Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047 Open to Public Inspection

7	Fo	the 2	010 calendar year, or tax year beginning	OCT 1, 2010 an	d ending	SEP 30, 2011	
В	Che	ck if icable:	C Name of organization			D Employer ident	tification number
Ĺ		ddress hange	Smithsonian Institution	ż			
Ĺ	c	ame hange	Doing Business As			53-0	206027
L	lre	itial turn	Number and street (or P.O. box if mail is no	t delivered to street address)	Room/suite	E Telephone numi	ber
Ļ		ed	1000 Jefferson Drive, S. W.			202	533-1000
Ļ	ire	nended turn	City or town, state or country, and ZIP +	4		G Gross receipts \$	1,936,887,084.
L	Itic	oplica- on ending	Washington, DC 20560			H(a) Is this a group	
			F Name and address of principal officer:Dr			for affiliates?	Yes X No
Homo			1000 Jefferson Dr, SW, Washington		······································	H(b) Are all affiliates i	
			ot status: X 501(c)(3) 501(c) (	) ◀ (insert no.) 4947(a)(1)	or 527	3	a list. (see instructions)
economic for	*****	***************************************	www.Smithsonian.org			H(c) Group exempt	
			anization: Corporation Trust Immary	Association X Other ▶ Sch	O L Year	of formation: 1846	M State of legal domicile;
	7	A Company of the London		II		100 100	
9	1		fly describe the organization's mission or moveledge" is the mission set forth		ase and d	iffusion of	
Activities & Governance		CERTIFICATION OF			-		
S	3		ck this box leading markets of the organization dis				assets.
0	3	NUI	nber of voting members of the governing books	ay (Part VI, Iline Ta)		4	
රේ ග	5		nber of independent voting members of the il number of individuals employed in calenda				
9	6	Tota	il number of voluntages (estimate if passages	ir year 2010 (Part V, line 2a)		6	ingen men minimum men men men men men men men men men me
A	1 7	i Ulc a Tota	I number of volunteers (estimate if necessar I unrelated business revenue from Part VIII,	9)			
Ą	1		unrelated business taxable income from For				
***************************************	1	J THUL	amouted business taxable moonie norm of	111 330-1, IIII 34		Prior Year	Current Year
A)	8	Con	tributions and grants (Part VIII, line 1h)		-	1,032,198,872.	1,040,181,349.
ğ	9	Proc	ram service revenue (Part VIII, line 2g)	••••••	·····	93,025,171,	
Revenue	10	Inve	stment income (Part VIII, column (A), lines 3,	4 and 7d)		17,362,923,	
ď	11		r revenue (Part VIII, column (A), lines 5, 6d, 8			60,587,462.	<del></del>
	12		revenue - add lines 8 through 11 (must equ			1,203,174,428.	
	13		ts and similar amounts paid (Part IX, column			15,340,126.	16,118,927.
	14		fits paid to or for members (Part IX, column			0.	0.
(i)	15		ies, other compensation, employee benefits			587,102,709.	591,531,002.
Expenses	16a		ssional fundraising fees (Part IX, column (A),			5,827,588.	3,854,914.
хре			fundraising expenses (Part IX, column (D), li				The second secon
ш	17		expenses (Part IX, column (A), lines 11a-11			485,138,031.	489,899,380.
	18		expenses. Add lines 13-17 (must equal Part			1,093,408,454.	1,101,404,223.
	19	Reve	nue less expenses. Subtract line 18 from line	9 12		109,765,974.	139,574,186.
Net Assets or Fund Balances						nning of Current Year	End of Year
aar	20	Total	assets (Part X, line 16)			3,415,561,229.	3,516,523,060.
<u> </u>	21	Total	liabilities (Part X, line 26)			739,927,756.	741,196,747.
킬	22		ssets or fund balances. Subtract line 21 fron	n line 20		2,675,633,473.	2,775,326,313.
212,000	A STATE OF THE PARTY OF THE PAR		nature Block				
			perjury, I declare that I have examined this return			-	/ knowledge and belief, it is
rue,	corre	ot, and	complete. Declaration of preparer (other than offic	er) is based on all information of while	cn preparer na	···	
			Signature of officer	<del></del>		7/18/12 Date	
Sign		"				Dato	
Here	•		Dr. G. Wayne Clough, Secretary Type or print name and title				
		ļ <u>,                                     </u>		Dropprovia pigneture	Date	e Check	TT PTIN
aid		L L IUIV	Type preparer's name	Preparer's signature		if self-employed	
repa	rer	Firm's	name 🕨			Firm's EIN	
Jse O			address			I HILL S LIN	
	<b>,</b>	/ 31111 3				Phone no.	
/lav t	the IF	SS disc	cuss this return with the preparer shown abo	ove? (see instructions)		1	Yes No

Pa	rt IV Checklist of Required Schedules		Yes	No
_	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		163	110
1	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3	· ·	х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes, " complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to	l		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	ļ	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	X	-
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			X
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9_		<del>  ^</del>
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	10	X	
	If "Yes," complete Schedule D, Part V	10	Λ	l
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a	х	
la.	Part VI  Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	114		
Ø	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ч	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	The state of the s			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		х	
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	15	х	
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	13		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	х	
4	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
.0	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that			
	operate one or more hospitals must attach audited financial statements (see instructions)	20b		.,

For	m 990 (2010) Smithsonian Institution 53-0206027		F	age
	art IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	x	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	24a	х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		Х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes, " complete			
	Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	No.		
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			77
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u>х</u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		х
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c 29	х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	_29	43	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	х	
31	Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity?  If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Х
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		1	v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	20	x	
	Note. All Form 990 filers are required to complete Schedule O	38	43	

rt V	Stateme	nts Regar	ding Oth	ner IRS	Filings and	Tax Compliance

The Enter the number reported in Box 3 of Form 1088. Enter -0 if not applicable 1 13 13 19 19 19 15 15 15 15 15 15 15 15 15 15 15 15 15		Check if Schedule O contains a response to any question in this Part v					
be Enter the number of Forms W2G included in line 1a. Enter O- in ot applicable  C Did the organization comply with backup withholding rules for reportable payments to vendors and exportable gaming (gambling) withings to prize with many 2.  2a. Enter the number of employses reported on Form W3, Transmittal of Wage and Tax Statements.  1a Enter the number of employses reported on Form W3, Transmittal of Wage and Tax Statements.  1a Enter the number of employses reported on Form W3, Transmittal of Wage and Tax Statements.  2b If Tax least one is reported on line 2a, clid the organization field and the year covered by this return.  2c Enter the number of employses reported on Form W3, Transmittal of Wage and Tax Statements.  2c 64.77  3b If Tax least one is reported on line 2a, clid the organization field and the year over the transmit of the organization have an interest in constitution of the year?  3a X X  3b If Yes, 1 has it filled a form 950-T for this year? If Yos, 1 provide an explanation in Schedule O  3b A At any time during the calendar year, clid the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. Panama  3a Enter the name of the foreign country. Panama  3a Enter the financial account in a foreign country. Panama  3a Enter the financial accountry of the organization that it was or is a party to a prohibited at whether transaction?  3b If Yes, 2 financiation is party to a prohibited at extent transaction at any time during the tax year?  3c Lift Yes, 1 financiation that organization that it was or is a party to a prohibited at whether transaction?  3c Lift Yes, 1 financiation that organization that it was or is a party to a prohibited at whether transaction?  3c Lift Yes, 2 financiation that organization that was not tax deductible?  3c Lift Yes, 2 financiation that organization that was not tax deductible?  3c Lift Yes, 3 financiation that may receive deductible contributions under acciding the panama party for goods and services provid		The state of the s	10	3919		Yes	No
c. Did the organization comply with backup withholding rules for reportable peryments to vendors and reportable garming (gamilling) winnings to prize winnes?  2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, fled for the calendar year ending with or within the year covered by this return.  2	_	·	<del></del>				
grambling) winnings to price winners?  2				le gaming	1		
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the caelindar year ending with or within the year convend by this return  b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file, (see instructions)  3	,C				1c	х	
filed for the calendar year ending with or within the year covered by this return?   2a   547	20						
b if at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1 and 2a is greater than 260, you may be required to e-file, Gee instructions)  3a	Ľ۵		2a	6477			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file, (see instructions) 3a Did the organization have unrelated business gross income of \$1.000 or more utding the year? 3a X 5 If "Yes," has it flied a Form 990-T for this year? If "No," provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, eventually or the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountry? 4a X 5b If "Yes," enter the name of the foreign country; IP 2anama See instructions for filing requirements for Form TD F 902.21, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Use the organization application that fix as or is a party to a prohibited tax shelter transaction? 5b If "Yes," did the organization that was enough gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that the end tax deductible? 5c Organization shelt may receive deductible contributions under section 170(e). 5c If "Yes," did the organization includs with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c Did the organization motify the donor off the value of the goods or services provided? 7c Organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8922? 7c If "Yes," indicate the number of Forms 8282 filed during the year 7d If "Yes," indicate the number of Forms 8282 filed during the year 8 Did the organization creaived an contribution of qualified intellectual property, did the organization file form 1098-C7 8 Did the organization received an contribution of cualified intellectual property, did the organization file form 1098-C7 9a Did the or	h				2b	Х	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  4b If Yes, * has it filed a Form 990-Th or this year of If No.} provided an explanation in Schedule O  4c At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bark account, securities account, or other financial account)?  4c If Yes, * the ret the name of the foreign country; IP * Zanama*  See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.  5c Was the organization party to a prohibited tax shelter transaction at any time during the tax year?  5d Was the organization have annual gross receipts that are narmally greater than \$100,000, and did the organization school and year or	D						
b if "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule 0 4a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account); over, a 5b If "Yes," enter the name of the foreign country, is Panama See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shaller transaction at any time during the tax year? 5a Was the organization a party to a prohibited tax shaller transaction at any time during the tax year? 5b Did any taxbelle party notify the organization that it was or is a party to a prohibited tax shaller transaction? 5c If "Yes," did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization colicit any contributions that were not ax deductible? 6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c If "Yes," did the organization notify the donor of the value of the goods or services provided? 6c If "Yes," indicate the number of Forms 8282 fled during the year 6c Did the organization neceive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7b If "Yes," indicate the number of Forms 8282 fled during the year 7c If "Yes," indicate the number of Forms 8282 fled during the year 7c If If "Yes," indicate the number of Forms 8282 fled during the year 7c If If "Yes," indicate the number of Forms 8282 fled during the year 9c If "Yes," indicate the number of Forms 8282 fled during the year payment in section 509(a)(3) supporting organization file Form 8899 as required? 9c If The organization received an contribution of qualified intellectual property, did the organization file form 8699 as a required?	32				За	Х	
4a X any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountly.  b If Yes, "enter the name of the foreign country. ▶ Panama See instructions for filing requirements for Form TD F 90/22.1, Report of Foreign Bank and Financial Accounts.  5a Was the organization party to a prohibited tax shelter transaction of any time during the tax year?  5a Vas the organization have annual gross receipts that are normally greater than \$100,000, and did the organization shelt in a normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  6a Vas If "Yes," (did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6b If "Yes," (did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c Variety of the organization state may receive deductible contributions under section 170(c).  6c Variety of the organization receive a payment in excess of \$75 made parity as a contribution and party for goods and services provided the payor?  6c Variety of the organization receive a payment in excess of \$75 made parity as a contribution and party for goods and services provided the payor?  6c Variety of the organization receive a payment in excess of \$75 made parity as a contribution and party for goods and services provided the payor?  6c Variety of the organization receive a payment in excess of \$75 made parity as a contribution and party for goods and services provided to the payor?  6c Variety of the organization receive a payment in excess of \$75 made parity as a contribution of the supporting organization and party (and the payment of					3b	Х	
financial account in a foreign country (such as a bank account, securities account, or other financial account)?  b if "Yes," enter the name of the foreign country; Params See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.  5a Was the organization a party to a prohibited tax shelter transaction of any time during the tax year?  5b Dd any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," to line Sa or 5b, did the organization file Form 8386-T?  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that twe are not tax deductible?  6b If "Yes," did the organization include with evary solicitation an express statement that such contributions or girts were not tax deductible?  7 Organization statin way receive deductible contributions under section 170(c).  a Did the organization sective a payment in excess of \$56 made party as a contribution and party for goods and services provided to the payor?  7 b X S S S S S S S S S S S S S S S S S S	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other					
b If "Yes," enter the name of the foreign country. Fe Panama See instructions for filing requirements for Form TD F 90:22.1, Report of Foreign Bank and Financial Accounts.  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Use of the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  5b If "Yes," bit lies 6a of 5b, (dif the organization file Form 8989 85.77  5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  5c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  5c If "Yes," did the organization shall may receive deductible contributions under section 170(c).  5d Did the organization shall reavy receive deductible contributions under section 170(c).  5d Did the organization receive a payment in excess of \$75 made party as a contribution of property for poods and services provided to the payor?  5d If "Yes," did the organization notify the donor of the value of the goods or services provided?  5d If "Yes," indicate the number of Forms 2822 filed during the year  6 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7d If the organization noting the year, pay premiums, directly or indirectly, on a personal benefit contract?  7e X  7f X  7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098 or required to the properties of the properties of the properties.  8 Sponsoring organizations maintaining donor advised funds and section 599(a) supporting organizations. Did the undersation of the properties of the properties of the properties of the properties.  9 Sponsoring organization make a distribution to		financial account in a foreign country (such as a bank account, securities account, or other financial	account	;)?	4a	Х	
See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.  5a Was the organization a party to a prohibited tax seheter transaction at any time during the tax year?  5b X  Did any taxable party notify the organization that it was or is a party to a prohibited tax seheter transaction?  5b X  Sb Did any taxable party notify the organization that it was or is a party to a prohibited tax seheter transaction?  5c University to line 5a or 5b, did the organization file Form 8988-17  6c Dees the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible?  7b If "Yes," did the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  8 Did the organization receive a payment in excess of \$75 make partly as a contribution and partly for goods and services provided to the payor?  8 If "Yes," did the organization notify the chore of the value of the goods or services provided?  9 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  9 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  17 X  18 Did the organization received a contribution of qualified intellectual property, did the organization file a Form 8999 as required?  19 If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-07  19 Seption 501(c)(T) organization make any taxable distributions under section 4966?  10 Did the organization make any taxable distributions under section 4966?  10 Did the organization make any taxable distributions under section 4966?  11 Did Book of the payment of the expression of the payment of the pay	b						
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b Did the organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13b  Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b					9a		
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a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  11 Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b if "Yes," enter the amount of tax-exempt interest received or accrued during the year  13b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand  13c  14a		-					
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  11 Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b if "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  14a		( ) (	10a				
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filled a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	b		10b				
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b	11	Section 501(c)(12) organizations. Enter:	,				
amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  13c  14a			11a				
Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b  Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a  X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b	b	Gross income from other sources (Do not net amounts due or paid to other sources against					
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b					12a		
a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a  X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b	b		12b				
Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a  X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b				:	40		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a  Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b	а			.,,.,	13a		
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand  13c  13b  13c  13c  14a  15c  16							
c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b	b		401				
14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b		- ·			11		
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O					140		X
b if "Yes," has it filed a Form 720 to report these payments 711 No., provide an explanation in Schedule 6 Form 990 (2010)	14a	Did the organization receive any payments for indoor tanning services during the tax year?					
	<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If INO, provide an explanation in Schedule				9 <b>90</b> (	2010)

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 in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI					
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		17		
b		1b		17		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with a	ny other	_		
	officer, director, trustee, or key employee?			. 2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the					7,7
	of officers, directors or trustees, or key employees to a management company or other person?			. 3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was	filed?	. 4	<b> </b>	X
5	Did the organization become aware during the year of a significant diversion of the organization's ass				<del> </del>	X
6	Does the organization have members or stockholders?			. 6	-	
7a		mbers o	of the		х	
	governing body?			. 7a	_ ^	X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other pers			. <u>7b</u>		77
8	Did the organization contemporaneously document the meetings held or written actions undertaken or	auring t	ne year			
	by the following:			0.0	Х	
	The governing body?			8a 8b	X	NAME OF TAXABLE PARTY.
	Each committee with authority to act on behalf of the governing body?			Pon		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	nied at	ri i <del>c</del>	9		X
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			. 1 . 2		
sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue (	0006.)		Yes	No
	Does the organization have local chapters, branches, or affiliates?			10a	-100	X
	If "Yes," does the organization have written policies and procedures governing the activities of such or			.		
D				10b		
44.	Has the organization provided a copy of this Form 990 to all members of its governing body before fili			11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	(See a see a s
	Are officers, directors or trustees, and key employees required to disclose annually interests that could					
D	to conflicts?	3		12b	х	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," de	escribe			
Ū	in Schedule O how this is done			12c	х	
13	Does the organization have a written whistleblower policy?			13	х	
14	Does the organization have a written document retention and destruction policy?				Х	
15	Did the process for determining compensation of the following persons include a review and approval					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	Х	
	Other officers or key employees of the organization			15b	Х	contribution.
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)					
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	ent with	n a			
	taxable entity during the year?			16a	Х	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate					
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organ	nization	ı's			
ana an	exempt status with respect to such arrangements?			16b	Х	
ect	ion C. Disclosure					
7	List the states with which a copy of this Form 990 is required to be filed None	(504/ )	0)	1- 6		
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(501(c)(	3)s only) availab	le for		
	public inspection. Indicate how you make these available. Check all that apply.					
	X Own website Another's website X Upon request	المعالمة	limbayaat == lle: :	and fine	ania!	
	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, co	ntiict of	interest policy,	anu tinai	icial	
	statements available to the public.	d ua ···	do of the over-!-	ration: 🛌		
	State the name, physical address, and telephone number of the person who possesses the books and	u record	us or the organiz	auon.		
	Andrew J. Zino - 202-633-7250 2011 Crystal Dr., Arlington, VA 22202					
	ZUII CIYOCUI DI., ALIINGCON, VA BERVE					

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

Check if Schedule O contains a response to any question in this Part VII

### Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

  List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization n	or any related	org	aniza	atior	n co	mpe	nsa	ted any current officer,	director, or trustee.	
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average		Position					Reportable	Reportable	Estimated
	hours per	(c	heck	k all	that	app	ly)	compensation	compensation	amount of
	week	.jo			-		NACT LANGE OF THE PARTY OF THE	from the	from related organizations	other compensation
	(describe hours for	rdire				peq		organization	(W-2/1099-MISC)	from the
	related	stee o	rustee			ensa	-	(W-2/1099-MISC)	(1, 2, 1, 3, 3, 1, 1, 2, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	organization
	organizations	Individual trustee or director	Institutional trustee		Кеу етріоуве	Highest compensated employee	o catorica			and related
	in Schedule	divid	stituti	Officer	y em	ghest	James .			organizations
	O)	=	<u> </u>	5	Ž	三章	L			
Honorable John Roberts, Jr.										0
Regent	0.50	X	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	0.	0.	0,
Honorable Joseph Biden									0.	0.
Regent	0.50	X	<u> </u>			<u> </u>	ļ	0.	V.	0.
Honorable Xavier Becerra								0.	0.	0.
Regent	2,00	X	<u> </u>	_	-	-	<u> </u>	0.	U .	0,
Honorable Thad Cochran		l						0.	0.	0.
Regent	2,00	X			<u> </u>	├	_	0.	0.	<u> </u>
Honorable Chris Dodd	2 00	.,						0.	0.	0.
Former Regent	2,00	Α.	_	-	<u> </u>	-		· ·	· ·	
Honorable Sam Johnson	2.00	v						0.	0 .	0.
Regent	2.00	<u> </u>				-	-			
Honorable Steven LaTourette	2.00	v						0.	0.	0.
Regent Honorable Patrick Leahy	2,00	A	$\vdash$	-	$\vdash$	<del> </del>	$\vdash$			
Regent	2.00	x						0.	0.	0.
Honorable Doris Matsui					_	$\vdash$				
Former Regent	2.00	х						0.	0.	0.
Honorable Jack Reed		┢								
Regent	2,00	х						0.	0.	0.
Mr. Steve Case										
Regent	2.00	х						0.	0.	0.
Dr. France Cordova										
Regent	2,00	х						0.	0.	0.
Dr. Philip Frost										
Former Regent	2.00	Х						0.	0.	0.
Dr. Shirley Ann Jackson										
Regent	2.00	X						0.	0.	0.
Mr. Robert Kogod								_		0
Regent	2.00	Х				<u> </u>		0.	0.	0.
Mr. John McCarter									<u>,  </u>	^
Regent	2.00	Х				L		0.	0.	0.
Mr. David Rubenstein								_	0.	0.
Regent	2.00	Х						0.		Form <b>990</b> (2010)

Part VII Section A. Officers, Directors, Tr		mpl	oye			High	est		1	
(A)	(B)				C)	_		(D)	(E)	(F)
Name and title	Average hours per	100	hec		itior that	ı app	nlv)	Reportable compensation	Reportable compensation	Estimated amount of
	week (describe hours for related organizations in Schedule O)	al trustee or director	Institutional trustee	Officer		Highest compensated employee		from the	from related organizations (W-2/1099-MISC)	other compensatior from the organization and related organizations
Mr. Roger Sant										
Regent	2.00	X					L	0.	0.	
Mr. Alan G. Spoon										
Regent	4.00	Х						0.	0.	(
Ms. Patricia Stonesifer										
Regent	6.00	Х				<u> </u>		0.	0.	(
G. Wayne Clough										_
Secretary	50.00			X				517,318.	0.	37,49
John Lapiana	en-about-									
Chief of Staff-Regents	50.00			Х				178,020.	0.	29,90
Judith Leonard	0900199	-							_	
General Counsel	50,00	ļ		X	MANAGEMENT	eneronielisch	22442424	176,546.	0.	31,73
Alice Maroni				-				TO CONTROL OF THE CON	_	
Chief Fin Officer (10/1-11/18/10)	50,00		L	Х				289,287.	0.	51,320
Anne Ryan									_	
Inspector General	50.00			X				167,364.	0.	40,535
Bruce Dauer									_	20.25
Former CFO/Dir-OPMB (see Schedule O)	50.00			Х				246,691.	0.	38,364
1b Sub-total								1,575,226.	0.	229,356
c Total from continuation sheets to Part VI	I, Section A							6,926,478.	0,	983,359
d Total (add lines 1b and 1c)								8,501,704.	0.	1,212,715
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ak	ove	) wh	o re	eceived more than \$100	,000 in reportable	
compensation from the organization										1,15
<ul> <li>Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s</li> <li>For any individual listed on line 1a, is the su</li> </ul>	uch individual									Yes No
and related organizations greater than \$150	31 10p311ab1 1 000? If "Yes	" co	mole	ete S	che	dule	J fe	or such individual	<b>.</b>	4 X
5 Did any person listed on line 1a receive or a	ccrue comper	nsati	ion f	rom	any	unr	elate	ed organization or indivi	dual for services	5 X
rendered to the organization? If "Yes," com	оюте эспеаит	JUT	ur St	icri į	Jers	UII .				<u> </u>

#### 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.

(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation
Hensel Phelps Construction Company, 4437		
Brookfield Corp. Drive, Chantilly, VA	Construction (See Schedule O)	27,816,351.
Associated Builders		
4903 Baltimore Ave, Hyattsville, MD 20781	Construction (See Schedule O)	12,269,481.
Forrester Construction Company, 12231		
Parklawn Drive, Rockville, MD 20852-1792	Construction (See Schedule O)	8,973,971.
Ewing Cole, Federal Reserve Bank Bldg.,		
Philadelphia, PA 19106	Architect-Eng (See Schedule O)	7,637,062.
Northrop Grumman Systems Corporation,	Systems Eng Support (See	
Northrop Grumman Space Technology, Redondo	Schedule O)	6,870,337.
<ul> <li>Total number of independent contractors (including but not limited \$100,000 in compensation from the organization</li> </ul>	to those listed above) who received more than 451	

(che	Po	csition ll that	compensated employee		Compensated Employ (D) Reportable compensation from the organization (W-2/1099-MISC)  0. 156,386. 323,723. 298,739. 259,758.	(E) Reportable compensation from related organizations (W-2/1099-MISC)  0. 0. 0.	(F) Estimated amount of other compensation from the organization and related organizations  0. 20,222. 51,431. 49,112.
Ì	institutional trustee	Sittion Sittion Sitting Sittin Sitting Sitting Sitting Sitting Sitting Sitting Sitting Sitting	compensated employee		compensation from the organization (W-2/1099-MISC) 0. 156,386. 323,723. 298,739.	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations  0.  20,222.  51,431.  49,112.
Individual trustee or director	+	X X X	Highest compensated employee	Former	the organization (W-2/1099-MISC)  0. 156,386. 323,723. 298,739.	organizations (W-2/1099-MISC)  0. 0. 0.	compensation from the organization and related organizations  0.  20,222.  51,431.  49,112.  36,310.
	X	x x x			156,386. 323,723. 298,739. 259,758.	0. 0. 0.	20,222. 51,431. 49,112. 36,310.
		x x x			156,386. 323,723. 298,739. 259,758.	0. 0. 0.	20,222. 51,431. 49,112. 36,310.
		X X		The state of the s	323,723. 298,739. 259,758.	0. 0.	51,431. 49,112. 36,310.
		X X			323,723. 298,739. 259,758.	0. 0.	51,431. 49,112. 36,310.
		X			298,739. 259,758.	0.	49,112. 36,310.
		X			298,739. 259,758.	0.	49,112. 36,310.
		X			259,758.	0.	36,310.
		X			259,758.	0.	36,310.
		X	THE CONTRACTOR OF THE CONTRACT				
		X					
NAMES OF THE PROPERTY OF THE P		Ť			164,807.	0 .	ተግ ለለለ
		Ť			164,807.	1.0	
		x				MARKET CONTRACTOR CONT	13,090.
		X					E 0.04
					187,886.	0.	5,071.
1							
		X		_	425,274.	0.	51,516.
				- 1			44 500
	$\perp$	Х		_	222,499.	0.	41,789.
-							AF OFC
	$\bot$	X	_		238,688.	0.	45,856.
					005 005	0	27 010
	+	X		$\dashv$	285,895.	0.	37,812.
					015 465		24 171
$-\!$	_	Х		$\dashv$	215,467.	0.	34,171.
					210 623	0.	43,404.
_		Х		$\dashv$	219,623.	0.	
		.,		l	246 306	0	55,235.
$\dashv$	+	1^	-+	$\dashv$	240,300.		
		<sub>v</sub>			161 915	0	22,777.
-	+-	1^	-	$\dashv$	101,313.		
		v			347 391	0.	36,280.
+	+	11	-	-			
		v	l		165 986	0.	17,589.
+	+	1	-	$\dashv$	100,500.		, -
		l v		1	189 630	0.	20,785.
$\dashv$	+	+	$\dashv$	$\dashv$			
-	-	x			180 502.	0.	25,169.
$\dashv$	+	╪┤	$\dashv$	$\dashv$			
1		x			172.946.	0.	41,003.
		<u>ا ا</u>		$\dashv$			
			x x x x x x	x x x x x	x x x x x	x 161,915. x 347,391. x 165,986. x 189,630. x 180,502.	x     161,915.     0.       x     347,391.     0.       x     165,986.     0.       x     189,630.     0.       x     180,502.     0.

Part VII Section A. Officers, Directors, Tru (A)	(D)	(F)								
Name and title	(B) Average hours per	(c		Pos	C) sitior that		oly) T	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
Peter Gibbons										
Dir Retail - Smithsonian Enterprises	50.00			<u> </u>		Х	L	390,075.	0.	51,516
John Dailey										
Director - Natl Air and Space Museum	50.00					Х	<u> </u>	286,901.	0.	36,310
Dennis Kelly									ф	
Director - National Zoological Park	50,00	<u> </u>				Х		317,290.	0.	44,575
Richard Koshalek									мурин айлаган	
Director-Hirshhorn Museum & Garden	50.00					Х		313,417.	0.	51,431
Christian Samper										
Dir - Natl Museum Natural History	50.00		zaciaconi.	ATV546075000		X		305,534.	0,	51,431
Marsha Shaines								Personal Company	TO COMPANY OF THE COM	
Former Acting General Counsel	50,00						Х	171,054.	0,	6,436
Scott Miller										
Former Acting Under Sec - Science	50.00						X	153,590.	0.	24,858
Robert Fraga			Ì							
Director - Office of Contracting	50,00						X	153,401.	0.	15,169.
Clair Gill										20 101
Former Acting Director - OFEO	50.00						Х	214,907.	0.	32,121.
Ira Rubinoff										00 000
Former Acting Under Sec - Science	50.00	$\dashv$	-				X	156,888.	0.	20,890
		_	$\dashv$	$\neg$	$\dashv$					
		$\dashv$	_							
		_	_	_	_					
		$\dashv$								
		-				-				
		$\dashv$	$\dashv$			$\dashv$				
otal to Part VII, Section A, line 1c				<u></u> .				6,926,478.		983,359.

P	art	Vi	Statement of Reve	nue		****				
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts s	1	а	Federated campaigns		1a	61,293				100
Contributions, gifts, grants and other similar amounts			Membership dues		1b	12,211,338				
s, g			Fundraising events		1c	1,308,021				gal Artes es
gift;			Related organizations		1d					
ıs,			Government grants (contribut		1e	878,796,172				
tior		f	All other contributions, gifts, gran	its, and						
the the			similar amounts not included abo	ve	1f	147,804,525				
d t		g	Noncash contributions included in lines	s 1a-1f: \$		5,180,304				Esperant and
လို့ ရ		h	Total. Add lines 1a-1f			<b>&gt;</b>	1,040,181,349.			
		NATIONAL PROPERTY OF THE PARTY				Business Code	9			
9	2	а	Subscriptions-magazine			511120	36,716,428.	36,716,428.		
Program Service Revenue		b	Visitors/Members/Emplo			900099	32,377,880.	<del></del>		16,692,778.
SE		C	Theater Income			711110	9,615,724.	1	502,907.	
Per		d	Tours/Classes			900099	9,151,926.		9,321.	
SAT.		0	Traveling Exhibitions	and the second s	and the second s	900099	1,571,929.			
Ĉ.		f	All other program service reve	nue		541800	887,388.		887,388.	
		g	Total. Add lines 2a-2f				90,321,275.			
	3		Investment income (including	dividend	s, inter	est, and		9000 ·		
			other similar amounts)				8,110,080.			8,110,080.
	4		Income from investment of tax	x-exempt	bond	oroceeds				0 425 552
	5		Royalties			<u>&gt;</u>	9,437,573.			9,437,573.
				(i) R	eal	(ii) Personal				
	6	a	Gross Rents							
			Less: rental expenses	ļ						
			Rental income or (loss)	<u></u>		L				
			Net rental income or (loss)							
	7	а	Gross amount from sales of	(i) Secu		(ii) Other				
			assets other than inventory	713,844	1,250.	969,541.		Section 1		
		b	Less: cost or other basis	671 497	1 106			100 (E. 100 (E		
				sales expenses 671,487,196,		969,541.			Shaka a sa	
						43,326,603.			43,326,603.	
	_		Net gain or (loss)				10,020,000.			, ,
Jue	0	a	Gross income from fundraising events (not including \$ 1,308,021. of							
ķ			contributions reported on line							
Other Reven			Part IV, line 18		a	376,792.				
je l		h	Less: direct expenses			744,753.				
ō			Net income or (loss) from fund			<b>&gt;</b>	-367,961.	1.00		-367,961.
			Gross income from gaming ac							
	Ŭ	<u>.</u>	Part IV, line 19							
l		b	Less: direct expenses							
			Net income or (loss) from gam							
			Gross sales of inventory, less				and the second second	900		
			and allowances		а	60,148,820.				
		b	Less: cost of goods sold			23,676,726.				
			Net income or (loss) from sales			<b>&gt;</b>	36,472,094.	35,636,115.	835,979.	
Î			Miscellaneous Revenue			Business Code				
l	11	а	Magazine & Online Adve			541800	13,497,396.		13,497,396.	
		b								
		С								****
		d	All other revenue							
		е	Total. Add lines 11a-11d				13,497,396.			
	12		Total revenue. See instructions.			<b>&gt;</b> ·	1,240,978,409.	107,864,996.	15,732,991.	77,199,073.
03200 12-21	y _									Form <b>990</b> (2010)

### 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) but are not required to complete columns (B), (C), and (D).

unts reported on lines 6b.

(A)

(B)

(C)

	ot include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
	Grants and other assistance to governments and	26.004	26.004		
	organizations in the U.S. See Part IV, line 21	36,904.	36,904.		
	Grants and other assistance to individuals in	10 040 175	10 040 175		
	the U.S. See Part IV, line 22	10,048,175.	10,048,175.	40.70	
	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.	6,033,848.	6,033,848.		
	See Part IV, lines 15 and 16	0,033,040.	0,033,040.		
	Benefits paid to or for members				
	Compensation of current officers, directors,	7,217,871.	1,999,117.	4,826,406.	392,348.
	trustees, and key employees	7,217,071.	1,333,111.		
	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	2,894,810.	2,720,433.	174,377.	
		450,571,705.	236,292,959.	201,822,948.	12,455,798.
	Other salaries and wages Pension plan contributions (include section 401(k)			NUMBER OF THE PROPERTY OF THE	HARRIST CONTRACTOR CON
	and section 403(b) employer contributions)	55,499,399.	29,740,989.	24,197,653.	1,560,757.
	Other employee benefits	45,488,277.	21,948,765.	22,237,607.	1,301,905.
	Payroll taxes	29,858,940.	14,729,807.	14,291,824.	837,309.
	Fees for services (non-employees):	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1 . , ,		
	Management				
	_egal	442,243.	229,446.	205,003.	7,794.
	Accounting	1,261,183.	**************************************	1,261,183.	
	_obbying	9,499.	9,499.		
u . ع م	Professional fundraising services. See Part IV, line 17	3,854,914.			3,854,914.
	nvestment management fees	1,124,166.		1,124,166.	
	Other	77,485,505.	55,579,642.	19,456,997.	2,448,866.
	Advertising and promotion	5,993,294.	5,370,531.	162,503.	460,260.
	Office expenses	44,858,289.	22,973,707.	21,183,530.	701,052.
	nformation technology	37,386,641.	6,141,321.	30,775,387.	469,933.
	Royalties	501,787.	501,787.		
	Decupancy	113,650,903.	14,685,684.	98,331,791.	633,428.
	Fravel	12,656,325.	10,409,987.	1,733,055.	513,283.
	Payments of travel or entertainment expenses				
f	or any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,857,512.	2,001,421.	1,798,026.	58,065.
20 li	nterest	1,257,899.	1,257,899.		
<b>21</b> F	Payments to affiliates				
<b>22</b> [	Depreciation, depletion, and amortization	106,713,744.	4,472,671.	102,241,073.	
23 li	nsurance	913,602.	379,641.	533,961.	
	Other expenses. Itemize expenses not covered				100 Miles (100 Miles (
a 2	bove. (List miscellaneous expenses in line 24f. If line 44f amount exceeds 10% of line 25, column (A)				
a	mount, list line 24f expenses on Schedule 0.)				450 555
- "	Program Producton	75,674,014.	74,038,546.	1,476,691.	158,777.
	Collections, Equipment,	6,112,774.	5,937,946.	93,596.	81,232.
<b>c</b> C	Cost Allocation	0.	273,409,843.	-276,713,043.	3,303,200.
d _					
е _					
	All other expenses	4 404 40: 002	900 050 500	271 214 724	20 220 021
	otal functional expenses. Add lines 1 through 24f	1,101,404,223.	800,950,568.	271,214,734.	29,238,921.
	oint costs. Check here X if following SOP				
	8-2 (ASC 958-720). Complete this line only if the	i i	ĺ		
9	rganization reported in column (B) joint costs from a 1	1	1	1	
0	rganization reported in column (B) joint costs from a ombined educational campaign and fundraising olicitation	10,574,172.	6,394,234.	0.	4,179,938.

		Balance Sheet					
		91.			(A) Beginning of year		( <b>B</b> ) End of year
_	1	Cash - non-interest-bearing			438,938,013.	. 1	505,378,870.
	2	Savings and temporary cash investments			63,168,351.		11,641,397.
	3	Pledges and grants receivable, net			176,091,058.	3	181,543,964.
	4	Accounts receivable, net			37,965,998.	4	37,752,690.
	5	Receivables from current and former officers, d	irectors,	trustees, key			
		employees, and highest compensated employe	es. Con	nplete Part II			
		of Schedule L		5			
	6	Receivables from other disqualified persons (as	defined	l under section			
		4958(f)(1)), persons described in section 4958(c					
		employers and sponsoring organizations of sec	tion 501	(c)(9) voluntary			The second secon
w		employees' beneficiary organizations (see instru	uctions)			6	
Assets	7	Notes and loans receivable, net			0.053.460	7	0 276 215
AS	8	Inventories for sale or use			9,953,460.	<u> </u>	9,376,215.
	9	•			11,872,462.	9	10,285,455.
	10a	Land, buildings, and equipment: cost or other		2 116 427 007			
		basis. Complete Part VI of Schedule D	10a	3,116,437,897. 1,426,144,386.	1,627,410,184.	10c	1,690,293,511.
		Less: accumulated depreciation			288,217,629.	<del></del>	285,117,024.
	11	Investments - publicly traded securities		1	750,295,455.	<del></del>	764,529,432.
	12	Investments - other securities. See Part IV, line				13	
	13	Investments - program-related. See Part IV, line				14	
	14	Intangible assets Other agests See Bott IV line 11			11,648,619.	<del></del>	20,604,502.
	15 16	Other assets. See Part IV, line 11  Total assets. Add lines 1 through 15 (must equ			3,415,561,229.		3,516,523,060.
Specimens.	17	Accounts payable and accrued expenses	263,204,068.	and the same of th	269,201,459.		
	18	Grants payable		i		18	
	19	Deferred revenue		1	365,494,359.	19	362,661,956.
	20	Tax-exempt bond liabilities		1	111,229,329.	20	109,333,332.
ဖွာ	21	Escrow or custodial account liability. Complete I				21	
Liabilities	22	Payables to current and former officers, director					
abi		highest compensated employees, and disqualifi	ed perso	ons. Complete Part II			138
3		of Schedule L				22	
	23	Secured mortgages and notes payable to unrela	ated thir	d parties		23	
	24	Unsecured notes and loans payable to unrelated	d third p	arties		24	
	25	Other liabilities. Complete Part X of Schedule D			720 007 776	25	741,196,747.
-	26	Total liabilities. Add lines 17 through 25		77	739,927,756.	26	/41,196,/4/.
		Organizations that follow SFAS 117, check he	ere 🕨	Lă and complete			
Fund Balances		lines 27 through 29, and lines 33 and 34.			1,914,018,614.	27	1,898,863,964.
au	27	Unrestricted net assets		Γ	463,757,926.	28	557,265,417.
Ва	28	Temporarily restricted net assets		ſ	297,856,933.	29	319,196,932.
pur	29	Permanently restricted net assets  Organizations that do not follow SFAS 117, cl		re ▶ □ and	,,		, ,
ī		complete lines 30 through 34.	ICCK IIC	and			
ls o	20	Capital stock or trust principal, or current funds				30	
Net Assets or	30 31	Paid-in or capital surplus, or land, building, or eq				31	
t As	32	Retained earnings, endowment, accumulated in				32	
§	33	Total net assets or fund balances			2,675,633,473.	33	2,775,326,313.
	34	Total liabilities and net assets/fund balances			3,415,561,229.	34	3,516,523,060.
			AD				Form <b>990</b> (2010)

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response to any question in this Part XI				Х		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,240				
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,101	1,404 9,574			
3							
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,675				
5	Other changes in net assets or fund balances (explain in Schedule O)	5	- 39	,881	,346.		
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2,775	,326	,313.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response to any question in this Part XII				<u></u>		
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х		
b	Were the organization's financial statements audited by an independent accountant?		2b	Х			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th						
	review, or compilation of its financial statements and selection of an independent accountant?			Х			
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho						
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue						
-	separate basis, consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Auc	dit				
ou	Act and OMB Circular A-133?		За	X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi		lit				
S.	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.			х			
	or against oxplain any in contouring a discourse any crops taken to allowing out the addition	TO SHARE THE PARTY OF THE PARTY	Form	990 (	2010)		

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of t	the organizat	ion					THE RESERVE THE PERSON NAMED IN COLUMN TWO	E	Employer i	dentificati	on nu	ımber
			n Institution						53	-0206027		
Part	Reason	for Public Cha	<b>rity Status</b> (All organi	izations mι	ust comple	ete this pa	rt.) See ins	structions.				
			because it is: (For lines									
1			es, or association of chu					i).				
2 🗔			<b>70(b)(1)(A)(ii).</b> (Attach So									
3 🗔			ital service organization			170(b)(1	YAYiii).					
4	A medical re	search organization	operated in conjunction	with a hos	spital desc	ribed in s	ection 170	)(A)(1)(d)C	iii). Enter th	ne hospital	's nan	ne,
<del>-,</del> '	city, and star		opo, acou in conjunt									
5 🔲			benefit of a college or u	niversity o	wned or o	perated b	v a govern	mental ur	it describe	ed in		
9	-	(b)(1)(A)(iv). (Compl					, ,					
6			nent or governmental un	it describe	d in sectio	on 170/b)/	1)(A)(v).					
6 7 X	An executate	ion that normally red	ceives a substantial part	of its sum	ort from a	anvernm	ental unit o	or from the	e general c	ublic desc	ribed	in
/ [42_]		(b)(1)(A)(vi). (Comple		or ito oup,	3011 110111 3	. 90.0						
. [			section 170(b)(1)(A)(vi).	(Complete	Part II )							
8 🖳			ceives: (1) more than 33			from contr	ibutions, r	nembersh	in fees, an	d aross red	ceipts	from
9 📖	Ari Organizat	to that normally rec	nctions - subject to cert	ain avcant	ions and (	(2) no mor	e than 33	1/3% of its	s support f	from aross	inves	tment
	activities reis	uprolated business t	axable income (less sec	tion 511 ts	ions, and ( ix) from bi	ısinesses	acquired t	ov the ara	anization a	fter June 3	0. 197	75.
					27, 110111 00	3011100000	acquire a	-, -,				
40		509(a)(2). (Complet	e rait iii.) perated exclusively to te	et for nuh	lic safety	See secti	on 509(a)(4	4).				
10	An organizat	ion organized and o	perated exclusively for the	he henefit	of to perf	orm the fu	nctions of	or to car	rv out the r	ourposes o	of one	or
11 📖	mara publish	cupported organiz	ations described in secti	ion 509(a)(	1) or section	on 509(a)(	2). See <b>se</b> e	ction 509	(a)(3). Che	ck the box	that	
			organization and compl				_,					
	a Type			c Typ	e III - Fund	ctionally in	tegrated		d 🔲	Type III - C	Other	
			at the organization is not					r more dis				an
е 📖	foundation m	conseque and other	than one or more public	v supporte	ed organiza	ations des	cribed in s	section 50	, 9(a)(1) or s	ection 509	(a)(2).	
z	If the events	ration received a wri	tten determination from	the IRS th	atitis a Tv	ne I. Type	II. or Type	e III	( ), ,			
f	_	rganization, check t										
			organization accepted a					owina per	sons?			
g	Since Augus	n who directly or inc	firectly controls, either a	lone or too	ether with	nersons	described	in (ii) and	(iii) below.		Yes	No
			upported organization?							11g(i)		
			n described in (i) above?									
			n person described in (i)									
										. [9(//		1
h	Provide the 1	ollowing information	about the supported or	gariization	(3).							
		(11) (2)	(iii) Type of	(iv) Is the o	rganization	(v) Did vo	u notify the	(vi) is	s the	(vii) Am	ount o	of .
	of supported	(ii) EIN	organization	in col. (i) lis	sted in your	organiza	tion in col.	organizati (i) organiz	on in col.	supr		•
orga	nization		(described on lines 1-9 above or IRC section	governing	document?	(i) of you	r support?	U.S	.?			
			(see instructions))	Yes	No	Yes	No	Yes	No			
						<b> </b>						
											,,	
								1				
					<del> </del>							
							<u> </u>				***************************************	
						<u> </u>				· · · · · · · · · · · · · · · · · · ·		
				1								

Page 2

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.)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) ⊳	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	319,342,958.	292,705,489.	987,555,559.	1032198872.	1040181349.	3671984227.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	319,342,958.	292,705,489.	987,555,559.	1032198872.	1040181349.	3671984227.
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.		100 00000000000000000000000000000000000				3671984227.
Sec	ction B. Total Support			CONTRACTOR OF THE PROPERTY OF			
Cale	ndar year (or fiscal year beginning in) ⊳	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	319,342,958.	292,705,489.	987,555,559.	1032198872.	1040181349.	3671984227.
8	Gross income from interest,						
	dividends, payments received on			**************************************			
	securities loans, rents, royalties						
	and income from similar sources	26,450,773.	15,896,019.	13,846,365.	11,222,007.	17,612,715.	85,027,879.
9	Net income from unrelated business					-	
	activities, whether or not the						
	business is regularly carried on	879,612.	291,563.	910,609.	-39,911.	-622,908.	1,418,965.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)			-			ances and the second se
11	Total support. Add lines 7 through 10						3758431071.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	706,332,567.
13	First five years. If the Form 990 is for	the organization's	first, second, third	l, fourth, or fifth tax	k year as a sectior	1 501(c)(3)	
	organization, check this box and stop	here					<b>&gt;</b>
	tion C. Computation of Publi						
	Public support percentage for 2010 (li				1	14	97.70 %
	Public support percentage from 2009					15	96.84 %
	33 1/3% support test - 2010. If the or						- T
	stop here. The organization qualifies a						
	33 1/3% support test - 2009. If the or						
	and stop here. The organization quality						
	10% -facts-and-circumstances test						
	and if the organization meets the "fact						
	meets the "facts-and-circumstances" t						
	10% -facts-and-circumstances test						)% or
	more, and if the organization meets th						, —
	organization meets the "facts-and-circ	umstances" test. 1	The organization qu	ualifies as a public	y supported orga	nization	
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	, 16b, 17a, or 17b,	check this box ar	nd see instructions	

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

(Complete only if you checked the box on line 9 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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) ⊳	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf				AND THE RESIDENCE OF THE PARTY		
5	The value of services or facilities					0000	
	furnished by a governmental unit to			WITH COLOR		NAME OF THE PARTY	
	the organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and			TOTAL STATE OF THE			
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 📂	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 6						
	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						
b	Unrelated business taxable income	:		·			
	(less section 511 taxes) from businesses					***************************************	
	acquired after June 30, 1975				**************************************		
С	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part IV.)						
	Total support (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for						ition,
	check this box and stop here						<b>&gt;</b>
	tion C. Computation of Publi			(0)		4-1	0/
	Public support percentage for 2010 (li					15	<u>%</u>
	Public support percentage from 2009					16	<u>%</u>
	tion D. Computation of Inves			0.12 column (6)	Π.	17	%
	Investment income percentage for 20					18	
10 10	Investment income percentage from 2 33 1/3% support tests - 2010. If the	organization did =		in line 1/1 and line			
	33 1/3% support tests - 2010. If the more than 33 1/3%, check this box ar						
	more than 33 1/3%, check this box ar 3 <b>3 1/3% support tests - 2009.</b> If the						
g	33 1/3% support tests - 2009. If the ine 18 is not more than 33 1/3%, che	organization did no	on bero. The ergo	mie 14 01 mie 198, nization gualifice o	and into 10 is 11101 e a nublich euron	rted organization	<b>&gt;</b>
20	ine 18 is not more than 33-1/3%, che Private foundation. If the organization	on tille box and <b>st</b> o n did not check a h	oox on line 14, 19a	. or 19b. check thi	s box and see inst	ructions	

#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

**Schedule of Contributors** 

➤ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2010

Employer identification number

St.	nithsonian Institution	53-0206027					
Organization type (check	one):						
Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization						
	4947(a)(1) nonexempt charitable trust <b>not</b> 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						
contributor. Comp  Special Rules  X For a section 501	on filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in molete Parts I and II.  (c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the rec	gulations under sections					
	(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.	greater of (1) \$5,000 or (2) 2%					
aggregate contrib	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contrutions of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, cruelty to children or animals. Complete Parts I, II, and III.						
contributions for u If this box is check purpose. Do not c	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contribute exclusively for religious, charitable, etc., purposes, but these contributions did not agreed, enter here the total contributions that were received during the year for an exclusive omplete any of the parts unless the <b>General Rule</b> applies to this organization because itle, etc., contributions of \$5,000 or more during the year.	ggregate to more than \$1,000.  Sly religious, charitable, etc.,  t received nonexclusively					
out it <b>must</b> answer "No" or	hat is not covered by the General Rule and/or the Special Rules does not file Schedule by Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 ing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	3 (Form 990, 990-EZ, or 990-PF), 2 of its Form 990-PF, to certify					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Schedule B (For	m 990, 990-EZ, or 990-PF) (2010)		Page 1 of 1 of Part I			
Name of orga	anization	Emp	Employer identification number			
Smithsoni	an Institution	5	3-0206027			
Part I	Contributors (see instructions)					
(a)	(b)	(c) Aggregate contributions	(d) Type of contribution			
No.	Name, address, and ZIP + 4	Aggregate communions	1,900.00.00.00.00.00.00.00.00.00.00.00.00.			
1 (1995)		\$ 21,000,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)			
(a)	(b)	(c)	(d)			
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution			
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)			
(a)	(b)	**************************************	(d)			
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution			
		\ \\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution			
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)			
(a)	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution			
No.	Name, avai coo, and an ++	*	Person Payroll Noncash (Complete Part II if there is a noncash contribution.) 90, 990-EZ, or 990-PF) (2010)			

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

(b)

(b)

(c)

FMV (or estimate)

(c)

(d)

(d)

FMV (or estimate) Date received from Description of noncash property given (see instructions) Part I (a)

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

(a)

No.

(a)

No.

#### SCHEDULE C (Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35a (Proxy Tax), then

9	Section 501(c)(4), (5), or (6) organiza	ations: Complete Part III.			
Nar	ne of organization			Emp	loyer identification number
William ne		n Institution		pm 25, cm)	53-0206027
Pi	art I-A Complete if the or	ganization is exempt und	er section 501(c)	or is a section 527 c	rganization.
2	Provide a description of the organi Political expenditures Volunteer hours			<b>&gt;</b> \$	0.
ij¥.	art I-S   Complete if the or	ganization is exempt und	er section 501(c)	/31.	
	Enter the amount of any excise tax	incurred by the organization unc	ler section 4955	> s	
2	Enter the amount of any excise tax	incurred by organization manage	ers under section 495	5 > \$	0.
	If the organization incurred a section				
	Was a correction made?				
	If "Ves " describe in Part IV				
-	art I-C Complete if the or	ganization is exempt und	er section 501(c)	, except section 501(	c)(3).
1	Enter the amount directly expende	d by the filing organization for sec	ction 527 exempt fund	etion activities > \$	
2	Enter the amount of the filing organ	nization's funds contributed to oth	ner organizations for s	ection 527	
	exempt function activities				
3	Total exempt function expenditures	s. Add lines 1 and 2. Enter here a	nd on Form 1120-POL	-,	
	line 17b			<b>&gt;</b> \$	
	Did the filing organization file Form				
5	Enter the names, addresses and en	mployer identification number (Elf	N) of all section 527 po	olitical organizations to which	h the filing organization
	made payments. For each organiza	ation listed, enter the amount paid	from the filing organi	zation's funds. Also enter th	ne amount of political
	contributions received that were pr	romptly and directly delivered to a	a separate political org	janization, such as a separa	te segregated fund of a
	political action committee (PAC). If	1		The second secon	1111
	( <b>a)</b> Name	( <b>b)</b> Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2010

Schedule C (Form 990 or 990-EZ) 2010

# Schedule C (Form 990 or 990-EZ) 2010 Smithsonian Institution 53-0206027 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	<u>`</u>	(a)		(b)
	Yes	No	An	nount
During the year, did the filing organization attempt to influence foreign, national, state or				
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of:				
a Volunteers?		Х		
Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
Media advertisements?		X	ļ	
d Mailings to members, legislators, or the public?		Х		
Publications, or published or broadcast statements?		Х	ļ	
f Grants to other organizations for lobbying purposes?		Х	<u> </u>	
p Direct contact with legislators, their staffs, government officials, or a legislative body?		<del>- ,,</del>		9,4
Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	<u> </u>	
Other activities? If "Yes," describe in Part IV		Х		0
Total. Add lines 1c through 1i		X		9,4
Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
of If "Yes," enter the amount of any tax incurred under section 4912				
If "Yes," enter the amount of any tax incurred by organization managers under section 4912	processor and control of the control			
I If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  It III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(		(5) or se	oction	
501(c)(6).	.011 00 1(0)	(0), 01 30	300011	
			Yes	No
Were substantially all (90% or more) dues received nondeductible by members?		1		
Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
Did the organization agree to carryover lobbying and political expenditures from the prior year?		3		
t III-B Complete if the organization is exempt under section 501(c)(4), secti 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa	ion 501(c)	(5), or se		
t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa"Yes."  Dues, assessments and similar amounts from members	ion 501(c) art III-A, lir	(5), or se ne 3 is a		Annual Control of the
t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa "Yes."	ion 501(c) art III-A, lir	(5), or se ne 3 is a		
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	ion 501(c)( art III-A, lin	(5), or sene 3 is a		
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year	ion 501(c)( art III-A, lin	(5), or sene 3 is a		
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Partyes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year	ion 501(c) art III-A, lin	(5), or sene 3 is a		
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Partyes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year	ion 501(c) art III-A, lin	(5), or sene 3 is a		
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Partyes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total	ion 501(c) art III-A, lir ical	(5), or sene 3 is a		
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	ion 501(c) art III-A, lin ical	(5), or sene 3 is a		
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the amount on line 3.	ion 501(c) art III-A, lin ical cess political	(5), or seene 3 is a  1  2a  2b  2c  3		
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeded the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)	ion 501(c) art III-A, lin ical cess political	(5), or seene 3 is a  1  2a  2b  2c  3		
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeded the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year?	ion 501(c) art III-A, lin ical cess political	(5), or seene 3 is a  1  2a  2b  2c  3		
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Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  tiv Supplemental Information  Delete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and the supplemental information of the part of the provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and the part of the part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and the part of the p	ion 501(c) art III-A, lin ical	(5), or seene 3 is a  1  2a  2b  2c  3  4  5	nswered	
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Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  t IV Supplemental Information  Delete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and additional information.	ion 501(c) art III-A, lin ical	(5), or seene 3 is a  1  2a  2b  2c  3  4  5	nswered	
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Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Paryes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the except does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  IV Supplemental Information  Determine the part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and additional information.  II-B, Line 1(i), Other Lobbying Activities:  Smithsonian Institution solicited support for capital improvements	ion 501(c) art III-A, lin ical	(5), or seene 3 is a  1  2a  2b  2c  3  4  5	nswered	

Schedule C (Form 990 or 990-EZ) 2010 Smithsonian Institution  Part IV Supplemental Information (continued)	53-0206027	Page 4
Part IV   Supplemental Information (continued)		
connection with these meetings was \$9,499.	WENTER	
	and the second s	
		000 P. O. P. C. B.
	03.T41.100-01.11/1/18.E11.A14.E04.33.T0.W0.B1.A16.B1.A16.00.11.000.63.30.64.30.64	
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		AND BLANKS AND BLANKS AND
		-

#### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

## Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

OMB No. 1545-0047 Open to Public

Inspection

**Employer identification number** Name of the organization Smithsonian Institution 53-0206027 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate contributions to (during year) 2 Aggregate grants from (during year) 3 4 Aggregate value at end of year 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? 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? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space 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 Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ 7 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)? In Part XIV, 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" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (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 XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (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) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 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 SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

Sch	nedule D (Form 990) 2010 Smithsonia	n Institution				53-020	5027		Page 2
P	art III Organizations Maintaining	Collections of A	rt, Historical T	reasures, c	or Other	Similar Ass	ets (co	ntinue	d)
3	Using the organization's acquisition, access	sion, and other record	ls, check any of the	following tha	at are a sigr	nificant use of it	s collect	ion ite	ms
	(check all that apply):								
á	Public exhibition	d	Loan or exc	change progra	ams				
Ł	Scholarly research	е	U Other						
•	c X Preservation for future generations								
4	Provide a description of the organization's c	collections and explai	n how they further t	the organizati	on's exemp	ot purpose in Pa	ırt XIV.		
5	During the year, did the organization solicit	or receive donations	of art, historical trea	asures, or othe	er similar a			_	
	to be sold to raise funds rather than to be m	The state of the s	The second secon	AND DESCRIPTION OF THE PERSONS ASSESSMENT ASSESSMENT OF THE PERSONS ASSESSMENT OF THE PERSONS ASSESSMENT OF THE PERSONS AS	The state of the s		Yes	L	<u> No</u>
Pε	rt IV Escrow and Custodial Arran		ete if the organization	on answered '	"Yes" to Fo	rm 990, Part IV	line 9, d	or	
	reported an amount on Form 990, Pa								
1a	Is the organization an agent, trustee, custod					1			<b>–</b>
	on Form 990, Part X?					L	_ Yes	_	l No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing table:						MANAGEMENT OF THE PARTY OF THE
							Amou	<u>nt</u>	
С	Beginning balance					1c			
d	Additions during the year					1d		CONTRACTOR	
e						1e			Marian Marian
Ť	Ending balance					1f	Yes		No
2a	3		21?				res	L	140
STREET, STREET	If "Yes," explain the arrangement in Part XIV.  TO Endowment Funds. Complete in the second se		word "Vac" to Ea	rm 000 Part I	IV line 10				XII.ORD INTERNATION IN CONTROL
	TE TENDOMINENT L'UNGS. COMplete l	(a) Current year	CALL III AND CALLES CONTRACTOR OF THE CONTRACTOR	долеконацияниямого учинения на неменямий	and the second and th	Three years back	(e) For	ur vear	e hack
· ar _		990,868,000.	(b) Prior year	· · · · · · · · · · · · · · · · · · ·		Tilles years back	(6)100	и усаг	3 Dauk
ia	Beginning of year balance	23,507,002.	56,665,000.		- Constant		<del> </del>		
b	Contributions	6,268,193.	101,203,000.		.000.		-		
C -	Net investment earnings, gains, and losses	0,200,130.	101,203,000.	200	, 000.		<del>                                     </del>		
d	Grants or scholarships Other expenditures for facilities						-		
е		47,426,653.	49,782,000.	48,536	000				
	and programs Administrative expenses	1,937,499.	727,000.		,000.				ar en le resemble (en
	End of year balance	971,279,043.	990,868,000.	883,509					
g 2	Provide the estimated percentage of the year			······································	<u>/i</u>				
	Board designated or quasi-endowment	51,00	%						
b	Permanent endowment 29.00	%							
	Are there endowment funds not in the posses		tion that are held ar	nd administer	ed for the o	organization			
-	by:					J		Yes	No
	(i) unrelated organizations						3a(i)		Х
							3a(ii)		Х
b	If "Yes" to 3a(ii), are the related organizations						3b		
4	Describe in Part XIV the intended uses of the								
Pai	t VI Land, Buildings, and Equipm								
	Description of investment	(a) Cost or oth	ner (b) Cost	or other	(c) Accur	mulated	(d) Boo	k valu	e
	·	basis (investme	ent) basis (	other)	deprec	iation			
1a	Land		12,	582,149.			12	,582	,149.
	Buildings		2,253,	123,570.	1,205,	607,017.	1,047		
	Leasehold improvements		114,	649,336.	34,	285,042.	80	,364,	,294.
	Equipment		260,	423,683.	186,	,252,327.		,171,	
е	Other			659,159.				,659,	
Total	. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part X	, column (B), line 10	D(c).)		<b>&gt;</b>	1,690	,293,	,511.

Part VII Investments - Other Securities. Se	e Form 990, Part X, line 12	2.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of val Cost or end-of-year m	
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A) Global & emerging markets	280,233,051.	End-of-Year Market Value	
(B) Hedge funds	330,402,554.	End-of-Year Market Value	
(C) Private equity & venture capital	94,188,515.	End-of-Year Market Value	
(D) Natural Resources and Real Estate	59,705,312.	End-of-Year Market Value	
(E)			
(F)			
(G)			
(H)			
(I)			
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)	764,529,432.		
Part VIII Investments - Program Related. Se	ee Form 990, Part X, line 10	3.	
(a) Description of investment type	(b) Book value	<b>(c)</b> Method of valu Cost or end-of-year ma	
(1)			
(2)			
(3)	3.340.004 (CR) (CR) 400-400-400 (CR) 400-400 (CR) 400-400 (CR) 400		
(4)			
(5)		a co-cuma 2000 a 20	
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶ │			
Part IX Other Assets. See Form 990, Part X, line			
(a) [	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col (B) line			
Part X Other Liabilities. See Form 990, Part X, li		(I-) A	
1. (a) Description of liability		(b) Amount	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)  Fotal (Column (h) must equal Form 990, Part Y, col (R) line (	25)		
Fin 48 (ASC 740). Footnote. In Part XIV, provide the text of the footnote to the Fin 48 (ASC 740).	ne organization s financial statemen	nts that reports the organization's liability for uncerta	in tax positions under

	edule D (Form 990) 2010 Smithsonian Institution	000 to Andito	J Financial Ct	35 02	a raye
	art XI Reconciliation of Change in Net Assets from Form			itement	
1	Total revenue (Form 990, Part VIII, column (A), line 12)				1,240,978,409
2	Total expenses (Form 990, Part IX, column (A), line 25)				1,101,404,223
3	Excess or (deficit) for the year. Subtract line 2 from line 1				139,574,186
4	Net unrealized gains (losses) on investments				-43,713,516
5	Donated services and use of facilities		5		
6	Investment expenses		6		
7	Prior period adjustments		7		
8	Other (Describe in Part XIV.)				3,832,170
9	Total adjustments (net). Add lines 4 through 8				-39,881,346
10	Excess or (deficit) for the year per audited financial statements. Combine lin	es 3 and 9	10	-	99,692,840
Pa	rt XII Reconciliation of Revenue per Audited Financial Sta				
1	Total revenue, gains, and other support per audited financial statements			. 1	1,232,047,370
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a	-43,713,51	6.	
b	Donated services and use of facilities	2b	7,652,99	4.	
С	Recoveries of prior year grants				
	Other (Describe in Part XIV.)		3,832,17	0.	
	Add lines 2a through 2d			2e	-32,228,352
3	Subtract line 2e from line 1				1,264,275,722.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
-	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,124,16	6.	
	Other (Describe in Part XIV.)	инистолизоправления под при	-24,421,47	9.	
	Add lines 4a and 4b	· · · · · · · · · · · · · · · · · · ·		4-	-23,297,313.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.			5	1,240,978,409.
	rt XIII Reconciliation of Expenses per Audited Financial St	atements Witl	Expenses pe		
1	Total expenses and losses per audited financial statements	·-···			1,132,354,530.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
2		2a	7,652,994	4	
a 	Donated services and use of facilities	1 1	,,002,55	$\exists$	
	Prior year adjustments			-	
С.	Other losses	1 1	24,421,479	<del>,</del>	
a	Other (Describe in Part XIV.)				32,074,473.
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	1,100,280,057.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		_	
а	Investment expenses not included on Form 990, Part VIII, line 7b		1,124,166	<u>'</u>	
	Other (Describe in Part XIV.)	4b	and the second s	_	
	Add lines 4a and 4b			4c	1,124,166.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	3.)		5	1,101,404,223.
Par	t XIV Supplemental Information				
Comp	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9;	Part III, lines 1a ar	nd 4; Part IV, lines	1b and 2b	o; Part V, line 4; Part
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also				
Part	III, line 1a: In conformity with the practice generally f	followed by			
muse	ums, no value is assigned to the collections in the statem	ent of			
fina	ncial position. Purchases of collection items are recogni	zed as			
redu	ctions in unrestricted net assets in the period of acquisi	tion.			
Proc	eeds from deaccessions or insurance recoveries for lost or	destroyed			
coll	ection items are recognized as increases in the approriate	net asset			
clas	s and are generally designated for future collection acqui	sitions.			
	2				

Schedule D (Form 990) 2010 Smithsonian Institution  Part XIV Supplemental Information (continued)	A STATE OF THE STA	53-0206027	Page
Part X, Line 2: Line 2 The Smithsonian recognizes the ex	ffect of income		
tax positions only if those positions are more likely the	nan not of being		
sustained. The Smithsonian does not believe its financ	ial statements		
include any uncertain tax positions.			
			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Part XI, Line 8 - Other Adjustments:			
Change in FONZ net assets	-927,416.		
Deferred gain on building	3,908,586.		-
Change in minority interest-SI Network	851,000.		ALLAN CONTROL OF THE STREET
Total to Schedule D, Part XI, Line 8	3,832,170.		
Part XII, Line 2d - Other Adjustments:			
Deferred gain on building	3,908,586.		
Change in FONZ net assets	-927,416.		
Change in minority interest - SI Networks	851,000.		
Cotal to Schedule D, Part XII, Line 2d	3,832,170.		
art XII, Line 4b - Other Adjustments:			
rect expenses - fundraising and cost of goods sold	-24,421,479.		
art XIII, Line 2d - Other Adjustments:	11-94-011		
irect expenses - fundraising and cost of goods sold	24,421,479.		

### SCHEDULE F (Form 990)

## **Statement of Activities Outside the United States**

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

➤ Attach to Form 990. ➤ See separate instructions.

2010 Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

53-0206027

Smithsonian Institution

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

to Form 990, Part IV, line 14b.

1 For grantmakers. 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

Por grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.

(a) Region	(b) Number of (c) Number of		(d) Activities conducted in region	(e) If activity listed in (d)	(f) Total
,, ,	offices	employees, agents, and	(by type) (e.g., fundraising, program	is a program service,	expenditures
	in the region	independent	services, investments, grants to	describe specific type	for and investments
		contractors in region	recipients located in the region)	of service(s) in region	in region
			Academic appointment		
Central America and			stipends to recipients		Obdision of the Control of the Contr
the Caribbean	0	0	located in the region		1,321,853
Central America and					
the Caribbean	7	737	Program services	Research facilities.	19,843,770
			Academic appointment		
			stipends to recipients		
East Asia & Pacific	0	0	located in the region		993,631
			Academic appointment		
			stipends to recipients		
Europe	0	0	located in the region		2,232,221
			Academic appointment		
Middle East & North			stipends to recipients		
Africa	0	0	located in the region		218,897.
			Academic appointment		
			stipends to recipients		
North America	0	0	located in the region		292,505.
			Academic appointment		
Russia & Newly			stipends to recipients		
Independent States	0	0	located in the region		102,352.
		ļ	Academic appointment		
		ļ	stipends to recipients		
South America	0	0	located in the region		720,832.
3 a Sub-total	7	737			25,726,061.
<b>b</b> Total from continuation					
sheets to Part I	0	0			494,601,860.
c Totals (add lines 3a					
and 3b)	7	737			520,327,921.

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

Schedule F (Form 990) 2010

Schedule F (Form 990)  Part I Continuation	on of Activitie		n. (Schedule F (Form 990), Part I, line	3)	zi Page i
(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
			Academic appointment stipends to recipients		
South Asia	0	0	located in the region		142,388.
			Academic appointment		
			stipends to recipients		
Sub-Saharan Africa	0	1	located in the region		9,169.
Europe	0	0	Research		274,082.
GANGER AND					
	THE COLUMN TWO COLUMN				105 515
Sub-Saharan Africa	0	0	Research		105,517.
	Colored Marketine and				and to the control of
South America	0	0	Research		342,298.
man and a market	0	0	Research		34,463.
East Asia & Pacific	U U	0	Resear CII		,
East Asia & Pacific	0	0	Investments		672,909.
Europe (Including Iceland & Greenland)	0	0	Investments		27,253,625.
Iceland & Greenland)	U	0	IIIvesements		
North America	0	0	Investments		9,151,849.
South America	0	0	Investments	/	267,288.
Totals					

/-\ D- · · · ·	(In) Niversit	(a) Niumbau -f	(d) Activities conducted in region	(e) If activity listed in (d)	(f) Total
(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)	is a program service, describe specific type of service(s) in region	expenditur for region
7					
Central America and the Caribbean -	0	0	Investments		456,348,2
				WARRIER TO THE TOTAL PROPERTY OF THE TOTAL P	
					***
					To the second se
	es sonitation de la constantion de la constantio				
			- Verification of the Control of the		
			***************************************		
			-		
otals					494,601,86

Schedule F (Form 990) 2010 Smithsonian Institution

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any

Page 2

recipient who rec Part II can be du	recipient who received more than \$5,000. Check this to Part II can be duplicated if additional space is needed.	,000. Check this box if no space is needed.	recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed.	han \$5,000			tes to tollingso, raitiv, life 15, for any	A A
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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		ia and the	Academic appointment					
		Pacific	stipend	30,289.	EFT	0.		
			Academic appointment					
		South America	stipend	13,150.	EFT	0		
		East Asia and the	Academic appointment					
			stipend	20,117,	EFT	0		
			Academic appointment					
		South Asia	stipend	36,068.	FF	0.		
			Academic appointment					
		South America	stipend	35,973,	EFT	0		
2 Enter total number of the IRS, or for which	f recipient organization the grantee or couns	ons listed above that are sel has provided a section	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	foreign country,	recognized as tax-ey	empt by		
3 Enter total number of other organizations or entities	f other organizations	or entities						AND THE PROPERTY OF THE PROPER

Schedule F (Form 990) 2010

Page 3

Schedule F (Form 990) 2010 Smithsonian Institution 53-0206027

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

Part III can be duplicated if additional space is needed.

(h) Method of valuation (book, FMV, appraisal other)	(care dependent)								
(g) Description of non-cash assistance									
(f) Amount of non-cash assistance	0	.0	.0	.0	.0	°o	.0	,0	0.
(e) Manner of cash disbursement	Direct Deposits & Checks	48	221. Direct Deposits & Checks	897.Direct Deposits & Checks	Direct Deposits & Checks	352. Direct Deposits & Checks	709. Direct Deposits & Checks	Direct Deposits & Checks	9,169.Direct Deposits & Checks
(d) Amount of cash grant	1,321,853.	943,225,	2,232,221.	218,897.	292,505,	102,352,	671,709.	106,320.	9,169.
(c) Number of recipients	125	48	117	6	23	φ.	09	∞	4
(b) Region	Central America and the Caribbean	East Asia and the Pacific	Europe	Middle East and North Africa	North America	Russia and the Newly Independent States	South America	South Asia	Sub-Saharan Africa
(a) Type of grant or assistance	Academic Appointment Stipends	Academic Appointment Stipends	Academic Appointment Stipends	Academic Appointment Stipends	Academic Appointment Stipends North America	Academic Appointment Stipends	Academic Appointment Stipends	Academic Appointment Stipends	Academic Appointment Stipends

206027	Page 4
THE PARTY OF THE P	The state of the s

ran	Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to 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)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see Instructions for Form 5471)	X Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	X Yes	☐ No
	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	X Yes	☐ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)	¥ Yes	□ No

Schedule F (Form 990) 2010

# Part V

#### Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); 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.

Schedule F, Part I, Line 2: The Office of Fellowships has central management and administrative responsibility for the Smithsonian programs of research fellowships and other academic appointments for undergraduate, graduate students, postdoctoral and senior scholars. The Smithsonian Institution Fellowship Program is a competitive fellowship program for graduate and postdoctoral fellows, who apply to conduct research at the Institution with research staff serving as advisors. The review process is made up of disciplinary committees comprised of the Institution's staff who evaluate the canadates and then select the fellows. There are other competitive and non-competitive fellowship 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, we have 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 that their payments be sent to the country of their research. At the end of tenure, a final report of their research Smithsonian research staff accomplishments is provided for our records. who serve as advisors to these fellows, students and scholars are usually The individual Smithsonian research

in the field during their tenure.

Schedule F (Form 990) 2010 Smithsonian Institution	53-0206027	Page 5
Part V Supplemental Information		
Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I,	, line 3, column (f) (accoun	ting method)
Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated		
Also complete this part to provide any additional information.	, ,	, ,
Also complete this part to provide any additional information.	- Aller Control of the Control of th	
centers monitor the progress of their fellows especially those in other		
countries, and the administrative management of funds is managed through		
the Institution's central administration for accountability,		
Investments in particular regions include investments in foreign		
partnerships and foreign corporations determined by its legal domicile.		***
The value reported represents the fair market value of the investment at		
the end of the fiscal year,		
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 travelled to the Smithsonian in the U.S.		
to perform their research.		
	444	

## SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No. 1545-0047

Open To Public Inspection

Name of the organization

Employer identification number

Smithsonia	an Institution				53-0206027	
Part I Fundraising Activities required to complete this pa	<b>5.</b> Complete if the organization answ	ered "	Yes" t	o Form 990, Part IV,	line 17. Form 990-E2	Z filers are not
1 Indicate whether the organization ra a X Mail solicitations b X Internet and email solicitation c X Phone solicitations d X In-person solicitations 2 a Did the organization have a written key employees listed in Form 990, F b If "Yes," list the ten highest paid incompensated at least \$5,000 by the	e X Solicita f X Solicita g X Special or oral agreement with any individua Part VII) or entity in connection with p	ition of ition of I fundra I (inclu profess	non-g gover alsing ding o	povernment grants rnment grants events  officers, directors, tru fundraising services	stees or ?	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	i have c	Did raiser ustody itrol of utions?	(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
Marts & Lundy - 1200 Wall St.		Yes	No		devocaters account	
W, FL 5A, Lyndhurst, NJ	Campaign Consultant		Х	0.	210,969.	-210,969.
Epsilon Data - 50 Cambridge	Direct mail advisory &					
St., Burlington, MA 01803	assistance		X	0.	902,879.	-902,879.
Donor Services Group LLC -	Telemarketing Calling					
11500 Olympic Blvd., Los	Services		Х	0.	221,194.	-221,194.
Odell, Simms & Associates -	Direct Mail - Acquisition					
7704 Leesburg Pike #2, Falls	Program		Х	0.	1,136,288.	-1,136,288.
Avalon Consulting Group -	Telemarketing, direct					
1413 K St., NW, Washington,	mail, online & consulting		Х	0.	399,151.	-399,151.
SDA&A Teleservices, Inc						
01 Continental Blvd., El	Telemarketing services		X	0,	179,616.	-179,616.
Steege/Thomson						
Communications, Inc 4606	Campaign Communications		X	0.	583,576.	-583,576.
The Watershed Group LLC - 100						
Bush St., San Francisco, CA	Online Advisory Services		Х	0.	115,000.	-115,000.
Elisa Glazer - 5824 Rockmere	Fundraising assistance -					
Drive, Bethesda, MD	Exhibitions		Х	0.	43,896.	-43,896.
Elizabeth Perry - 232 7th St,	Fundraising assistance -					
NE, Washington, DC	Exhibitions		Х	0.	43,000.	-43,000.
otal			<b>&gt;</b>	h a h a a mara hifi a	3,835,569.	-3,835,569.
3 List all states in which the organization	on is registered or licensed to solicit o	contrib	utions	s or has been notified	and is exempt from re	giotration
or licensing.						

Schedule G (Form 990 or 990-EZ) 2010 Smithsonian Institution Page 2 Fundraising Events. Complete if the organization answered "Yes" to 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. (b) Event #2 (c) Other events (a) Event #1 (d) Total events NDA Dinner & (add col. (a) through Program AAA Benefit col. (c)) (event type) (total number) (event type) 339.385 424,196. 1,684,813. 921,232 1 Gross receipts 279,065 241,494. 1,308,021. 787,462. 2 Less: Charitable contributions 60,320 182,702. 376,792. 133,770, 3 Gross income (line 1 minus line 2) 4 Cash prizes Noncash prizes Expenses 10,129. 10,129. Rent/facility costs 478,768. 317,406. 80,185. 81,177. Food and beverages 8,500 77,725. 69,225. Entertainment 28,861, 178 131, 113,227. Other direct expenses 744,753) 10 Direct expense summary. Add lines 4 through 9 in column (d) -367,961. 11 Net income summary. Combine line 3, column (d), and line 10. Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue ..... 2 Cash prizes Expenses 3 Noncash prizes Rent/facility costs Other direct expenses Yes Yes No No No 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Combine line 1, column d, and line 7 9 Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

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

٠.	edule G (Form 990 or 990-EZ) 2010 Smithsonian Institution 53-02	06027		Pac	qe <b>3</b>
Scr	Does the organization operate 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?	$\Box$	Yes		No
13	Indicate the percentage of gaming activity operated in:				
a	The organization's facility	13a	1		%
	An outside facility	13b	<u> </u>		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:				
	Name				
	Address >	<del></del>			
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 > \$				
С	If "Yes," enter name and address of the third party:				
	Name >	-	-	, , en	ATT STATE OF THE S
	Address >	**************************************		······································	учений
16	Gaming manager information:				
	Name			04.1X8.831.1X8.4X1	
	Consideration (Consideration (Consid				
	Gaming manager compensation ▶ \$				
	Description of services provided				
	Director/officer Employee Independent contractor				
47					
	Mandatory distributions:  Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?		Yes		No
	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 ▶ \$				
Pai	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii)	and (v	), and	Part II	١,
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information	(see ii	nstruc	tions).	
Sche	edule G, Part I, Line 2b, List of Ten Highest Paid Fundraisers:				
(i)	Name of Fundraiser: Steege/Thomson Communications, Inc.				
(i)	Address of Fundraiser: 4606 Spruce Street, Philadelphia, PA 19139				
Sche	edule G, Part I, Line 2b, Column (v): As the Smithsonian has multiple				
	draisers, some of whom work on the same campaign, it is not possible				_
				***************************************	
	accurately report the exact amount of revenue associated with each				
fund	raiser Please note that none of the fundraisers had control of any				

Schedule G (Form 990 or 990-EZ) 2010 Smithsonian Institution	53-0206027	Page 4
Schedule G (Form 990 or 990-EZ) 2010 Smithsonian Institution  Part IV Supplemental Information (continued)	4 77	
contributions; all were paid under the terms of negotiated contracts.		
		***

SCHEDULE (Form 990) Internal Revenue Service

Department of the Treasury

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

OMB No. 1545-0047	ZU IU pen to Public
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Inspection

Schedule I (Form 990) (2010) å | Employer identification number (h) Purpose of grant scademic Appointment cademic Appointment 53-0206027 or assistance X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any tipend Stipend recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed.

ame and address of organization

(b) ElN

(c) IRC section

(d) Amount of organization

(e) Amount of valuation (book, rather)

(b) Description of rather spiral and additional space is needed.

(g) Description of rather and additional space is needed. 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 0 o Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 12,000, 18,385, LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of section 501(c)(3) and government organizations ... 501(c)(3) 501(c)(3) 31-6402089 59-0624458 General Information on Grants and Assistance Smithsonian Institution criteria used to award the grants or assistance? Enter total number of other organizations 1 (a) Name and address of organization Coral Gables, FL 33124 1300 Memorial Drive Name of the organization University of Miami 7 Roundebush Hall Oxford, OH 45056 Miami University Part II Part N

032101 01-13-11

Page 2 Schedule I (Form 990) (2010) (f) Description of non-cash assistance (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (d) Amount of non-cash assistance 0 10,048,175. (c) Amount of cash grant made up of disciplinary committees comprised of the Institution's research Institution with research staff serving as advisors. The review process is of research fellowships and other academic appointments for undergraduate, There are management and administrative responsibility for the Smithsonian programs graduate and postdoctoral fellows, who apply to conduct research at the Institution Fellowship Program is a competitive fellowship program for graduate students, postdoctoral and senior scholars. The Smithsonian Line 2: The Office of Fellowships has central (b) Number of recipients 928 staff who evaluate the candidates and then select the fellows. (a) Type of grant or assistance Academic Appointment Stipends Part I, Schedule I, 032102 01-13-11 Part IV Part III

53-0206027

Smithsonian Institution

Schedule I (Form 990) (2010)

### SCHEDULE J (Form 990)

**Compensation Information** 

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

Attach to Form 990.

See separate instructions.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

Smithsonian Institution 53-0206027

P	art I Questions Regarding Compensation			
harana.		Cinicanoporotono	Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	X First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Х	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply.			
	▼ Compensation committee			
	Independent compensation consultant  X Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a		Х
		4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	Decision de la Constitución de l	Х
	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) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a	Х	
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7		<u> </u>
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		<u>X</u>
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

Schedule J (Form 990) 2010

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 in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii).

Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(I)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	0	<u>a</u>	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive	(iii) Other reportable	other deferred compensation	Nontaxable benefits	lotal of columns (B)(i)-(D)	Compensation reported in prior
			compensation	compensation			····	Form 990-EZ
	Ξ	501,984.	10,000.	5,334.	36,310.	2,934.	556,562.	0
1 G. Wayne Clough	≘		0.	0	1 O	.0	0	0
	<u>=</u>	173,673.	4,000.	347.	24,417,	6,589	209,026.	0
2 John Lapiana	Ξ		0	0	0	0	0	0
	Ξ	175,510.	0	1,036.	25,169.	8,978	210,693.	0
3 Judith Leonard	≘		0	0	0	0		0
	€	288,018.	0	1,269.	36,310,	17,461.	343,058.	0
4 Alice Maroni	Ξ			0.	0	• 0	0.	0
	Ξ	165,901.	1,229.	234.	25,100.	22,840.	215,304.	0
5 Anne Ryan	Ξ		.0	0 .	0	0	0.	0
	Ξ	245,124.	0.	1,567.	36,310.	4,627.	287,628.	0
6 Bruce Dauer	Ξ		0	0 •	°O	0	0	0
	Ξ	143,896.	12,000.	490°	19,167	1,934.	177, 487.	0
7 Charles R. Alcock	≘		0.	0		0	0	0
	Ξ	321,507.	0.	2,216.	36,310。	17,890.	377,923.	0
8 Virginia Clark	≘	0.	.0	0	0	0	0	0
	Ξ	286,84	10,000.	1,890.	41,260.	9,078.	349,077.	0
9 Richard Kurin	≘	0.	.0	0	0	0	0	0
	Ξ	246,742.	10,000.	3,016.	36,310.	1,133.	297,201.	0
10 Evelyn Lieberman	Ξ		.0	0.	0	0	0.0	0
	Ξ	159,807.	5,000.	0.	°O	14,530.	179,337.	0
11 Era Marshall	ᆗ		0.	0	0	0	0	0.
	Ξ	187,886.	.0	0.	0	5,985.	193,871.	0.
12 Alison McNally	≘		0	.0	°	0	0	0.
:	Ξ	374,363.	50,000.	911.	36,310.	16,583.	478,167.	0.
13 Thomas Ott	흳		0.	0	° 0	0.	0	0
,	€	217,114.	4,000.	1,385.	32,668,	13,427.	268,594.	0
14 Sudeep Anand	≘		0	0	0	• 0	0	0.
	Ξ	191,323.	47,185.	180,	28,585.	18,360.	285,633.	0.
15 Gregory Bokman	₽			.0	0	0.	0	0
* ·	≘	254,51	30,83	552,	36,310,	5,568.	327,773.	0
16 Amy Chen	9	0	• 0	• 0	0 °	0 •	0	0

Schedule J (Form 990) 2010

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 in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	(2)	(a)	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred	Nontaxable benefits	lotal of columns (B)(i)-(D)	Compensation reported in prior Form 990 or Form 990-EZ
1)	╘	214,129.	0	1,338,	31,617.	5,056,	252 140	U
1 James Douglas	(11)	0	0	0	0	0	~ I	0
	Ξ	219,132.	0.	491.	32,920,	13,008.	265,551,	0
2 Mary Payne (ii	<b>(E)</b>	0.	0.	0	0	0	0	0
	Ξ	245,934.	0	372.	36,310,	20,080.	302,696.	0
3 Ann Speyer (i	€	0.	0.	0.	0	0	0	0
·	Ξ	157,915.	4,000.	0	8,232.	16,727.	186,874.	0
4 Andrew Zino	€	0.	0	*0	0	0	0	0
	$\equiv$	305,335.	40,000.	2,056.	34,225.	3,746,	385,362.	0
<b>5</b> Eva Pell (i	≣	0.	0	0 0	0	0	0	0
	Ξ	120,214.	45,000.	772.	13,818,	4,335.	184,139.	0
6 Claudine Brown (i	ਛ		0	0	0	0	0	0
	$\equiv$	181,630.	8,000.	0.	8,232.	14,321.	212,183.	0
7 Sallie Morse (i	⊞		0	.0	0.	0	0	0
	Ξ	179,466.	0.	1,036.	25,169.	696	206,640.	0
8 James Bruce Kendall (i	Ξ		0	0 *	0	.0	0	0
	$\equiv$	166,973.	5,000.	973.	28,740.	13,212.	214,898.	0
9 George VanDyke	<b></b>			0	0	0.	0.	0
-	Ξ	287,585.	101,235.	1,255.	36,310.	16,414.	442,799.	0
10 Peter Gibbons (i	<b>E</b>		0	0 0	0	0	0	0
	E	279,171.	2,00	5,730.	36,310,	2,654,	325,865.	0
11 John Dalley (i				0.	0	0.	0	0
	Ξ	226,308.	00'06	982.	32,293,	13,298.	362,881.	0
12 Dennis Kelly (i				0,	0	.0	0	.0
	ε	309,352.		4,065.	36,310.	16,418.	366,145.	0
13 Kichard Koshalek (i	€	0	- 1	0	0	0	0	0
·	Ξ	302,068.	3,00	466.	36,310.	16,396.	358,240.	0
14 Christian Samper (i		0		0	0	0.	0	0
	Ξ	161,054.	10,00	.0	0	8,204.	179,258.	0
15 Marsha Shaines (i	€	0		0	* 0	0.	0.	.0
	Ξ	143,590.	10,00	0 °	7,557,	17,301.	178,448.	0
16 Scott Miller	圁	0	0	0	°0	0	0	0.
								The state of the s

Schedule J (Form 990) 2010

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

53-0206027

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		ם) בוהמעממאוו מו ז	(b) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	0	9	(E)	(F)
	<u> </u>	(i) Base compensation	(ii) Bonus & incentive	(iii) Other reportable	Retirement and other deferred compensation	Nontaxable benefits	Total of columns (B)(i)-(D)	Compensation reported in prior
			compensation	compensation			,	Form 990-EZ
	Ξ	145,401.	8,000.	0.	0	16,818,	170,219	. 0
1 Robert Fraga	(E)	0.	0	0	0	0	0	0
	⊜	212,393.	0	2,514.	31,067.	3,549.	249,523.	0
2 Clair Gill (	(ii)	0	0	0	0	0		0
	€	154,293.	0.	2,595.	20,890.	806	178,686.	0
3 Ira Rubinoff	<u>(ii)</u>	0.	0	•0	0	0	0	0
	<u> </u>							
	3 8							
3								
	ε							
) 9	(ii)				Compression of the Compression o			
	ε					Anderson Color de Correccione de Colorado		
7	(ii)							
	] (g)				CONTRACTOR AND AN ARTHUR PERSONAL PROPERTY OF THE PERSONAL PROPERTY OF			
)	(ii)							
					THE RESIDENCE AND ASSOCIATED BY A STATE OF STATE			
6	Ξ				Manufacture (Manufacture Action of Bergelon (Manufacture Action of			
	(E)				- Andreas and Common and Andreas and Andre	The state of the s		
10	(ii)				Commissional Company of a state of the first own or a state of the sta			
	ε							
11	<b>(E)</b>							
	€							
12	≣							
	<u> </u>				adaportifica con proprio menerali per proprio del con del transcrio menerali per			
13	▣							
	<u>=</u>							
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16		AND DESCRIPTION OF THE PROPERTY OF THE PROPERT		The state of the s				

Schedule J (Form 990) 2010 Smithsonian Institution	53-0206027 Pane 3
Part III Supplemental Information	TOTAL THE STATE OF
Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.	omplete this part for any additional information.
Part I, Line la: First class travel:	
Certain persons listed in Part VII, Section A were authorized for first	
class travel when the circumstances of their travel met the requirements of	
the Smithsonian's travel policy for such travel and first 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. Those circumstances included (i) two travelers who have a	
documented medical condition that permits non-coach travel, when business	
class travel was not available on scheduled appropriate flight,	
Travel for companions:	
The Smithsonian's policy for payment of spousal or dependent family member	
travel permits such payment only in limited, exceptional cases, when there	
is a demonstrated bona fide business purpose for the travel and the travel	
furthers the mission of the Smithsonian, beyond mere attendance at an event	
or the performance of incidental services, Such travel is authorized only	
if approved by the Office of General Counsel and the Office of Under	
Secretary for Finance and Administration/Chief Financial Officer in advance	
	Schedule J (Form 990) 2010

Schedule J (Form 990) 2010 Smithsonian Institution	53-0206027 Page <b>3</b>
Part III Supplemental Information	
Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.	this part for any additional information.
of travel. In the calendar year 2010, five trips were approved for the wife	
of Secretary Wayne Clough, and one trip was approved for the wife of John	
Dailey, Director of the National Air and Space Museum. Each trip was	
authorized consistent with policy. Because it was determined that there was	
a bona fide business purpose for each trip, the cost of the trips was not	
treated as taxable income,	
Part I, Line 6: Certain employees of Smithsonian Enterprises (SE) are	
eligible to participate in the Smithsonian Enterprises Management Incentive	
Plan. This eligibility is determined on an annual basis. Even if eligible	
to participate, a performance review rating of "Fully Successful" must be	
received. The Plan includes both financial and individual (operational)	
goals, and these goals must be met in order to receive an incentive	
payment, There are different performance levels, with each successive	
level giving a higher incentive payment. In addition, the eligible person	
must be employed by the organization on the last day of the fiscal year in	
order to receive payment.	
Certain employees of the Office of Investments (OI) are eligible to	
	Schedule J (Form 990) 2010

Schedule J (Form 990) 2010 Smithsonian Institution Part III Supplemental Information	53-0206027 Page <b>3</b>
Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.	part for any additional information.
participate in the Investments Incentive plan. This eligibility is	
determined on an annual basis. The plan includes both quantitative and	
qualitative goals. The quantitative payment is based on portfolio	
performance compared to benchmark, and has both single year and multi-year	
components. The qualitative portion is based on the individual's	
performance review, and a rating of at least "Successful" is required to	
receive the qualitative portion of the incentive. The quantitative portion	
is paid based on the number of basis points earned, with each basis point	
earning a specific percentage of salary. The overall incentive is capped	
at 150% of salary.	
Part II:	
Certain of the Institution's current key employees began their service	
after December 31, 2010 and, accordingly, received no compensation for the	
reporting period,	
	Schedule J (Form 990) 2010

Department of the Treasury Internal Revenue Service SCHEDULEK (Form 990)

Name of the organization

Supplemental Information on Tax-Exempt Bonds Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions,

explanations, and any additional information in Part V.

2010 Open to Public Inspection

OMB No. 1545-0047

Employer identification number

See separate instructions. Attach to Form 990.

Yes (i) Pooled financing × × ŝ 2 (g) Defeased (h) On behalf ŝ ۵ Ω of issuer Yes Yes Yes 53-0206027 × × å × × Yes ŝ ŝ Bonds O O (f) Description of purpose 545,000. po construct a museum **∦es** ¥es 500,000. Refunding of 1997 33,212,755. 20,373. 825,749, 570,000. 592,621, × × 2 2 2010 Η, 333 0 Ω **\$**0 ≫ × þ¢ (e) Issue price 77,014,525. 545,000 530,475 77, 30 × × × × 2 è 2003 77 (d) Date issued 4 Yes Yes 12/03/03 04/26/10 × × 032121 02-02-11 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. (c) CUSIP# 30382EC75 254839756 Does the organization maintain adequate books and records to support the final allocation of proceeds? Are there any lease arrangements that may result in private business use of Was the organization a partner in a partnership, or a member of an LLC, Were the bonds issued as part of an advance refunding issue? (b) Issuer EIN Were the bonds issued as part of a current refunding issue? 54-0787833 52-1834528 which owned property financed by tax-exempt bonds? Smithsonian Institution Has the final allocation of proceeds been made? Fairfax County Economic Development Working capital expenditures from proceeds Capital expenditures from proceeds Credit enhancement from proceeds Capitalized interest from proceeds Amount of bonds legally defeased Gross proceeds in reserve funds Proceeds in refunding escrows Year of substantial completion Issuance costs from proceeds Part III Private Business Use (a) Issuer name Other unspent proceeds bond-financed property? Columbia Amount of bonds retired Total proceeds of issue Other spent proceeds **Bond Issues** Proceeds District of A Authority Part II Part I N ဖ œ O 5 9 Ω ပ 2 F 12 5 # 1

Schedule K (Form 990) 2010

Schedule K (Form 990) 2010 Smithsonian Institution
Part III Private Business Use (Continued)

53-0206027

Page 2

	***************************************							
		<	20		O			
3a Are there any management or service contracts that may result in private	Yes	<b>N</b>	Yes	S.	Yes	ê.	Yes	No
business use of bond-financed property?		×	AND THE PROPERTY OF THE PROPER					
<b>b</b> Are there any research agreements that may result in private business use of								
bond-financed property?		×						
c Does the organization routinely engage bond counsel or other outside			A STATE OF THE PARTY OF THE PAR					
counsel to review any management or service contracts or research	****							
agreements relating to the financed property?		×	oo o o o o o o o o o o o o o o o o o o					
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		% 00.		%		%		%
5 Enter the percentage of financed property used in a private business use as a			And the second state of the second se					2
result of unrelated trade or business activity carried on by your organization,								
another section 501(c)(3) organization, or a state or local government		% 00.		%		%		%
6 Total of lines 4 and 5		% 00.		%		8		8/
7 Has the organization adopted management practices and procedures to			The state of the s					2
ensure the post-issuance compliance of its tax-exempt bond liabilities?	×							
Part IV Arbitrage		THE REAL PROPERTY AND ADDRESS OF THE PARTY AND	AND A SPACED SELECTED STABLES SECURIOR SELECTED AND AND AND AND AND AND AND AND AND AN		And the second s	CONTRACT LANCES INVESTOR (SALES CONTRACTOR C		
		A	<u> </u>		0			
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of	Yes	No	Yes	No	Yes	No No	Yes	N <sub>o</sub>
Arbitrage Rebate, been filed with respect to the bond issue?		×	-	×				
2 Is the bond issue a variable rate issue?	×			×				
3a Has the organization or the governmental issuer entered into a qualified								
hedge with respect to the bond issue?		×		×				
b Name of provider								
c Term of hedge								
d Was the hedge superintergrated?			and the state of the control of the					
e Was the hedge terminated?			Market Ecolory Section Chamber Control of Co					
4a Were gross proceeds invested in a GIC?		×	The state of the s	Х				
<b>b</b> Name of provider			ANAMAN MANAGER STATES AND ANAMAS					
c Term of GIC			red reduced to the contract of					
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5 Mars any gross proceads invested havened an available tomorgan paried?		^		Þ				
		4 >		V				
Und the bond issue qualify for an exception to repate?		×		×				

Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K. PartV

032122 02-02-11

Schedule K (Form 990) 2010

#### SCHEDULE M (Form 990)

Department of the Treasury

nternal Revenue Service

### **Noncash Contributions**

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

Attach to Form 990.

OMB No. 1545-0047

**2010** 

Open to Public Inspection

Employer identification number Name of the organization 53-0206027 Smithsonian Institution Types of Property Part I (d) (b) Noncash contribution Method of determining Check if Number of contributions or amounts reported on noncash contribution amounts applicable Form 990, Part VIII, line 1g tems contributed 3.313 Art - Works of art Art - Historical treasures 2 Х Art - Fractional interests 3 Books and publications 4 Clothing and household goods 5 Cars and other vehicles 6 7 Boats and planes Intellectual property 8 4 304 315. Selling Price Х 108 9 Securities - Publicly traded Securities - Closely held stock 10 Securities - Partnership, LLC, or 11 trust interests Securities - Miscellaneous 12 Qualified conservation contribution -13 Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 8,435 Х Collectibles 18 Food inventory 19 Drugs and medical supplies 20 Taxidermy 21 х 3.431 Historical artifacts 22 Х 125 581 Scientific specimens 23 155 x Archeological artifacts 24 6,000. Fair market value X ( Art-non colle 25 Other 1,146 0. Archival Reco X 26 Other ٥. Х 3,601 Archival Reco Other > 27 28 Number of Forms 8283 received by the organization during the tax year for contributions 29 48 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for X 30a the entire holding period? b If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? Х 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash x 32a If "Yes," describe in Part II. If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, 33 describe in Part II.

### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Employer identification number Name of the organization 53-0206027 Smithsonian Institution Form 990, Part III, Line 4a, Program Service Accomplishments: diversity of the natural and cultural worlds. The collections are fundamental to our work and to that of countless scholars and many federal agencies; it is our responsibility to preserve them for future generations. The Smithsonian brought together more than 202,000 wildlife camera trap photos from seven projects conducted by Smithsonian researchers into one searchable website, www.siwild.si.edu. In April 2011, Smithsonian scientists discovered a new species of dinosaur, Daemonosaurus chauliodus, which translates as "buck-toothed demon at Ghost Ranch N.M." Captive breeding programs have great successes at the Smithsonian Conservation Biology Institute in the spring of 2011 with the births of red pandas, white-naped cranes, scimitar-horned oryx, tufted deer and clouded leopards. Form 990, Part III, Line 4b, Program Service Accomplishments: States through biological, cultural, and historical points of view and reveals the profound effects of race and racism on everyone's life. It explores the history of the idea of race and how race is viewed today and discusses the role of science, particularly the findings of contemporary science that are overturning beliefs about race. The Smithsonian welcomed four red pandas this year - two were born at the National Zoo and two at the Smithsonian Conservation Biology

Schedule O (Form 990 or 990-EZ) (2010)	Page 2
Name of the organization Smithsonian Institution	Employer identification number 53-0206027
Smithsonian institution	
The Smithsonian Channel is now available for Comcast Digital TV users.	
Highlights from the programming include: Mystery of the Hope Diamond,	
Women in Science, The Accordion Kings, Seizing Justice: The Greensboro	
Four, and The Rivals.	
Form 990, Part VI, Section A, line 2: Steve Case and Patricia Stonesifer	
who are members of the Board serve as directors in the same business	
entity,	
Form 990, Part VI, Section A, line 7a: Pursuant to federal statute, the	
Board of Regents consists of the Vice President of the United States, the	
Chief Justice of the United States, three members of the U.S. Senate, three	
members of the U.S. House of Representatives, and nine additional citizen	
Regents. The three Senators are appointed by the President Pro Tempore of	
the U.S. Senate, and the three members of the House of Representatives are	
appointed by the Speaker of the House of Representatives. Their appointment	
terms coincide with the terms for which they are elected, and they may be	
reappointed if re-elected. The citizen Regents are nominated by the Board	
of Regents, and appointed by a Joint Resolution of Congress which is signed	
by the President of the United States.	
Form 990, Part VI, Section B, line 11: The Form 990 return is prepared by	
staff within the Office of the Comptroller (OC). The Comptroller performs	
a detailed review of the entire return. The Comptroller consults with our	
outside auditors on any issues or questions that may arise in the	
preparation of the Form 990, as deemed necessary. The Under Secretary for	
Finance & Administration/Chief Financial Officer (CFO) performs a detailed	

consultant for this tax year. To determine compensation comparables, the

(www.smithsonian.org).

Schedule O (Form 990 or 990-EZ) (2010)	Page 2
Name of the organization Smithsonian Institution	Employer identification number 53-0206027
Form 990, Part VI, Page 8, Section B Independent Contractors	
Major projects of independent contractors	
Hensel Phelps Construction Company - construction services	
SAAM/NPG - Patent Office Building renovation	
NASM Udvar-Hazy Center - infrastructure/installation of pressure	
reducing station	
Associated Builders, Inc - construction services	
NMNH - Various electrical work, HVAC upgrades, perimeter security	
MSC - Fire alarm upgrade/construction of laboratories	
Forrester Construction Company - construction services	
NZP - Construction of seal and sea lions exhibit	
Ewing Cole, Inc - architect/engineering services	
MSC - Design of fire detection and alarm system, laboratories	
SERC - Design of HVAC, fire protection, water capacity systems,	
Mathia Replacement Laboratory, road improvements	
NMAFA - Design of electrical and sprinkler systems, HVAC	
NMNH - Design of HVAC	
CHNDM - Assessment and recommendations for conservatory,	
infrastructure improvements	
NMAH - Archictectural/engineering services for renovations	
Northrop Grumman Systems Corporation - systems engineering support	
SAO - Support of Chandra X-Ray Observation Operations	

Schedule O (Form 990 or 990-EZ) (2010)	Page 2
Name of the organization Smithsonian Institution	Employer identification number 53-0206027
Form 990, Part VII, Section A	
Officer's position held during the year	
Per the instructions, only one position should be checked in column	
(C). One officer, Bruce Dauer reported as an officer on the tax return	
served in the following positions during the year:	
10/01/10-11/18/10 Key Employee-Director, Office of Planning,	
Management & Budget	
11/19/10-09/25/11 Acting Chief Financial Officer	
09/26/11-09/30/11 Key Employee-Director, Office of Planning,	
Management & Budget	
Form 990, Part VII and Schedule J-2	
Smithsonian Institution abbreviations used in return	
The following are Smithsonian Institution abbreviations found in the	
body of this return:	
CHNDM - Cooper Hewitt National Design Museum	
FONZ - Friends of the National Zoo	
MSC - Museum Support Center	
NASM - National Air and Space Museum	
NMAFA - National Museum of African Art	
NMNH - National Museum of Natural History	
NPG - National Portrait Gallery	
NZP - National Zoological Park	
OFEO - Office of Facilities, Engineering and Operations	
OPMB - Office of Planning, Management and Budget	
SAAM - Smithsonian American Art Museum	
SE - Smithsonian Enterprises	
SERC - Smithsonian Environmental Research Center	1 1 1 0 (F) 200 (CO FF) (CO FF)
032212 01-24-11	Schedule O (Form 990 or 990-EZ) (2010)

Schedule O (Form 990 or	990-EZ) (2010)				Page 2
Name of the organization	Smithsonian Inst	itution			Employer identification number 53-0206027
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Washington and the second and the se			.,,	Name of the state	
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Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Name of the organization

Related Organizations and Unrelated Partnerships

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

Open to Public Inspection 2010

OMB No. 1545-0047

▼ See separate instructions.

Schedule R (Form 990) 2010 (g) Section 512(b)(13) ŝ Employer identification number × controlled Direct controlling Yes entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) 53-0206027 Direct controlling entity End-of-year assets N/A status (if section (e) Public charity 501(c)(3)) Line 11d, O-III Total income Exempt Code T section 501(c)(3) Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or Legal domicile (state or foreign country) foreign country) Massachusetts Astrophysical Observatory Support of Smithsonian Primary activity Primary activity For Paperwork Reduction Act Notice, see the Instructions for Form 990. Smithsonian Institution Clay Fellowships Charitable Trust 04-3560268, 10 Memorial Boulevard, Name, address, and EIN Name, address, and EIN of related organization of disregarded entity Providence, RI 02903 Part I Part II

032161 12-21-10 LHA

53-0206027

Schedule R (Form 990) 2010

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

General or Percentage managing ownership partner?			re related	(h) Percentage ownership										Schedule R (Form 990) 2010
(j) General or managing partner?	8		le or mc	e of year		0,826.	26 881		4 537	~ I	22 559	-1	122,533,	R (For
(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			se it had or	(g) Share of end-of-year assets		TOOT	~		2.44		2		12	Schedule
			l t becaus	) of total										
(h) Disproportionate allocations?			V, line 3 <sup>2</sup>	(f) Share of total income										
Share of Dis end-of-year ate assets			to Form 990, Part I	(C corp, S corp, or trust)		1001	TRUST		TRUST		TRUST		TRUST	OTHE WORLD MAN TO WORK IN THE WORLD STATE OF THE WO
(f) Share of total income			n answered "Yes" i	(d) Direct controlling entity	, , , , , , , , , , , , , , , , , , ,		N/A		N/A		N/A		N/A	THE PARTY OF THE P
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)			if the organizatio	(c) Legal domicile (state or foreign country)	I M		MA		VA N		MA		NY	mann bis saak Symposius (1986-1988 essessiones a spiritus (1986-1986) mann bis said (1986-1986)
			omplete	tivity	ainder		Remainder		Remainder		nainder	7	llalliuer	
(d) Direct controlling entity			oration or Trust (C /ear.)	(b) Primary activity	Charitable Remainder		Charitable Ren Trust	,	Charitable Rer Trust		Charitable Remainder Trust	100 mm	cnaficable ker Trust	
(c) Legal domicile (state or foreign			a Corpo the tax y											
(b) Primary activity			anizations Taxable as poration or trust during	**	Jton Ave	st - 20-7399895		7 (	Z91	ıst - 25-6891638	11	+3		
(a) Name, address, and EIN of related organization			Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to 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	Lukowski Trust - 38-6677397 C/O Citzens Bank, 101 N Washington Saginaw MI 48607	McVay Charitable Remainder Trust	C/O BNY Mellon, 1735 Market St Philadelphia, PA 19103	- 94-2737782	Orlando, FL 32862	le Remaind	C/O BNY Mellon, One Wall Street New York, NY 10286	B Schermer Trust - 13-7062411	130 000	032162 12-21-10

Smithsonian Institution

53-0206027

Schedule R (Form 990)

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

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of related organization	Frimary activity	Legal domicile (state or forelgn country)	Direct controlling entity	lype of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership
L Shermer Trust - 13-7062411				And the second s			
C/O Fiduciarty Trust, 600 5th St	Charitable Remainder			- E			
New York, NY 10020	Trust	NX	N/A	TRUST		142,279,	
Landmark Trust - 34-7179097			PROPERTY CONCERNS TO COLO TO COMMUNICATION OF THE COLO TO COLO				
C/O Ashford Advisors, 30B Grove St	Charitable Remainder				***		
Pittsford, NY 14534	Trust	NY	N/A	TRUST		4 241 391	
E Wood Trust - 52-6697534			MAN AND THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER				
C/O Tyrrell & Mason, PC, 7250 Woodmont Ave	Charitable Remainder						
Bethesda, MD 20814	Trust	DC	N/A	TRUST		168 721.	
Huntington Charitable Remainder Trust - 13-6078590			ACCOUNTS OF THE PROPERTY OF TH				
C/O BNY Mellon, One Wall Street	Charitable Remainder						
New York, NY 10286	Trust	NY	N/A	TRUST		85,123	
Huntington Charitable Remainder Trust - 13-6078585			And Annual Annua				
C/O BNY Mellon, One Wall Street	Charitable Remainder						
New York, NY 10286	Trust	NY	N/A	TRUST		54 923	
Huntington Charitable Remainder Trust - 06-6022343							
C/O JP Morgan, 270 Park Avenue	Charitable Remainder						
New York, NY 10017	Trust	NY	N/A	TRUST		113,490	
Houchins Charitable Remainder Trust - 54-6407409			Proprocedulation and state of	TOTAL CONTRACTOR PROPERTY OF THE PROPERTY OF T			
C/O Dunham Trust, 241 Ridge St	Charitable Remainder					-	
Reno, NV 89501	Trust	VA	N/A	TRUST		263,233	
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Schedule R (Form 990) 2010 Page 3 × Yes Ξ þ <u>a</u> 유 ္ 무 Ď 무 ¥ ٦ و ₽ + <u>a</u> <del>-</del> = 53-0206027 (d)
Method of determining amount involved 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. 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? Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.) (c) Amount involved (b)
Transaction
type (a-r) Performance of services or membership or fundraising solicitations for other organization(s) 1 Performance of services or membership or fundraising solicitations by other organization(s) Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. j Lease of facilities, equipment, or other assets from other organization(s) e Loans or loan guarantees by other organization(s) Lease of facilities, equipment, or other assets to other organization(s) m Sharing of facilities, equipment, mailing lists, or other assets Other transfer of cash or property from other organization(s) Gift, grant, or capital contribution from other organization(s) q Other transfer of cash or property to other organization(s) **b** Gift, grant, or capital contribution to other organization(s) Reimbursement paid by other organization for expenses o Reimbursement paid to other organization for expenses p Reimbursement paid to other d Loans or loan guarantees to or for other organization(s) (a) Name of other organization Purchase of assets from other organization(s) n Sharing of paid employees Sale of assets to other organization(s) h Exchange of assets 032163 12-21-10 9 Ξ <u>a</u> 9 4 (2)

Schedule R (Form 990) 2010 Smithsonian Institution

53-0206027

Schedule R (Form 990) 2010 Smithsonian Institution

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

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

Name, accrets, and entity  Of ent	(a)	(q)	(0)	(D)	1	€	(6)		_
Aes No	name, address, and Ein of entity	Primary activity	Legal domicile (state or foreign	Are all partners section 501(c)(3) organizations?		Dispropor- tionate allocations?	Code V-UBI amount in box 20 of Schedille K-1	General or managing partner?	2.g
			country)	4			(Form 1065)	Yes	ž
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Schedule R	(Form 990) 2010	Smithsonian Institution	53-0206027	Page <b>5</b>
Part VII	(Form 990) 2010  Supplemental Infor	rmation	HI TO THE REAL PROPERTY OF THE	
	Complete this part to pro	ovide additional information for responses to questions on Schedule R (se	e instructions).	
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