OTHER ADJUSTMENTS:

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

PART XII, LINE 4B - OTHER ADJUSTMENTS:

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

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

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

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

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

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

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

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

Schedule F (Form 990) 2021

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

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

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
ACADEMIC APPOINTMENT STIPENDS	EAST ASIA AND THE PACIFIC	31	538,793.	DIRECT DEPOSIT AND CHECKS	0.		ACCRUAL
ACADEMIC APPOINTMENT STIPENDS	SUB-SAHARAN AFRICA	7	173,491.	DIRECT DEPOSIT AND CHECKS	0.		ACCRUAL
ACADEMIC APPOINTMENT STIPENDS	NORTH AMERICA	23	374,106.	DIRECT DEPOSIT AND CHECKS	0.		ACCRUAL
ACADEMIC APPOINTMENT STIPENDS	CENTRAL AMERICA AND THE CARIBBEAN	99	743,390.	DIRECT DEPOSIT AND CHECKS	0.		ACCRUAL
ACADEMIC APPOINTMENT STIPENDS	SOUTH AMERICA	80	925,736.	DIRECT DEPOSIT AND CHECKS	0.		ACCRUAL
ACADEMIC APPOINTMENT STIPENDS	EUROPE (INCLUDING ICELAND & GREENLAND)	61	771,974.	DIRECT DEPOSIT AND CHECKS	0.		ACCRUAL
ACADEMIC APPOINTMENT STIPENDS	RUSSIA AND NEIGHBORING STATES	1	51,667.	DIRECT DEPOSIT AND CHECKS	0.		ACCRUAL

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Schedule F (Form 990) 2021

Part V Supplemental Information

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

PART I, LINE 2:

THE OFFICE OF ACADEMIC APPOINTMENTS AND INTERNSHIPS HAS CENTRAL
MANAGEMENT AND ADMINISTRATIVE RESPONSIBILITY FOR THE SMITHSONIAN PROGRAMS
OF RESEARCH FELLOWSHIPS AND OTHER ACADEMIC APPOINTMENTS FOR
UNDERGRADUATE, GRADUATE STUDENTS, POSTDOCTORAL AND SENIOR SCHOLARS.

THE SMITHSONIAN INSTITUTION FELLOWSHIP PROGRAM IS A COMPETITIVE
FELLOWSHIP PROGRAM FOR GRADUATE AND POSTDOCTORAL FELLOWS, WHO APPLY TO
CONDUCT RESEARCH AT THE INSTITUTION WITH RESEARCH STAFF SERVING AS
ADVISORS. THE REVIEW PROCESS IS MADE UP OF DISCIPLINARY COMMITTEES
COMPRISED OF THE INSTITUTION'S STAFF WHO EVALUATE THE CANDIDATES AND THEN
SELECT THE FELLOWS. THERE ARE OTHER COMPETITIVE AND NON-COMPETITIVE
FELLOWSHIPS FOR VISITING SCHOLAR AND STUDENT APPOINTEES SELECTED THROUGH
THE SMITHSONIAN UNITS THAT GO THROUGH A VARIETY OF OTHER SELECTION
PROCESSES BEFORE AN AWARD IS MADE. AN OFFICIAL LETTER/AGREEMENT IS
PROVIDED TO EACH AWARD RECIPIENT IDENTIFYING THE AWARD TITLE, DATES OF
TENURE, STIPEND ALLOWANCES, AND REQUIRED RESPONSIBILITIES FOR HOLDING
THIS POSITION.

ALL RECIPIENTS EITHER WILL IDENTIFY A FINANCIAL INSTITUTION FOR RECEIPT
OF THEIR MONETARY AWARD OR THEY WILL RECEIVE US TREASURY CHECKS.
DEPENDING ON THE TENURE OF THE APPOINTMENT, PAYMENTS CAN RANGE FROM ONE
LUMP SUM, BIWEEKLY PAYMENTS OR MONTHLY PAYMENTS. MOST FELLOWSHIP
APPOINTMENTS ARE AWARDED FOR ONE TO TWO YEARS. ON OCCASION, THE
SMITHSONIAN INSTITUTION HAS VISITING SCHOLARS OR FELLOWS WHO ARE
CONDUCTING RESEARCH IN ANOTHER COUNTRY. PAYMENTS ARE USUALLY SUBMITTED AS
STATED ABOVE, HOWEVER, ON OCCASION, THERE MAY BE ONE OR TWO WHO REQUEST

Part V Supplemental Information

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

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

OF TENURE, A FINAL REPORT OF THEIR RESEARCH ACCOMPLISHMENTS IS PROVIDED

FOR OUR RECORDS.

SMITHSONIAN RESEARCH STAFF WHO SERVE AS ADVISORS TO THESE FELLOWS,

STUDENTS AND SCHOLARS ARE USUALLY IN THE FIELD DURING THEIR TENURE. THE

EIGHT SMITHSONIAN RESEARCH CENTERS LOCATED IN THE UNITED STATES AND ONE

LOCATED IN PANAMA MONITOR THE PROGRESS OF THEIR FELLOWS ESPECIALLY THOSE

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

MANAGED THROUGH THE INSTITUTION'S CENTRAL ADMINISTRATION FOR

ACCOUNTABILITY.

PART I, LINE 2B

SI ENGAGED MULTIPLE FUNDRAISING SERVICES AND MANY WORK ON THE SAME

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

REVENUE ASSOCIATED WITH EACH CONTRACTOR. NONE OF THE CONTRACTORS

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

NEGOTIATED CONTRACTS.

SI CLOSELY MONITORS FUNDRAISING PERFORMANCE AGAINST ESTABLISHED

CAMPAIGN GOALS FOR ITS CONTRACTORS, AND RESULTS ARE TAKEN INTO

CONSIDERATION IN FUTURE CONTRACT NEGOTIATIONS.

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

MARKETING/FUNDRAISING CONSULTANT

PART I, LINE 3

Part V Supplemental Information

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

ACADEMIC APPOINTMENTS (STIPENDS)

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

PERSON RECEIVING THE STIPEND IS LIVING OR RESIDING OUTSIDE THE UNITED

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

THESE STIPEND RECIPIENTS LATER TRAVELED TO THE SMITHSONIAN IN THE

UNITED STATES TO PERFORM THEIR RESEARCH.

FOREIGN TRAVELER

PROGRAM SERVICES FOR TRAVEL RELATED TO RESEARCH, CONFERENCES AND

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

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

ONLY TRAVEL ESSENTIAL TO THE PERFORMANCE OF OFFICIAL SMITHSONIAN

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

SMITHSONIAN, CAN BE APPROVED, AUTHORIZED, AND REIMBURSED.

INVESTMENTS

INVESTMENTS IN REGIONS INCLUDE INVESTMENTS IN FOREIGN PARTNERSHIPS AND

FOREIGN CORPORATIONS. THE FOREIGN REGION IS DETERMINED BY THE COUNTRY

WHOSE LAWS GOVERN THE INVESTMENT ENTITY. THE VALUE REPORTED REPRESENTS

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

METHOD TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS

CENTRAL AMERICA AND THE CARIBBEAN: ACCRUAL

Part V Supplemental Information

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

EAST ASIA AND THE PACIFIC: ACCRUAL

EUROPE (INCLUDING ICELAND AND GREENLAND): ACCRUAL

MIDDLE EAST AND NORTH AFRICA: ACCRUAL

NORTH AMERICA (CANADA & MEXICO ONLY): ACCRUAL

RUSSIA AND NEIGHBORING STATES: ACCRUAL

SOUTH AMERICA: ACCRUAL

SOUTH ASIA: ACCRUAL

SUB-SAHARAN AFRICA: ACCRUAL

Multiple horizontal lines for supplemental information input.

**SCHEDULE G
(Form 990)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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

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 Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g 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? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
AVALON CONSULTING GROUP, INC. - 805 15TH STREET NW,	DIRECT MARKETING CONSULTANT		X	0.	1,190,182.	-1,190,182.
COMMUNITY COUNSELLING SERVICE CO., LLC - 461 5TH AVENUE,	FUNDRAISING CONSULTANT		X	0.	481,500.	-481,500.
GRENZEBACH, GLIER & ASSOCIATES, INC. - 200 SOUTH	MARKETING CONSULTANT		X	0.	151,459.	-151,459.
JOHN BROWN LIMITED, INC. - 4916 CRESTWOOD DRIVE, WACO,	FUNDRAISING CONSULTANT		X	0.	13,047.	-13,047.
SD&A TELESERVICES, INC - 101 CONTINENTAL BLVD, EL	TELEMARKETING SERVICES		X	0.	135,186.	-135,186.
LIPMAN HEARNE, INC. - 1899 S ST NW, WASHINGTON, DC 20009	MARKETING SERVICES		X	0.	223,573.	-223,573.
Total					2,194,947.	-2,194,947.

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

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

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

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
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: COMMUNITY COUNSELLING SERVICE CO., LLC

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

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

Part IV Supplemental Information (continued)

(I) ADDRESS OF FUNDRAISER:

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

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

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

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

(I) ADDRESS OF FUNDRAISER:

101 CONTINENTAL BLVD , EL SEGUNDO, GA 90245-4515

SCHEDULE G, PART I

SI IS A TRUST INSTRUMENTALITY OF THE U.S. AND AS SUCH IS EXEMPT FROM

STATE REGULATIONS PURSUANT TO THE SUPREMACY CLAUSE OF THE U.S.

CONSTITUTION. ALL STATES THAT HAVE INQUIRED ABOUT SI FUNDRAISING

SOLICITATION REGISTRATION HAVE ACKNOWLEDGED THIS EXEMPTION.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

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

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

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

Schedule I (Form 990) 2021

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

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

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

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

PART I, LINE 2:

THE SMITHSONIAN PROGRAMS OF RESEARCH FELLOWSHIPS AND OTHER ACADEMIC APPOINTMENTS FOR UNDERGRADUATE, GRADUATE STUDENTS, POSTDOCTORAL AND SENIOR SCHOLARS. THE SMITHSONIAN INSTITUTION FELLOWSHIP PROGRAM IS A COMPETITIVE FELLOWSHIP PROGRAM FOR GRADUATE AND POSTDOCTORAL FELLOWS, WHO APPLY TO CONDUCT RESEARCH AT THE INSTITUTION WITH RESEARCH STAFF SERVING AS ADVISORS.

THE REVIEW PROCESS IS MADE UP OF DISCIPLINARY COMMITTEES COMPRISED OF THE

Part IV Supplemental Information

INSTITUTION'S RESEARCH STAFF WHO EVALUATE THE CANDIDATES AND THEN SELECT

THE FELLOWS. THERE ARE OTHER COMPETITIVE AND NON-COMPETITIVE FELLOWSHIPS

FOR VISITING SCHOLAR AND STUDENT APPOINTEES SELECTED THROUGH THE

SMITHSONIAN UNITS THAT GO THROUGH A VARIETY OF OTHER SELECTIONS PROCESSES

BEFORE AN AWARD IS MADE. AN OFFICIAL LETTER/AGREEMENT IS PROVIDED TO EACH

AWARD RECIPIENT IDENTIFYING THE AWARD TITLE, DATES OF TENURE, STIPEND

ALLOWANCES, AND REQUIRED RESPONSIBILITIES FOR HOLDING THIS POSITION. ALL

RECIPIENTS EITHER WILL IDENTIFY A FINANCIAL INSTITUTION FOR RECEIPT OF

THEIR MONETARY AWARD OR THEY WILL RECEIVE US TREASURY CHECKS. DEPENDING ON

THE TENURE OF THE APPOINTMENT, PAYMENTS MAY BE MADE IN A LUMP SUM OR IN

PERIODIC PAYMENTS.

MOST FELLOWSHIP APPOINTMENTS ARE AWARDED FOR ONE TO TWO YEARS. AT THE END

OF TENURE, A FINAL REPORT OF THEIR RESEARCH ACCOMPLISHMENTS IS PROVIDED FOR

OUR RECORDS. SMITHSONIAN RESEARCH STAFF WHO SERVE AS ADVISORS TO THESE

FELLOWS, STUDENTS AND SCHOLARS ARE USUALLY IN THE FIELD DURING THEIR

TENURE.

THE INDIVIDUAL SMITHSONIAN RESEARCH CENTERS MONITOR THE PROGRESS OF THEIR

FELLOWS, AND THE FUNDS ARE MANAGED THROUGH THE INSTITUTION'S CENTRAL

ADMINISTRATION TO ENSURE ACCOUNTABILITY. SIMILAR PROCESSES ARE FOLLOWED FOR

AWARDS MADE TO ORGANIZATIONS WHOSE ACADEMIC STAFF PERFORM THE RELATED

RESEARCH.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

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

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2021

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

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

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

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

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

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

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

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

Part III Supplemental Information

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

PART I, LINE 1A:

CHARTERED TRAVEL FOR BONA-FIDE BUSINESS PURPOSES WAS AUTHORIZED FOR TWO KEY

EMPLOYEES WHEN THE CIRCUMSTANCES OF THEIR TRAVEL MET THE REQUIREMENTS OF

THE SMITHSONIAN'S POLICY FOR SUCH TRAVEL. CHARTERED CLASS TRAVEL WAS

APPROVED IN EACH INSTANCE BY THAT INDIVIDUAL'S DESIGNATED "APPROVING

OFFICIAL" FOR TRAVEL.

THE SMITHSONIAN'S TRAVEL POLICY IS GUIDED BY THE FEDERAL TRAVEL REGULATIONS

AS SUPPLEMENTED BY THE SMITHSONIAN'S TRAVEL HANDBOOK. THE ACCOUNTABLE PLAN

FOR TRAVEL REIMBURSEMENTS MAINTAINED BY THE SMITHSONIAN MEETS IRS

REQUIREMENTS, THEREFORE NO PORTION OF THIS TRAVEL WAS TREATED AS TAXABLE

COMPENSATION.

PART II: COMPENSATION FROM AN UNRELATED ORGANIZATION OR INDIVIDUAL

NAME: CHARLES ALCOCK

COMPENSATION FROM UNRELATED ORGANIZATION: 175,835

NAME OF UNRELATED ORGANIZATION: HARVARD UNIVERSITY

**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

2021
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		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	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										
2 Amount of bonds legally defeased										
3 Total proceeds of issue	77,545,000.		33,825,749.							
4 Gross proceeds in reserve funds										
5 Capitalized interest from proceeds										
6 Proceeds in refunding escrows										
7 Issuance costs from proceeds	530,475.		612,994.							
8 Credit enhancement from proceeds	6,161.									
9 Working capital expenditures from proceeds										
10 Capital expenditures from proceeds	77,008,364.									
11 Other spent proceeds			33,212,755.							
12 Other unspent proceeds										
13 Year of substantial completion	2003		2010							
	Yes	No	Yes	No	Yes	No	Yes	No		
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X	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) 2021

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X				
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X		X				
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 government00 %		1.94 %				
6 Total of lines 4 and 500 %		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		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		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					

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)

Transactions With Interested Persons

OMB No. 1545-0047

2021

Open To Public Inspection

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.

Department of the Treasury Internal Revenue Service

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

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

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

Table with 4 columns: (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.

Table with 9 columns: (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.

Table with 5 columns: (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	164,169.	ANNUAL COMP		X
KIM BURBA	WIFE OF D. BURBA CH	103,817.	ANNUAL COMP		X
ROGER BRISSENDEN	FORMER KEY EMPLOYEE	161,359.	CONSULTING		X

Part V Supplemental Information.

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

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

(A) NAME OF PERSON: MARIA MARABLE-BUNCH

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

WIFE OF L. BUNCH SECRETARY OF THE SMITHSONIAN INSTITUTION

(D) DESCRIPTION OF TRANSACTION: ANNUAL COMPENSATION

(A) NAME OF PERSON: KIM BURBA

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

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

(D) DESCRIPTION OF TRANSACTION: ANNUAL COMPENSATION

(A) NAME OF PERSON: ROGER BRISSENDEN

(D) DESCRIPTION OF TRANSACTION: CONSULTING SERVICES

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art	X	1,835		MARKET VALUE
2	Art - Historical treasures				
3	Art - Fractional interests	X	1		
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	255	61,438,882.	MARKET VALUE
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles	X	1,678		MARKET VALUE
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts	X	1,771		MARKET VALUE
23	Scientific specimens	X	34,375		MARKET VALUE
24	Archeological artifacts	X	28		
25	Other (GOODS)	X	2	2,953.	MARKET VALUE
26	Other (ARCHIVAL ITEM)	X	38	0.	MARKET VALUE
27	Other (ARCHIVAL LINE)	X	1,780	0.	MARKET VALUE
28	Other (ARCHIVAL GB)	X	19,898	0.	MARKET VALUE

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

	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?		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?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	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, PART I, COLUMN (B):

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

SCHEDULE M, LINE 32B:

ITEMS ARE SOLD THROUGH COMMERCIAL GALLERIES AND AUCTIONS HOUSES.

INDIVIDUALS AND FIRMS ARE HIRED ON A CONTRACTUAL BASIS TO PROCESS ACQUISITIONS.

ALTHOUGH THE SMITHSONIAN ACQUIRES COLLECTION ITEMS AND OBJECTS WITH THE

GOOD FAITH INTENTION OF RETAINING THEM FOR AN INDEFINITE PERIOD OF

TIME, PRUDENT COLLECTIONS MANAGEMENT INCLUDES JUDICIOUS CONSIDERATION

OF APPROPRIATE DEACCESSIONING AND DISPOSAL TO REFINE AND IMPROVE THE

QUALITY AND RELEVANCE OF THE COLLECTIONS WITH RESPECT TO THE

SMITHSONIAN'S MISSION AND PURPOSE. WHEN OBJECTS ARE DEACCESSIONED FOR

DISPOSAL BY SALE, THE SMITHSONIAN CONTRACTS WITH COMMERCIAL GALLERIES

OR AUCTION HOUSES TO SELL THE OBJECTS IN ORDER TO ASSURE THE BEST

RETURN FROM THE SALE.

SCHEDULE M, LINE 33:

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

SMITHSONIAN DOES NOT ASSIGN VALUE TO COLLECTION ITEMS ACQUIRED BY

DONATION.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

SMITHSONIAN INSTITUTION

Employer identification number

53-0206027

FORM 990, PAGE 1, LINE K

THE SMITHSONIAN INSTITUTION IS A TRUST INSTRUMENTALITY OF THE U.S.,

CREATED BY CONGRESS; ORGANIZED PURSUANT TO 20 U.S.C. SEC. 41 ET SEQ.

FORM 990, PAGE 1, LINE M

STATE OF LEGAL DOMICILE:

AS A TRUST INSTRUMENTALITY OF THE UNITED STATES, THE SMITHSONIAN

INSTITUTION IS A FEDERAL ENTITY THAT IS NOT DOMICILED IN ANY STATE.

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

EDUCATION, PUBLIC PROGRAMS AND EXHIBITIONS:

AFTER THE SMITHSONIAN INTERMITTENTLY CLOSED ITS MUSEUMS DUE TO THE

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

A TRADITIONAL SCHEDULE OF SEVEN DAYS A WEEK. IN CONJUNCTION WITH LOCAL

AND NATIONAL GUIDELINES, THE MUSEUMS ADHERED TO NEW HEALTH AND SAFETY

PROTOCOLS TO PROTECT AGAINST THE SPREAD OF COVID-19.

IN RESPONSE TO THE ONGOING GLOBAL PANDEMIC, THE SMITHSONIAN PRIORITIZED

DIGITAL APPROACHES TO EDUCATION, PUBLIC PROGRAMS AND EXHIBITIONS. THE

SMITHSONIAN DEVELOPED AND CURATED THE EDUCATIONAL RESOURCES STUDENTS,

TEACHERS AND CAREGIVERS NEEDED TO SUPPORT DISTANCE LEARNING. AS PART OF

THOSE EFFORTS, THE SMITHSONIAN PROVIDED EDUCATIONAL INTERACTIVES,

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

NATIONAL AND STATE STANDARDS.

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

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

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

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

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

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

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

THE SMITHSONIAN'S COLLECTIONS OF NEARLY 157 MILLION OBJECTS (ART, ARTIFACTS AND SCIENTIFIC SPECIMENS) ARE THE HEART OF THE INSTITUTION. RESEARCH, PUBLIC PROGRAMS AND EXHIBITIONS ARE BASED ON THESE COLLECTIONS, WHICH ADDITIONALLY INCLUDE MORE THAN 33 MILLION DIGITAL RECORDS OF ONLINE MATERIAL. CARE OF THE COLLECTIONS INVOLVES THE WORK OF REGISTRARS, CONSERVATORS, MUSEUM SPECIALISTS, DESIGNERS, CURATORS AND EDITORS. APPROXIMATELY 148 MILLION OBJECTS AND SPECIMENS ARE PART OF THE NATIONAL MUSEUM OF NATURAL HISTORY COLLECTIONS AND ARE PRIMARILY USED FOR RESEARCH BY BOTH SMITHSONIAN SCIENTISTS AND RESEARCHERS FROM AROUND THE WORLD. IN SOME CASES, THE MUSEUM HAS THE DEFINITIVE,

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IRREPLACEABLE COLLECTION OF A CERTAIN SPECIES WHICH IS ESSENTIAL FOR
COMPARATIVE STUDIES.

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

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

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

ASTRONOMERS AT THE CENTER FOR ASTROPHYSICS REVEALED THE FIRST IMAGE OF

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THE SUPERMASSIVE BLACK HOLE AT THE HEART OF THE MILKY WAY GALAXY. THIS
 BREAKTHROUGH PROVIDES VALUABLE CLUES ABOUT THE WORKINGS OF SUCH GIANTS,
 WHICH ARE THOUGHT TO RESIDE AT THE CENTER OF MOST GALAXIES. IT IS THE
 SECOND-EVER PICTURE CAPTURED OF A BLACK HOLE.

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

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

MEMBERSHIP:

THE NATIONAL ASSOCIATE PROGRAM IS THE INSTITUTION'S LARGEST AND MOST
 BASIC MEMBERSHIP PROGRAM. THE PROGRAM PROVIDES MEMBERS WITH SMITHSONIAN
 MAGAZINE, WHICH IS PUBLISHED 11 TIMES A YEAR. THE PRINT AND ONLINE
 PUBLICATION PROVIDES IN-DEPTH COVERAGE OF HISTORY, SCIENCE, NATURE, ART
 AND WORLD CULTURES.

"FRIENDS OF THE SMITHSONIAN" IS A HIGHER-LEVEL MEMBERSHIP PROGRAM FOR
 PEOPLE INTERESTED IN A DEEP PHILANTHROPIC CONNECTION TO THE
 SMITHSONIAN. FRIENDS RECEIVE SMITHSONIAN MAGAZINE, PLUS THEY ARE
 INVITED TO VARIOUS EVENTS AND ARE GIVEN THE OPPORTUNITY TO LEARN ABOUT
 AND SUPPORT THE INSTITUTION'S EXHIBITIONS AND RESEARCH.

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THE SMITHSONIAN ASSOCIATES IS A SELF-SUPPORTING MEMBERSHIP PROGRAM WHICH PRODUCES INFORMATIVE, ENLIGHTENING, ENTERTAINING, AND INSIGHTFUL PROGRAMS INSPIRED BY AND GOING BEYOND SMITHSONIAN RESEARCH, COLLECTIONS AND EXHIBITIONS. PROGRAMS ENGAGE AUDIENCES FROM PRE-K TO POST-RETIREMENT WHO HAVE KEEN INTEREST IN FURTHERING THEIR UNDERSTANDING OF THE ARTS AND SCIENCES, THE PAST, PRESENT, AND FUTURE OF WORLD CULTURES.

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

FORM 990, PART IV, LINE 12B
THE SMITHSONIAN'S AUDITED FINANCIAL STATEMENTS ARE INCLUDED IN THE UNITED STATES GOVERNMENT'S CONSOLIDATED AUDITED FINANCIAL STATEMENTS.

FORM 990, PART VI, SECTION A, LINE 1A:
THE BYLAWS OF THE ORGANIZATION DELEGATE AUTHORITY TO THE EXECUTIVE COMMITTEE TO ACT ON BEHALF OF THE BOARD OF REGENTS WHEN THE BOARD OF

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REGENTS IS NOT IN SESSION. THE BOARD OF REGENTS ELECTS FROM ITS MEMBERS AN EXECUTIVE COMMITTEE CONSISTING OF THREE MEMBERS.

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

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

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

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

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

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

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

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

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

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

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

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

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

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DOUBT EXISTS AS TO WHETHER AN ACTIVITY OR PLANNED ACTIVITY

VIOLATES THE STANDARDS.

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

AND FILE ANNUALLY THE BOARD OF REGENTS ANNUAL DISCLOSURE STATEMENT. THESE

STATEMENTS - WHICH REQUIRE REPORTING BY MEMBERS (INCLUDING ANY REPORTABLE

INTERESTS HELD BY IMMEDIATE FAMILY OF MEMBERS) ON OUTSIDE POSITIONS AND

SUBSTANTIAL SHAREHOLDING IN FOR-PROFIT BUSINESS ENTITIES, OUTSIDE POSITIONS

IN NON-PROFIT ENTITIES, AND INTERESTS AND AFFILIATIONS OF THE MEMBER THAT

HAVE OR SOUGHT TO HAVE A RELATIONSHIP TO THE SMITHSONIAN - ARE REVIEWED BY

THE INSTITUTION'S GENERAL COUNSEL FOR COMPLIANCE WITH APPLICABLE CONFLICT

OF INTEREST POLICIES AND LAWS.

IN ADDITION TO THIS REQUIRED REPORTING, ALL MEMBERS OF THE SMITHSONIAN'S

GOVERNING BODY ARE REQUIRED TO COMPLY WITH THE BOARD OF REGENTS ETHICS

GUIDELINES, WHICH, AMONG OTHER THINGS, DEFINE CONFLICTS OF INTEREST AND

ESTABLISH PROCEDURES FOR DISCLOSING AND REPORTING OF CONFLICTS AND RECUSAL

FROM DECISION-MAKING.

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

THE SMITHSONIAN ENSURES THAT COMPENSATION PAID TO OFFICERS AND OTHER KEY

EMPLOYEES IS REASONABLE AND COMPARABLE TO SIMILAR ORGANIZATIONS. EMPLOYEES

OF THE SMITHSONIAN MAY BE PAID WITH FEDERALLY APPROPRIATED FUNDS OR WITH

NONFEDERAL ("TRUST") FUNDS. MOST TRUST FUNDED (NONFEDERAL) OFFICER AND KEY

EMPLOYEE POSITIONS ARE SUBJECT TO MARKET-BASED COMPENSATION, AND THE BOARD

OF REGENT'S COMMITTEE ON COMPENSATION AND HUMAN RESOURCES ENGAGES AN

INDEPENDENT CONSULTANT TO DEVELOP AND ASSEMBLE COMPARABILITY DATA FOR ITS

CONSIDERATION AND TO INFORM ITS DECISIONS.

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THE COMMITTEE'S ANNUAL DELIBERATIONS AND DECISIONS ARE DOCUMENTED AS PART

OF THE FINAL RECOMMENDATION MATERIALS SUBMITTED TO THE BOARD OF REGENTS.

SALARIES FOR FEDERAL EMPLOYEES ARE DETERMINED BY STATUTORILY ESTABLISHED

PAY RANGES FOR CIVIL SERVICE EMPLOYEES.

AS A MATTER OF POLICY, THE SMITHSONIAN HAS ESTABLISHED SIMILAR RANGES FOR

CERTAIN TRUST FUNDED OFFICER AND KEY EMPLOYEE POSITIONS AND MAINTAINS THOSE

RANGES IN PROPORTION TO THE APPROPRIATE FEDERAL PAY RANGES.

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

THE SMITHSONIAN MAKES ITS GOVERNING DOCUMENTS, STATEMENT OF VALUES AND CODE

OF ETHICS, AND AUDITED FINANCIAL STATEMENTS AVAILABLE ON ITS PUBLIC WEBSITE

(WWW.SI.EDU). DOCUMENTS MAY ALSO BE VIEWED AT THE OFFICE OF FINANCE AND

ACCOUNTING OR MAILED.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

PROCEEDS FROM SALES OF COLLECTIONS	-109,682.
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FORM 990, PART XII, LINE 2B

THE SMITHSONIAN INSTITUTION IS SEPARATELY AUDITED. THE SMITHSONIAN

INSTITUTION'S AUDITED FINANCIAL STATEMENTS ARE INCLUDED IN THE UNITED

STATES GOVERNMENT'S CONSOLIDATED AUDITED FINANCIAL STATEMENTS.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
CLAY FELLOWSHIPS CHARITABLE TRUST - 04-3560268, 10 MEMORIAL BOULEVARD, PROVIDENCE, RI 02903	SUPPORT OF SMITHSONIAN ASTROPHYSICAL OBSERVATORY	MASSACHUSETTS	501(C)(3)	12 TYPE III-O	N/A		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
BLACKBIRD 1846 ENERGY FUND, LP - 47-3887280, 10000 MEMORIAL DRIVE, SUITE 550, HOUSTON, TX 77024	INVESTMENTS	DE	BLACKBIR D 1846 ENERGY FUND GP, LP	EXCLUDED	-55,448.	981,419.		X	N/A		X	100%

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
CHARITABLE REMAINDER TRUSTS (2) 1000 JEFFERSON DRIVE, S.W. WASHINGTON, DC 20560	CHARITABLE REMAINDER TRUST	DC	N/A	TRUST				X	
CHARITABLE REMAINDER TRUSTS (2) 1000 JEFFERSON DRIVE, S.W. WASHINGTON, DC 20560	CHARITABLE REMAINDER TRUST	MA	N/A	TRUST				X	
CHARITABLE REMAINDER TRUSTS (1) 1000 JEFFERSON DRIVE, S.W. WASHINGTON, DC 20560	CHARITABLE REMAINDER TRUST	MI	N/A	TRUST				X	
CHARITABLE REMAINDER TRUSTS (5) 1000 JEFFERSON DRIVE, S.W. WASHINGTON, DC 20560	CHARITABLE REMAINDER TRUST	NY	N/A	TRUST				X	
CHARITABLE REMAINDER TRUSTS (3) 1000 JEFFERSON DRIVE, S.W. WASHINGTON, DC 20560	CHARITABLE REMAINDER TRUST	VA	N/A	TRUST				X	

Part 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	192,252.	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	-3,918,483.	17,832,573.	97.00%	X	

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

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

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

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

Multiple horizontal lines for providing supplemental information.