

EXTENDED TO AUGUST 15, 2024

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2022

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

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

A For the 2022 calendar year, or tax year beginning OCT 1, 2022 and ending SEP 30, 2023

Form header section containing organization name (SMITHSONIAN INSTITUTION), EIN (53-0206027), address (1000 JEFFERSON DRIVE SW, WASHINGTON, DC 20560), and other identifying information.

Part I Summary

Summary table with columns for Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, governance metrics, and financial data for 2022 and prior years.

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.

Signature block containing signatures and dates for the officer (RONALD CORTEZ), preparer (SHAWN HUTCHINSON), and the organization (KPMG LLP).

May the IRS discuss this return with the preparer shown above? See instructions [X] 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
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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, 2024, 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, 2022, and ending SEP 30, 2023.

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 \$ 424,319,372. including grants of \$ 3,969,946.) (Revenue \$ 47,497,328.)
EDUCATION, PUBLIC PROGRAMS AND EXHIBITIONS (SEE SCHEDULE O)

4b (Code:) (Expenses \$ 665,551,119. including grants of \$ 12,766,550.) (Revenue \$ 51,382,885.)
RESEARCH AND COLLECTIONS (SEE SCHEDULE O)

4c (Code:) (Expenses \$ 120,196,807. including grants of \$) (Revenue \$ 57,553,957.)
MEMBERSHIP (SEE SCHEDULE O)

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

4e Total program service expenses 1,210,067,298.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38. Includes questions about grants, compensation, tax-exempt bonds, excess benefit transactions, and Schedule O completion.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a, 1b, 1c. Includes questions about Form 1096, Forms W-2G, and backup withholding rules.

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

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

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 17; 1b Enter the number of voting members included... 17; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... 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; 7b 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.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates... X; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes...; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990...; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13... X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c 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; 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; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? X

Section C. Disclosure

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

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) AMY CHEN CHIEF INVESTMENT OFFICER	50.00 0.00				X			1,110,792.	0.	46,520.
(2) MR LONNIE G. BUNCH, III SECRETARY OF THE SMITHSONIAN	50.00 0.00			X				861,379.	0.	68,391.
(3) JEFFREY SMITH INVESTMENT OFFICER	50.00 0.00				X			680,092.	0.	77,914.
(4) RYAN DOTSON INVESTMENT OFFICER	50.00 0.00				X			612,491.	0.	72,870.
(5) MICHAEL GIOVENCO INVESTMENT OFFICER	50.00 0.00				X			625,494.	0.	47,991.
(6) MEROE PARK DEPUTY SECRETARY & COO	50.00 0.00			X				580,769.	0.	46,288.
(7) MELISSA CHIU DIR, HIRSHHORN MUSEUM & SCULPTURE GA	50.00 0.00				X			435,857.	0.	79,902.
(8) ROBERT SPILLER ASSISTANT SECRETARY FOR ADVANCEMENT	50.00 0.00				X			427,363.	0.	82,713.
(9) JOSHUA TEWKSBURY DIRECTOR, STRI	50.00 0.00				X			455,421.	0.	54,363.
(10) KEVIN GOVER UNDER SEC FOR HISTORY & CULTURE	50.00 0.00				X			422,643.	0.	70,188.
(11) ELLEN STOFAN UNDER SEC FOR SCIENCE & RESEARCH	50.00 0.00				X			422,915.	0.	66,402.
(12) RONALD CORTEZ UNDER SEC FOR FIN/ADMIN & CFO	50.00 0.00			X				417,084.	0.	70,316.
(13) RICHARD KURIN (THRU 9/30/19) FMR, ACT UNDER SEC MUSEUMS & RESEARC	50.00 0.00						X	365,033.	0.	68,429.
(14) CAROL LEBLANC PRESIDENT, SMITHSONIAN ENTERPRISES	50.00 0.00				X			387,874.	0.	44,500.
(15) JULISSA MARENCO ASST SEC. FOR COMM/EXT AFFAIRS & CMO	50.00 0.00				X			273,141.	0.	64,595.
(16) JUDITH LEONARD GENERAL COUNSEL	50.00 0.00			X				286,288.	0.	51,035.
(17) ROGER BRISSENDEN (THRU 3/13/21) FMR, ACTING UNDER SEC. FOR SCI & RSC	50.00 0.00						X	299,111.	0.	2,618.

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) JANICE LAMBERT CHIEF FINANCIAL OFFICER	50.00 0.00				X			247,796.	0.	39,672.
(19) ZULLY DORR (THRU 09/30/19) FMR, ACTING ASST SEC. FOR ADVANCEMEN	50.00 0.00						X	231,070.	0.	55,660.
(20) PORTER WILKINSON CHIEF OF STAFF TO THE REGENTS	50.00 0.00			X				251,361.	0.	34,961.
(21) DERON BURBA FMR, CHIEF INFORMATION OFFICER	50.00 0.00						X	219,176.	0.	60,497.
(22) ERA MARSHALL (THRU 9/30/18) FMR, DIR OF EQUAL EMPLOYMENT & MINOR	50.00 0.00						X	241,693.	0.	21,154.
(23) CATHY HELM INSPECTOR GENERAL	50.00 0.00			X				233,481.	0.	24,631.
(24) JOHN LAPIANA (THRU 9/30/18) FMR, ACTING ASST SEC. FOR COMM/EXT A	50.00 0.00						X	213,882.	0.	40,566.
(25) NANCY BECHTOL DIRECTOR, SMITHSONIAN FACILITIES	50.00 0.00				X			215,593.	0.	29,419.
(26) FARLEIGH EARHART GENERAL COUNSEL (ACTING)	50.00 0.00			X				209,443.	0.	24,413.
1b Subtotal								10,727,242.	0.	1,346,008.
c Total from continuation sheets to Part VII, Section A								571,011.	0.	90,997.
d Total (add lines 1b and 1c)								11,298,253.	0.	1,437,005.

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 1,828

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	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	98,893,155.
UNIVERSAL PROTECTION SERVICE, LP, 1551 N. TUSTIN AVE, SANTA ANA, CA 92705-8664	SECURITY	20,885,621.
TC PENNSY DRIVE, LLC, 444 MADISON AVENUE, 18TH FLOOR, NEW YORK, NY 10022-6903	REAL ESTATE	7,904,344.
DELL MARKETING L.P. 1 DELL WAY, ROUND ROCK, TX 78682	MARKETING	5,608,467.
100 DISCOVERY PARK DE, LLC 116 HUNTINGTON AVE, BOSTON, MA 02116	REAL ESTATE	4,652,746.

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 136

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) DOUGLAS HALL FMR, ACTING UNDER SEC. FOR ADMINISTR	50.00 0.00						X	197,469.	0.	34,432.
(28) JOAN MOCKERIDGE INSPECTOR GENERAL (ACTING)	50.00 0.00			X				197,538.	0.	34,296.
(29) CHARLES ALCOCK (THRU 12/31/20) FMR DIR, HARVARD-SMITHSONIAN CENTER	50.00 0.00						X	176,004.	0.	22,269.
(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 DORIS 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 (UNTIL 04/25/2023)	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) HONORABLE GARY PETERS REGENT	2.00 0.00	X						0.	0.	0.
(46) HONORABLE GARRET GRAVES REGENT	2.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

** PUBLIC INSPECTION COPY **

Form 990

SMITHSONIAN INSTITUTION

53-0206027

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (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) MS TONI BUSH REGENT	2.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c								571,011.	90,997.	90,997.

Part VIII Statement of Revenue

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

Table with columns (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include Contributions, Gifts, Grants and Other Similar Amounts; Program Service Revenue; Other Revenue; and Miscellaneous Revenue.

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 [X]

Table with 5 columns: (A) Total expenses, (B) Program service expenses, (C) Management and general expenses, (D) Fundraising expenses. Rows include categories like Grants, Salaries, Travel, and Total functional expenses.

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	845,280,151.	1	861,134,110.	
	2 Savings and temporary cash investments	158,647,491.	2	353,902,694.	
	3 Pledges and grants receivable, net	344,702,780.	3	290,649,838.	
	4 Accounts receivable, net	15,383,181.	4	15,291,418.	
	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	16,504,520.	8	15,619,432.	
	9 Prepaid expenses and deferred charges	7,863,619.	9	8,701,099.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	6,091,631,290.			
	b Less: accumulated depreciation	3,129,234,192.			
	11 Investments - publicly traded securities	202,975.	11	1,426,646.	
	12 Investments - other securities. See Part IV, line 11	2,626,748,576.	12	2,607,781,410.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets	91,375,098.	14	70,336,620.	
	15 Other assets. See Part IV, line 11	10,086,159.	15	11,648,481.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	6,953,060,016.	16	7,198,888,846.		
Liabilities	17 Accounts payable and accrued expenses	277,383,954.	17	270,834,736.	
	18 Grants payable		18		
	19 Deferred revenue	744,897,810.	19	750,396,555.	
	20 Tax-exempt bond liabilities	90,814,091.	20	88,810,231.	
	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	383,570,854.	23	344,446,027.	
	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	46,222,353.	25	54,654,319.	
	26 Total liabilities. Add lines 17 through 25	1,542,889,062.	26	1,509,141,868.	
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	2,986,871,964.	27	3,066,495,491.	
	28 Net assets with donor restrictions	2,423,298,990.	28	2,623,251,487.	
	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	5,410,170,954.	32	5,689,746,978.	
33 Total liabilities and net assets/fund balances	6,953,060,016.	33	7,198,888,846.		

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	1,876,542,577.
2 Total expenses (must equal Part IX, column (A), line 25)	2	1,601,797,046.
3 Revenue less expenses. Subtract line 2 from line 1	3	274,745,531.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,410,170,954.
5 Net unrealized gains (losses) on investments	5	-3,957,229.
6 Donated services and use of facilities	6	
7 Investment expenses	7	
8 Prior period adjustments	8	8,647,618.
9 Other changes in net assets or fund balances (explain on Schedule O)	9	140,104.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	5,689,746,978.

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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	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** (2022)

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Table with 2 columns: Name of the organization (SMITHSONIAN INSTITUTION) and Employer identification number (53-0206027)

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

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

- 1-12. List of reasons for public charity status with checkboxes. Option 7 is checked. Includes sub-items a-f for supported organizations.

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row.

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

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 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); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 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; 12 Gross receipts from related activities, etc. (see instructions); 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Percentage, and % symbol. Rows include: 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)); 15 Public support percentage from 2021 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

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

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

Section A. Public Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c 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.

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

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2021 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2021 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows include questions 1 through 10b regarding supported organizations, including their designation, IRS status, and control.

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls... b A family member... c A 35% controlled entity...

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity... Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s)...

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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... Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected... Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice...

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). a The organization satisfied the Activities Test... b The organization is the parent of each of its supported organizations... c The organization supported a governmental entity... Row 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... b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement... Row 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... b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations?

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

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

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

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

Schedule A (Form 990) 2022

Part VI

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

Horizontal lines for supplemental information input.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2022

Name of the organization

SMITHSONIAN INSTITUTION

Employer identification number

53-0206027

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

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		\$ 1,156,620,987.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
		\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
		\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
		\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
		\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
		\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
		\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
		\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)

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

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

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

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	
_____		_____	
_____		_____	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

**** PUBLIC INSPECTION COPY ****
Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public
Inspection

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 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.

	Held at the End of the Tax Year
a Total number of conservation easements	1
b Total acreage restricted by conservation easements	88.25
c Number of conservation easements on a certified historic structure included in (a)	
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	0

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 0

4 Number of states where property subject to conservation easement is located 1

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 \$ _____

(ii) Assets included in Form 990, Part X \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 \$ _____

b Assets included in Form 990, Part X \$ _____

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022

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

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

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

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

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

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

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

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

Table with 2 columns: Description, Amount. Rows: 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.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

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

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 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.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total.

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	2,421,753,249.	END-OF-YEAR MARKET VALUE
(B) SECURITIES-SHORT-TERM	122,848,431.	END-OF-YEAR MARKET VALUE
(C) SECURITIES-GIFT ANNUITY PROGRAM	22,336,819.	END-OF-YEAR MARKET VALUE
(D) SECURITIES-MID TERM	39,892,635.	END-OF-YEAR MARKET VALUE
(E) SECURITIES-ENDOWMENT US TREAS	950,276.	END-OF-YEAR MARKET VALUE
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	2,607,781,410.	

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.

(a) Description of liability	(b) Book value
1.	
(1) Federal income taxes	
(2) ESTIMATED REMEDIATION OBLIGATION	52,971,783.
(3) ACCTS. PAY-CANCELLED APPROP.	343,537.
(4) OTHER ACCRUED LIABILITIES	748,172.
(5) BOND INTEREST PAYABLE	588,876.
(6) OTHER LIABILITIES	1,951.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	54,654,319.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 1,876,542,577.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 1,601,797,046.

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 ACCOUNTS FOR UNCERTAIN TAX POSITIONS, WHEN APPLICABLE. THE TAX YEARS THAT REMAIN SUBJECT TO EXAMINATION BY THE MAJOR TAX JURISDICTIONS UNDER THE STATUTE ARE FROM THE YEAR 2019 AND FORWARD.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

IMPUTED REVENUE	54,673,210.
GAIN ON SALE OF COLLECTIONS	144,300.
CHANGE IN NET ASSETS OF RELATED ORGS	-4,196.
PRIOR PERIOD ADJUSTMENT	8,647,618.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	63,460,932.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EXPENSE	-3,099,251.
DIRECT EXPENSES COGS	-27,475,220.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-30,574,471.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DIRECT EXPENSES COGS	-27,475,220.
IMPUTED REVENUE	-54,673,210.
DIRECT FUNDRAISING EXPENSE	-3,099,251.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	-85,247,681.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

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

2022

Attach to Form 990.

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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

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
SOUTH ASIA	0	0	ACADEMIC APPOINTMENT STIPENDS		76,312.
SUB-SAHARAN AFRICA	0	0	ACADEMIC APPOINTMENT STIPENDS		94,501.
NORTH AMERICA	0	0	ACADEMIC APPOINTMENT STIPENDS		246,069.
EAST ASIA AND THE PACIFIC	0	0	ACADEMIC APPOINTMENT STIPENDS		327,929.
RUSSIA AND NEIGHBORING STATES	0	0	ACADEMIC APPOINTMENT STIPENDS		56,767.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	ACADEMIC APPOINTMENT STIPENDS		616,534.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	ACADEMIC APPOINTMENT STIPENDS		864,476.
SOUTH AMERICA	0	0	ACADEMIC APPOINTMENT STIPENDS		597,832.
3 a Subtotal	0	0			2,880,420.
b Total from continuation sheets to Part I	0	0			1264269509.
c Totals (add lines 3a and 3b)	0	0			1267149929.

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

Schedule F (Form 990) 2022

** PUBLIC INSPECTION COPY **

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	573,226.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	TRAVEL, RELATED TO RESEARCH, CONFERENCES AND TRAINING	933,340.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	TRAVEL, RELATED TO RESEARCH, CONFERENCES AND TRAINING	903,737.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	TRAVEL, RELATED TO RESEARCH, CONFERENCES AND TRAINING	1,771,327.
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	TRAVEL, RELATED TO RESEARCH, CONFERENCES AND TRAINING	409,948.
NORTH AMERICA	0	0	PROGRAM SERVICES	TRAVEL, RELATED TO RESEARCH, CONFERENCES AND TRAINING	415,574.
RUSSIA AND NEIGHBORING STATES	0	0	PROGRAM SERVICES	TRAVEL, RELATED TO RESEARCH, CONFERENCES AND TRAINING	47,934.
SOUTH AMERICA	0	0	PROGRAM SERVICES	TRAVEL, RELATED TO RESEARCH, CONFERENCES AND TRAINING	643,848.
SOUTH ASIA	0	0	PROGRAM SERVICES	TRAVEL, RELATED TO RESEARCH, CONFERENCES AND TRAINING	70,501.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		1,091,016,065.
Totals					

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
NORTH AMERICA	0	0	INVESTMENTS		5,037,260.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	INVESTMENTS		122,652,691.
SUB-SAHARAN AFRICA	0	0	INVESTMENTS		39,794,058.
Totals					1264269509.

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	ACADEMIC APPOINTMENT STIPENDS	15,000.	DIRECT DEPOSIT AND CHECKS	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ► _____ 0

3 Enter total number of other organizations or entities ► _____ 1

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
ACADEMIC APPOINTMENT STIPENDS	NORTH AMERICA	25	246,069.	DIRECT DEPOSIT AND CHECKS	0.		
ACADEMIC APPOINTMENT STIPENDS	SUB-SAHARAN AFRICA	5	94,501.	DIRECT DEPOSIT AND CHECKS	0.		
ACADEMIC APPOINTMENT STIPENDS	SOUTH ASIA	6	76,312.	DIRECT DEPOSIT AND CHECKS	0.		
ACADEMIC APPOINTMENT STIPENDS	EAST ASIA AND THE PACIFIC	19	327,929.	DIRECT DEPOSIT AND CHECKS	0.		
ACADEMIC APPOINTMENT STIPENDS	RUSSIA AND NEIGHBORING STATES	3	56,767.	DIRECT DEPOSIT AND CHECKS	0.		
ACADEMIC APPOINTMENT STIPENDS	EUROPE (INCLUDING ICELAND & GREENLAND)	58	601,534.	DIRECT DEPOSIT AND CHECKS	0.		
ACADEMIC APPOINTMENT STIPENDS	CENTRAL AMERICA AND THE CARIBBEAN	111	864,476.	DIRECT DEPOSIT AND CHECKS	0.		
ACADEMIC APPOINTMENT STIPENDS	SOUTH AMERICA	77	597,832.	DIRECT DEPOSIT AND CHECKS	0.		

Part IV Foreign Forms

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

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

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

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

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

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

Part V Supplemental Information

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

PART I, LINE 2:

THE 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 3

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.

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.

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

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

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.

2022

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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 [X] Mail solicitations b [X] Internet and email solicitations c [X] Phone solicitations d [X] In-person solicitations e [X] Solicitation of non-government grants f [X] Solicitation of government grants g [X] Special fundraising events 2 a Did the organization have a written or oral agreement with any individual... b If "Yes," list the 10 highest paid individuals or entities...

Table with 6 columns: (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. Includes rows for AVALON CONSULTING GROUP, INC., COMMUNITY COUNSELLING SERVICE CO., LLC, and YES & LIPMANHEARNE LLC.

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		NPG GALA (event type)	NY GALA (event type)	15 (total number)	
Revenue	1 Gross receipts	3,570,431.	1,377,289.	1,030,459.	5,978,179.
	2 Less: Contributions	3,375,371.	1,286,899.	716,772.	5,379,042.
	3 Gross income (line 1 minus line 2)	195,060.	90,390.	313,687.	599,137.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages			220,577.	220,577.
	8 Entertainment	370.	3,375.	2,425.	6,170.
	9 Other direct expenses	1,741,709.	875,227.	255,568.	2,872,504.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				3,099,251.
11 Net income summary. Subtract line 10 from line 3, column (d)				-2,500,114.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<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: YES & LIPMANHEARNE LLC

Part IV Supplemental Information (continued)

(I) ADDRESS OF FUNDRAISER:

227 W MONROE STREET, 21 FLOOR, CHIGAGO, IL 60606

SCHEDULE G, 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

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

2022

**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
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)	52,050.	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)	6,810.	0.			ACADEMIC APPT. STIPENDS
UNIVERSITY OF MARYLAND AT COLLEGE PARK - 4500 CAMPUS DRIVE - COLLEGE PARK, MD 20742-0001	52-6002033	501(C)(3)	35,000.	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

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 22.
- 3 Enter total number of other organizations listed in the line 1 table 4.

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

Schedule I (Form 990) 2022

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FISK UNIVERSITY 1000 17TH AVENUE NORTH NASHVILLE, TN 37208	62-0202000	501(C)(3)	20,500.	0.			ACADEMIC APPT. STIPENDS
TUSKEGEE UNIVERSITY 1200 W MONTGOMERY RD TUSKEGEE INSTITUTE, AL 36088-1923	63-0288878	501(C)(3)	47,434.	0.			ACADEMIC APPT. STIPENDS
HARVARD COLLEGE, PRESIDENT & FACULTY - PO BOX 4999 - BOSTON, MA 02212	04-2103580	501(C)(3)	74,771.	0.			ACADEMIC APPT. STIPENDS
APOLLO THEATRE FOUNDATION, INC 253 W. 125TH STREET NEW YORK, NY 10027-4408	13-3630066	501(C)(3)	5,100.	0.			ACADEMIC APPT. STIPENDS
BERNSTEIN ARTISTS, INC. 898 UNION ST APT 3B BROOKLYN, NY 11215-1681	11-3199855		16,500.	0.			ACADEMIC APPT. STIPENDS
CHICAGO HISTORICAL SOCIETY 1601 N CLARK STREET CHICAGO, IL 60614-6038	36-2167004	501(C)(3)	7,250.	0.			ACADEMIC APPT. STIPENDS
DAMASCUS GATE LLC 31 TRINITY PASS ROAD POUND RIDGE, NY 10576	92-1073266		6,000.	0.			ACADEMIC APPT. STIPENDS
DUBUQUE COUNTY HISTORICAL SOCIETY 350 E 3RD STREET DUBUQUE, IA 52001-2302	42-6072050	501(C)(3)	7,000.	0.			ACADEMIC APPT. STIPENDS
ELIZABETH GRACE VEATCH LLC 7054 CHARLESTON AVE NORTH BEACH, MD 20714-9606	25-7598757		59,840.	0.			ACADEMIC APPT. STIPENDS

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
FRIENDS OF THE NORTH CAROLINA 11 W. JONES ST. RALEIGH, NC 27601-1029	56-1240806	501(C)(3)	12,550.	0.			ACADEMIC APPT. STIPENDS
HISTORICAL MUSEUM OF SOUTHERN FLORIDA - 101 WEST FLAGLER ST., STE C - MIAMI, FL 33130-1504	59-0968005	501(C)(3)	13,250.	0.			ACADEMIC APPT. STIPENDS
INFORM EVALUATION & RESEARCH 910 S EAST ST AMHERST, MA 01002-3051	84-2883610	501(C)(3)	8,760.	0.			ACADEMIC APPT. STIPENDS
MARYLAND AFRICAN AMERICAN MUSE 830 E PRATT ST BALTIMORE, MD 21202-4403	52-2107879	501(C)(3)	10,000.	0.			ACADEMIC APPT. STIPENDS
MONTANA STATE UNIVERSITY 216 MONTANA HALL BOZEMAN, MT 59717	81-6010045	501(C)(3)	7,000.	0.			ACADEMIC APPT. STIPENDS
ROBERT W. WOODRUFF LIBRARY 111 JAMES P BRAWLEY DR ATLANTA, GA 30314-4207	20-0267588	501(C)(3)	10,250.	0.			ACADEMIC APPT. STIPENDS
SCOTTSDALE MUSEUM OF THE WEST 3830 NORTH MARSHALL WAY SCOTTSDALE, AZ 85251-5594	20-8862731	501(C)(3)	7,000.	0.			ACADEMIC APPT. STIPENDS
THE LAW OFFICE OF GOSS & ASSOC 456 HANOVER STREET BOSTON, MA 02113	46-4279421		6,510.	0.			ACADEMIC APPT. STIPENDS
THE WHITNEY INSTITUTE 5099 HIGHWAY 18 WALLACE, LA 70049-2803	47-4417039	501(C)(3)	20,500.	0.			ACADEMIC APPT. STIPENDS

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
UNIVERSITY OF CONNECTICUT 438 WHITNEY RD. EXT. U-1133 STORRS, CT 06269-1133	06-0772160	501(C)(3)	14,796.	0.			ACADEMIC APPT. STIPENDS
UNIVERSITY OF KANSAS 1 UNIVERSITY OF KANSAS LAWRENCE, KS 66044-3155	48-1124839	501(C)(3)	55,107.	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	1297	13,238,423.	0.		ACADEMIC STIPENDS

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

2022

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization

SMITHSONIAN INSTITUTION

Employer identification number

53-0206027

Part I Questions Regarding Compensation

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

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

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

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.

- Compensation committee
Independent compensation consultant
Form 990 of other organizations
Written employment contract
Compensation survey or study
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:

- 4a Receive a severance payment or change-of-control payment?
4b Participate in or receive payment from a supplemental nonqualified retirement plan?
4c 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:

- 5a The organization?
5b 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:

- 6a The organization?
6b 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)?

Table with 3 columns: Question ID, Yes, No. Rows 1b, 2, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, 8, 9.

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

Schedule J (Form 990) 2022

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)	431,578.	673,880.	5,334.	44,500.	2,020.	1,157,312.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MR LONNIE G. BUNCH, III SECRETARY OF THE SMITHSONIAN	(i)	827,727.	25,000.	8,652.	44,500.	23,891.	929,770.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JEFFREY SMITH INVESTMENT OFFICER	(i)	267,171.	412,500.	421.	40,587.	37,327.	758,006.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) RYAN DOTSON INVESTMENT OFFICER	(i)	240,992.	371,250.	249.	36,229.	36,641.	685,361.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MICHAEL GIOVENCO INVESTMENT OFFICER	(i)	253,671.	371,250.	573.	36,228.	11,763.	673,485.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MEROE PARK DEPUTY SECRETARY & COO	(i)	563,963.	15,000.	1,806.	44,500.	1,788.	627,057.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) MELISSA CHIU DIR, HIRSHHORN MUSEUM & SCULPTURE GALLERY	(i)	431,762.	3,000.	1,095.	44,500.	35,402.	515,759.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) ROBERT SPILLER ASSISTANT SECRETARY FOR ADVANCEMENT	(i)	415,557.	10,000.	1,806.	44,500.	38,213.	510,076.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) JOSHUA TEWKSBURY DIRECTOR, STRI	(i)	324,648.	130,000.	773.	43,500.	10,863.	509,784.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) KEVIN GOVER UNDER SEC FOR HISTORY & CULTURE	(i)	411,943.	5,000.	5,700.	44,500.	25,688.	492,831.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) ELLEN STOFAN UNDER SEC FOR SCIENCE & RESEARCH	(i)	414,952.	5,000.	2,963.	44,500.	21,902.	489,317.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) RONALD CORTEZ UNDER SEC FOR FIN/ADMIN & CFO	(i)	414,114.	0.	2,970.	44,500.	25,816.	487,400.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) RICHARD KURIN (THRU 9/30/19) FMR, ACT UNDER SEC MUSEUMS & RESEARCH	(i)	344,574.	13,000.	7,459.	51,460.	16,969.	433,462.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) CAROL LEBLANC PRESIDENT, SMITHSONIAN ENTERPRISES	(i)	387,874.	0.	0.	44,500.	0.	432,374.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) JULISSA MARENCO ASST SEC. FOR COMM/EXT AFFAIRS & CMC	(i)	262,737.	10,000.	404.	39,146.	25,449.	337,736.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) JUDITH LEONARD GENERAL COUNSEL	(i)	270,740.	10,000.	5,548.	39,146.	11,889.	337,323.	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) ROGER BRISSENDEN (THRU 3/13/21) FMR, ACTING UNDER SEC. FOR SCI & RSC	(i)	282,111.	17,000.	0.	2,334.	284.	301,729.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) JANICE LAMBERT CHIEF FINANCIAL OFFICER	(i)	243,250.	4,000.	546.	35,771.	3,901.	287,468.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) ZULLY DORR (THRU 09/30/19) FMR, ACTING ASST SEC. FOR ADVANCEMEN	(i)	228,070.	3,000.	0.	33,282.	22,378.	286,730.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(20) PORTER WILKINSON CHIEF OF STAFF TO THE REGENTS	(i)	241,122.	10,000.	239.	33,682.	1,279.	286,322.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(21) DERON BURBA FMR, CHIEF INFORMATION OFFICER	(i)	214,269.	4,000.	907.	30,870.	29,627.	279,673.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(22) ERA MARSHALL (THRU 9/30/18) FMR, DIR OF EQUAL EMPLOYMENT & MINOR	(i)	195,319.	46,374.	0.	0.	21,154.	262,847.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(23) CATHY HELM INSPECTOR GENERAL	(i)	233,481.	0.	0.	0.	24,631.	258,112.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(24) JOHN LAPIANA (THRU 9/30/18) FMR, ACTING ASST SEC. FOR COMM/EXT A	(i)	210,577.	2,000.	1,305.	28,902.	11,664.	254,448.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(25) NANCY BECHTOL DIRECTOR, SMITHSONIAN FACILITIES	(i)	210,562.	3,749.	1,282.	28,445.	974.	245,012.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(26) FARLEIGH EARHART GENERAL COUNSEL (ACTING)	(i)	199,443.	10,000.	0.	10,142.	14,271.	233,856.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(27) DOUGLAS HALL FMR, ACTING UNDER SEC. FOR ADMINISTR	(i)	192,469.	5,000.	0.	10,142.	24,290.	231,901.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(28) JOAN MOCKERIDGE INSPECTOR GENERAL (ACTING)	(i)	187,538.	10,000.	0.	9,845.	24,451.	231,834.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(29) CHARLES ALCOCK (THRU 12/31/20) FMR DIR, HARVARD-SMITHSONIAN CENTER	(i)	169,517.	3,500.	2,987.	21,468.	801.	198,273.	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 I, LINE 7:

OFFICE OF INVESTMENTS INCENTIVE PLAN: THE INCENTIVE PLAN PAYOUT IS BASED ON

PRE-DETERMINED GOALS. QUANTITATIVE GOALS COMPARE OUR PORTFOLIO PERFORMANCE

TO A POLICY BENCHMARK OVER A THREE YEAR PERIOD, AND QUALITATIVE GOALS ARE

ESTABLISHED ANNUALLY FOR EACH EMPLOYEE. A SET FORMULA IS USED TO CALCULATE

THE FINAL PAYOUT, AND QUANTITATIVE RESULTS ARE AUDITED BEFORE REGENT

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.

APPROVAL.

PART II: COMPENSATION FROM AN UNRELATED ORGANIZATION OR INDIVIDUAL

NAME: CHARLES ALCOCK

COMPENSATION FROM UNRELATED ORGANIZATION: 177,482

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

2022
Open to Public
Inspection

Name of the organization <p align="center">SMITHSONIAN INSTITUTION</p>	Employer identification number <p align="center">53-0206027</p>
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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) 2022

Part III Private Business Use								
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		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 YEAR 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

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.

2022

Attach to Form 990 or Form 990-EZ.

Open To Public Inspection

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 10 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	199,977.	ANNUAL COMP		X
KIM BURBA	WIFE OF DERON BURBA	115,712.	ANNUAL COMP		X

Part V Supplemental Information.

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

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

(A) NAME OF PERSON: MARIA MARABLE-BUNCH

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

WIFE OF L. BUNCH SECRETARY OF THE SMITHSONIAN INSTITUTION

(D) DESCRIPTION OF TRANSACTION: ANNUAL COMPENSATION

(A) NAME OF PERSON: KIM BURBA

(D) DESCRIPTION OF TRANSACTION: ANNUAL COMPENSATION

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public
Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization <p align="center">SMITHSONIAN INSTITUTION</p>	Employer identification number <p align="center">53-0206027</p>
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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	1,232		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	294	79,266,303.	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	1,150		MARKET VALUE
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy	X	1		MARKET VALUE
22 Historical artifacts	X	1,944		MARKET VALUE
23 Scientific specimens	X	68,418		MARKET VALUE
24 Archeological artifacts				
25 Other (<u>GOODS</u>)	X	1	240,000.	MARKET VALUE
26 Other (<u>ARCHIVAL CUBIC</u>)	X	1,761	0.	MARKET VALUE
27 Other (<u>ARCHIVAL GIGABY</u>)	X	1,199	0.	MARKET VALUE
28 Other (<u>ARCHIVAL ITEMS</u>)	X	239	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	57
--	-----------	----

		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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		X
b If "Yes," describe the arrangement in Part II.			
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	X	
b If "Yes," describe in Part II.			
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

Part II

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

SCHEDULE M, 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)**

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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

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

IN NOVEMBER 2022, THE SMITHSONIAN LAUNCHED THE "LIFE ON A SUSTAINABLE
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2022

Name of the organization SMITHSONIAN INSTITUTION	Employer identification number 53-0206027
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PLANET" CLIMATE CHANGE INITIATIVE TO EXPLORE AND SHARE STRATEGIES FOR ADAPTING TO AND MITIGATING THE IMPACTS OF CLIMATE CHANGE WITH THE PUBLIC. UNDER THIS PROGRAM, THE SMITHSONIAN'S NATIONAL ZOO AND CONSERVATION BIOLOGY INSTITUTE (NZCBI) EXPANDED ITS SMITHSONIAN BIRD FRIENDLY CERTIFICATION PROGRAM TO INCLUDE STANDARDS FOR COCOA FARMING - THE ONLY CERTIFICATION THAT GUARANTEES 100% OF THE COCOA PRODUCED COMES FROM FARMS THAT CONSERVE BIRDS AND OTHER WILDLIFE BY PROTECTING FORESTS AND NATIVE SHADE TREES.

SCIENTISTS AT NZCBI CONTINUED TO PLAY A LEADING ROLE IN THE SMITHSONIAN'S GLOBAL EFFORTS TO SAVE WILDLIFE SPECIES FROM EXTINCTION AND TRAIN FUTURE GENERATIONS OF CONSERVATIONISTS. IN NOVEMBER 2022, TWO ANDEAN BEAR CUBS (VULNERABLE STATUS) WERE BORN AND WENT ON VIEW IN MARCH. THE MAJORITY OF WHAT SCIENTISTS KNOW ABOUT ANDEAN BEARS COMES FROM ZOOS LIKE NZCBI THAT STUDY ANDEAN BEAR BEHAVIOR, HEALTH AND REPRODUCTION. IN MAY, THE PRIMATE STAFF WELCOMED THE BIRTH OF A WESTERN LOWLAND GORILLA - A CRITICALLY ENDANGERED SPECIES. AND FIVE MORE CHEETAH CUBS (VULNERABLE STATUS) WERE BORN IN SEPTEMBER AT THE FRONT ROYAL, VIRGINIA, CAMPUS AS PART OF THE CHEETAH BREEDING CENTER COALITION. AT THE END OF SEPTEMBER, THE ZOO CELEBRATED THE GIANT PANDA CONSERVATION AND BREEDING PROGRAM'S SUCCESS DURING THE WEEK-LONG FAREWELL, PANDA PALOOZA, BEFORE THE THREE GIANT PANDAS RETURNED TO CHINA AT THE END OF THE YEAR.

THE CENTER FOR ASTROPHYSICS | HARVARD & SMITHSONIAN LAUNCHED THE TROPHOSPHERIC EMISSIONS: MONITORING OF POLLUTION SATELLITE, CALLED TEMPO, AFTER A DECADE OF SPACEFLIGHT PREPARATION. TEMPO TRANSMITTED ITS FIRST IMAGES OF AIR POLLUTION OVER NORTH AMERICA IN AUGUST AND PROVIDES

Name of the organization SMITHSONIAN INSTITUTION	Employer identification number 53-0206027
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HOURLY MEASUREMENTS OF AIR POLLUTION DATA, ALLOWING FOR BETTER

MONITORING OF AIR QUALITY AND SAFETY FOR COMMUNITIES AND ENVIRONMENTS

AROUND THE WORLD.

THE SMITHSONIAN FORMED AND CONVENED A HUMAN REMAINS TASK FORCE TO

DEVELOP A POLICY FOR THE APPROPRIATE HANDLING, SHARED STEWARDSHIP OR

ETHICAL RETURN OF HUMAN REMAINS IN THE SMITHSONIAN'S COLLECTION,

INCLUDING NATIVE AND NON-NATIVE REMAINS, AND FURTHER PROMOTE RESPECTFUL

ENGAGEMENT WITH DESCENDANTS AND DESCENDANT COMMUNITIES.

IN JANUARY, THE NATIONAL MUSEUM OF AMERICAN HISTORY ADDED FIRST LADY

JILL BIDEN'S INAUGURAL ENSEMBLES TO ITS HISTORIC FIRST LADIES

COLLECTION, CONTINUING THE 100-YEAR LONG TRADITION. NMAH ALSO ACCEPTED

THE ROBERT "MACK" MCCORMICK BLUES AND FOLKLORE ARCHIVAL COLLECTION, A

FOUNDATIONAL SOURCE FOR UNDERSTANDING AMERICAN MUSIC, INTO ITS ARCHIVE

CENTER FOR SCHOLARLY ACCESS.

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

RESEARCH AND COLLECTIONS:

IN JULY, 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. THIS YEAR'S THEME "TOGETHER WE THRIVE: FOSTERING A SENSE

OF BELONGING" EXPLORED PRESSING ISSUES AND TOPICS THAT SHAPE PEOPLE'S

SHARED FUTURE IN EDUCATION: LIFE ON A SUSTAINABLE PLANET, STEAM

Name of the organization SMITHSONIAN INSTITUTION	Employer identification number 53-0206027
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EDUCATION, AND RECKONING WITH OUR RACIAL PAST.

THE CENTER FOR ENVIRONMENTAL JUSTICE AT THE ANACOSTIA COMMUNITY MUSEUM

LAUNCHED ON EARTH DAY, SEEKING TO CREATE A FUTURE IN WHICH

ENVIRONMENTALISM IS A CORNERSTONE OF CIVIC ENGAGEMENT. UNDER THE "LIFE

ON A SUSTAINABLE PLANET" INITIATIVE, THE CENTER WILL ORGANIZE

PROGRAMMING, SUCH AS PANELS, ACADEMIES, AND COMMUNITY GARDENING TO

PLACE SCIENTIFIC DATA IN THE CONTEXT OF DAILY LIFE WHICH RESIDENTS CAN

USE TO DEVELOP HEALTHY, EQUITABLE COMMUNITIES.

THE NATIONAL MUSEUM OF AMERICAN HISTORY OPENED "ENTERTAINMENT

NATION"/"NACION DEL ESPECTACULO," A 7,200-SQUARE-FOOT, MULTIMEDIA

EXHIBITION WITH AROUND 200 OBJECTS ON VIEW INCLUDING THE RUBY SLIPPERS,

PRINCE'S GUITAR, AND ALI'S BOXING ROBE. THIS WAS THE SMITHSONIAN'S

FIRST DEDICATED EXPLORATION OF ENTERTAINMENT HISTORY, AND IT IS THE

LARGEST LONG-TERM BILINGUAL EXHIBITION ON THE NATIONAL MALL.

IN OCTOBER 2022, THE NATIONAL AIR AND SPACE MUSEUM OPENED EIGHT NEW AND

RENOVATED GALLERIES IN THE WEST WING OF THE NATIONAL MALL BUILDING. THE

EXHIBITIONS FEATURE HUNDREDS OF NEW ARTIFACTS AND LONGTIME FAVORITES IN

DYNAMIC, IMMERSIVE, AND TECHNOLOGICALLY UPGRADED SPACES. THE GALLERIES

ALSO IMPLEMENTED NEW INTERACTIVES ACCESSIBLE TO VISITORS WITH VISION,

HEARING AND MOBILITY DISABILITIES.

FOR THE FIRST TIME SINCE 2020, THE ANNUAL MOTHER TONGUE FILM FESTIVAL

RETURNED TO THE NATIONAL MALL FOR IN-PERSON EVENTS IN FEBRUARY. THE

FESTIVAL, HOSTED BY THE SMITHSONIAN'S RECOVERING VOICES INITIATIVE,

CENTERS AROUND THE INTERNATIONAL MOTHER LANGUAGE DAY TO CELEBRATE

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CULTURAL AND LINGUISTIC DIVERSITY. THE FESTIVAL FEATURED 27 FILMS IN 23 LANGUAGES FROM REGIONS ACROSS THE GLOBE.

IN DECEMBER 2022, "OUR SHARED FUTURE: RECKONING WITH OUR RACIAL PAST," THE SMITHSONIAN'S RACE INITIATIVE, HOSTED THE FIRST PANEL AT THE NATIONAL MUSEUM OF AFRICAN AMERICAN HISTORY AND CULTURE, BRINGING TOGETHER DIVERSE GROUPS OF INDIVIDUALS TO DISCUSS RACE AND RACISM IN HISTORICAL, CULTURAL, AND CONTEMPORARY CONTEXTS. IN ADDITION TO THE NATIONAL DISCUSSIONS, THE SMITHSONIAN BEGAN PREPARATIONS FOR LOCAL COMMUNITY CONVERSATIONS AROUND RACE IN CITIES AND TOWNS ACROSS THE U.S. THESE COMMUNITY CONVERSATIONS, CO-HOSTED BY LOCAL ORGANIZATIONS, WILL HELP FACILITATE OPEN DIALOGUE ABOUT ISSUES RELATED TO RACE IN THEIR COMMUNITIES.

THE NATIONAL MUSEUM OF THE AMERICAN LATINO (NMAL) AND THE SMITHSONIAN AMERICAN WOMEN'S HISTORY MUSEUM (SAWHM) CONTINUED TO GROW AND TAKE SHAPE THIS YEAR, ALTHOUGH THEY DO NOT HAVE BUILDINGS YET. NMAL OPENED A LATINO MUSEUM STUDIES PROGRAM FOR UNDERGRADUATE STUDENTS NATIONWIDE, TO BOOST THE REPRESENTATION OF LATINOS IN THE MUSEUM FIELD AND THE WOMEN'S HISTORY MUSEUM LAUNCHED A DIGITAL CAMPAIGN, SHARE YOUR STORY, TO COLLECT STORIES FROM THE PUBLIC THAT WILL HELP SHAPE THE FUTURE OF THE MUSEUM.

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

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MAGAZINE, WHICH IS PUBLISHED 11 TIMES A YEAR. THE PRINT AND ONLINE PUBLICATION PROVIDES IN-DEPTH COVERAGE OF HISTORY, SCIENCE, NATURE, ART AND WORLD CULTURES. "FRIENDS OF THE SMITHSONIAN" IS A HIGHER-LEVEL MEMBERSHIP PROGRAM FOR PEOPLE INTERESTED IN A DEEP PHILANTHROPIC CONNECTION TO THE SMITHSONIAN. FRIENDS RECEIVE SMITHSONIAN MAGAZINE, PLUS THEY ARE INVITED TO VARIOUS EVENTS AND ARE GIVEN THE OPPORTUNITY TO LEARN ABOUT AND SUPPORT THE INSTITUTION'S EXHIBITIONS AND RESEARCH.

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

THE LARGEST MUSEUM-BASED EDUCATIONAL PROGRAM IN THE WORLD, SMITHSONIAN 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. NOTABLE GUESTS INCLUDED SCIENTIST AND TV PERSONALITY BILL NYE, JOURNALIST ANDERSON COOPER, TRAVEL EXPERT RICK STEVES, EMMY-NOMINATED MEXICAN CHEF PATI JINICH, MASTER CHEF JACQUES PEPIN AND CELEBRITY CHEF CARLA HALL, AND CHIEF MEDICAL OFFICER OF WEBMD JOHN WHYTE.

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

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

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

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

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

REGENT FRANKLIN RAINES AND REGENT STEVEN CASE HAD A BUSINESS RELATIONSHIP DURING THE TAX YEAR.

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

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BY THE SPEAKER OF THE HOUSE OF REPRESENTATIVES. THEIR APPOINTMENT TERMS
 COINCIDE WITH THE TERMS FOR WHICH THEY ARE ELECTED, AND THEY MAY BE
 REAPPOINTED IF RE-ELECTED.

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

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

THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM AND IS REVIEWED
 BY THE OFFICE OF GENERAL COUNSEL, THE OFFICE OF THE UNDER SECRETARY FOR
 FINANCE AND ADMINISTRATION, AND BY AN INDEPENDENT OUTSIDE COUNSEL FIRM.

AFTER THIS REVIEW PROCESS, THE 990 IS REVIEWED AND AFFIRMED BY THE AUDIT
 AND REVIEW COMMITTEE OF THE BOARD OF REGENTS.

THE 990 IS THEN MADE AVAILABLE TO THE FULL BOARD OF REGENTS FOR REVIEW AND
 COMMENT 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.

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

ALL MEMBERS OF THE SMITHSONIAN'S GOVERNING BODY ARE REQUIRED TO COMPLETE AND FILE ANNUALLY THE BOARD OF REGENTS ANNUAL DISCLOSURE STATEMENT. THESE STATEMENTS - WHICH REQUIRE REPORTING BY MEMBERS (INCLUDING ANY REPORTABLE INTERESTS HELD BY IMMEDIATE FAMILY 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:

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

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

AS A MATTER OF 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 IX, LINE 11G, OTHER FEES:
ADVSRY & ASSISTNC SRVCS PSC:

PROGRAM SERVICE EXPENSES	420,125.
MANAGEMENT AND GENERAL EXPENSES	132,505.

Name of the organization SMITHSONIAN INSTITUTION	Employer identification number 53-0206027
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FUNDRAISING EXPENSES	1,089.
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TOTAL EXPENSES	553,719.
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ADVISORY AND ASST SVCS NON PSC:

PROGRAM SERVICE EXPENSES	1,777,167.
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MANAGEMENT AND GENERAL EXPENSES	141,402.
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FUNDRAISING EXPENSES	303,632.
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TOTAL EXPENSES	2,222,201.
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CENTRAL ENGINEERING SERVICES:

PROGRAM SERVICE EXPENSES	11,561,870.
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MANAGEMENT AND GENERAL EXPENSES	42.
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	11,561,912.
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TECH/ADMIN SVCS - 1099 VENDORS:

PROGRAM SERVICE EXPENSES	347,365.
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MANAGEMENT AND GENERAL EXPENSES	11,211.
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FUNDRAISING EXPENSES	852.
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TOTAL EXPENSES	359,428.
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NON-BENEFIT POOL TUITION:

PROGRAM SERVICE EXPENSES	33,622.
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MANAGEMENT AND GENERAL EXPENSES	153.
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FUNDRAISING EXPENSES	1.
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TOTAL EXPENSES	33,776.
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SAO MACHINE SHOP SERVICES:

Name of the organization SMITHSONIAN INSTITUTION	Employer identification number 53-0206027
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PROGRAM SERVICE EXPENSES	149,821.
MANAGEMENT AND GENERAL EXPENSES	-35.
FUNDRAISING EXPENSES	110.
TOTAL EXPENSES	149,896.

INSTITUTIONAL MEMBERSHIP&FEES:

PROGRAM SERVICE EXPENSES	786,119.
MANAGEMENT AND GENERAL EXPENSES	210,449.
FUNDRAISING EXPENSES	78,820.
TOTAL EXPENSES	1,075,388.

SUPPORT EXTERNAL ORGANIZATIONS:

PROGRAM SERVICE EXPENSES	136,668.
MANAGEMENT AND GENERAL EXPENSES	23,871.
FUNDRAISING EXPENSES	2,061.
TOTAL EXPENSES	162,600.

TEMP EMPLOYMENT SVCS:

PROGRAM SERVICE EXPENSES	2,983,081.
MANAGEMENT AND GENERAL EXPENSES	3,904,593.
FUNDRAISING EXPENSES	495,252.
TOTAL EXPENSES	7,382,926.

OTHER PROFESSIONAL SERVICES:

PROGRAM SERVICE EXPENSES	86,828,505.
MANAGEMENT AND GENERAL EXPENSES	11,348,211.
FUNDRAISING EXPENSES	11,978,961.
TOTAL EXPENSES	110,155,677.

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AUDIO VISUAL SERVICES:

PROGRAM SERVICE EXPENSES	2,175,557.
MANAGEMENT AND GENERAL EXPENSES	-251,514.
FUNDRAISING EXPENSES	386,760.
TOTAL EXPENSES	2,310,803.

LECTURES HONORARIA:

PROGRAM SERVICE EXPENSES	2,520,662.
MANAGEMENT AND GENERAL EXPENSES	25,557.
FUNDRAISING EXPENSES	51,667.
TOTAL EXPENSES	2,597,886.

EXHIBIT SERVICES:

PROGRAM SERVICE EXPENSES	8,673,346.
MANAGEMENT AND GENERAL EXPENSES	59,388.
FUNDRAISING EXPENSES	13,811.
TOTAL EXPENSES	8,746,545.

OTHER PURCH G&S GOV'T:

PROGRAM SERVICE EXPENSES	-19,766.
MANAGEMENT AND GENERAL EXPENSES	-297,144.
FUNDRAISING EXPENSES	-82.
TOTAL EXPENSES	-316,992.

IAT IN-HOUSE CONSULTANT:

PROGRAM SERVICE EXPENSES	-4,727.
MANAGEMENT AND GENERAL EXPENSES	-33,729.

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FUNDRAISING EXPENSES	630.
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TOTAL EXPENSES	-37,826.
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SAO CENTRAL ENG. SERV-ACCR:

PROGRAM SERVICE EXPENSES	29,355.
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MANAGEMENT AND GENERAL EXPENSES	0.
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FUNDRAISING EXPENSES	8.
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TOTAL EXPENSES	29,363.
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SAO MACHINE SHOP SERV-ACCR:

PROGRAM SERVICE EXPENSES	8,439.
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MANAGEMENT AND GENERAL EXPENSES	0.
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	8,439.
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REIMB GOVERNMENT AGENCIES:

PROGRAM SERVICE EXPENSES	-5,806.
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MANAGEMENT AND GENERAL EXPENSES	-1,393.
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FUNDRAISING EXPENSES	-15.
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TOTAL EXPENSES	-7,214.
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OPERATION & MAINT FACILITIES:

PROGRAM SERVICE EXPENSES	31,488,545.
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MANAGEMENT AND GENERAL EXPENSES	16,252,059.
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FUNDRAISING EXPENSES	70,410.
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TOTAL EXPENSES	47,811,014.
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WASTE REMOVAL:

Name of the organization SMITHSONIAN INSTITUTION	Employer identification number 53-0206027
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PROGRAM SERVICE EXPENSES	373,101.
MANAGEMENT AND GENERAL EXPENSES	79,520.
FUNDRAISING EXPENSES	883.
TOTAL EXPENSES	453,504.

GUARD SERVICES:

PROGRAM SERVICE EXPENSES	22,093,100.
MANAGEMENT AND GENERAL EXPENSES	4,973,529.
FUNDRAISING EXPENSES	535,720.
TOTAL EXPENSES	27,602,349.

CUSTODIAL SERVICES:

PROGRAM SERVICE EXPENSES	3,024,569.
MANAGEMENT AND GENERAL EXPENSES	686,848.
FUNDRAISING EXPENSES	248,090.
TOTAL EXPENSES	3,959,507.

MEDICAL CARE:

PROGRAM SERVICE EXPENSES	305,773.
MANAGEMENT AND GENERAL EXPENSES	503.
FUNDRAISING EXPENSES	5.
TOTAL EXPENSES	306,281.

EQUIP. NON IT MAINT & REPAIR:

PROGRAM SERVICE EXPENSES	5,735,218.
MANAGEMENT AND GENERAL EXPENSES	825,833.
FUNDRAISING EXPENSES	12,950.
TOTAL EXPENSES	6,574,001.

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CATERING:

PROGRAM SERVICE EXPENSES	6,445,021.
MANAGEMENT AND GENERAL EXPENSES	385,992.
FUNDRAISING EXPENSES	2,388,976.
TOTAL EXPENSES	9,219,989.

COST OF SHARING EXPENSE:

PROGRAM SERVICE EXPENSES	3,201,971.
MANAGEMENT AND GENERAL EXPENSES	100.
FUNDRAISING EXPENSES	437,256.
TOTAL EXPENSES	3,639,327.

COST SHARING CENTRAL SERVICE:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	104.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	104.

STAFF/BUSINESS EXPENSE:

PROGRAM SERVICE EXPENSES	506,492.
MANAGEMENT AND GENERAL EXPENSES	90,066.
FUNDRAISING EXPENSES	276,526.
TOTAL EXPENSES	873,084.

PEST CONTROL SERVICES:

PROGRAM SERVICE EXPENSES	114,616.
MANAGEMENT AND GENERAL EXPENSES	8,674.

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FUNDRAISING EXPENSES 94.

TOTAL EXPENSES 123,384.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 247,551,071.

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

CHANGE IN NET ASSETS OF RELATED ORGS -4,196.

PROCEEDS FROM SALES OF COLLECTIONS 144,300.

TOTAL TO FORM 990, PART XI, LINE 9 140,104.

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

2022

Open to Public Inspection

Name of the organization <p align="center">SMITHSONIAN INSTITUTION</p>	Employer identification number <p align="center">53-0206027</p>
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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	BLACKBIRD 1846 ENERGY FUND GP, LP	EXCLUDED	-3,718.	816,322.		X	N/A		X	100%

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

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

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

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

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

	Yes	No
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)			

