

# PUBLIC DISCLOSURE COPY

Form **990**

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

- ▶ Do not enter social security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A** For the 2016 calendar year, or tax year beginning 10/01, 2016, and ending 09/30, 2017

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

**C** Name of organization: SMITHSONIAN INSTITUTION  
Doing business as: \_\_\_\_\_  
Number and street (or P.O. box if mail is not delivered to street address): 1000 JEFFERSON DRIVE S W  
Room/suite: \_\_\_\_\_  
City or town, state or province, country, and ZIP or foreign postal code: WASHINGTON, DC 20560

**D** Employer identification number: 53-0206027

**E** Telephone number: (202) 633-1000

**F** Name and address of principal officer: DR. DAVID J. SKORTON  
SAME AS C ABOVE

**G** Gross receipts \$: 1,883,676,484

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list. (see instructions)

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: WWW.SI.EDU

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 1846

**M** State of legal domicile: \_\_\_\_\_

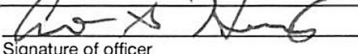
### Part I Summary

Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities: "INCREASE AND DIFFUSION OF KNOWLEDGE" IS THE MISSION SET FORTH BY JAMES SMITHSON.		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	17
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	17
	<b>5</b>	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	<b>5</b>	7,156
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	6,905
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	18,188,534
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	(1,053,194)	
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b>	Program service revenue (Part VIII, line 2g)	1,221,449,061	1,174,946,626
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	109,747,404	115,337,291
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	53,948,762	89,870,212
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,449,630,382	1,456,826,975
Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	18,942,921	18,017,203
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	0	
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	653,696,354	694,613,186
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	3,720,161	3,005,602
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ 43,644,159		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	631,334,735	659,102,865
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,307,694,171	1,374,738,856
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	141,936,211	82,088,119	
Net Assets or Fund Balances	<b>20</b>	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b>	Total liabilities (Part X, line 26)	4,712,932,038	4,889,814,961
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	881,992,402	905,888,891
			3,830,939,636	3,983,926,070

### Part II Signature Block


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

**Sign Here**

Signature of officer:  Date: 7/30/18

ALBERT HORVATH, CHIEF FINANCIAL OFFICER  
Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: MARGARET A. BRADSHAW  
Preparer's signature:  Date: 7/30/18  
Check  if self-employed  
PTIN: P00501222

Firm's name ▶ KPMG LLP  
Firm's EIN ▶ 13-5565207  
Firm's address ▶ 1676 INTERNATIONAL DRIVE, MCLEAN, VA 22102  
Phone no. (703) 286-8000

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2016)



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**Part IV Checklist of Required Schedules**

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

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**Part IV Checklist of Required Schedules** *(continued)*

		Yes	No
<b>20 a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>	<b>20a</b>		✓
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<b>20b</b>		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>	<b>21</b>	✓	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>	<b>22</b>	✓	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . . . .</i>	<b>23</b>	✓	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .</i>	<b>24a</b>	✓	
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>		✓
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>		✓
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>		✓
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>	<b>25a</b>		✓
<b>b</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? <i>If "Yes," complete Schedule L, Part I . . . . .</i>	<b>25b</b>		✓
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II . . . . .</i>	<b>26</b>		✓
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III . . . . .</i>	<b>27</b>		✓
<b>28</b> 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):			
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	<b>28a</b>		✓
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	<b>28b</b>		✓
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	<b>28c</b>		✓
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>	<b>29</b>	✓	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>	<b>30</b>	✓	
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>	<b>31</b>		✓
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>	<b>32</b>		✓
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>	<b>33</b>		✓
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>	<b>34</b>	✓	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	<b>35a</b>	✓	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>	<b>35b</b>	✓	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>	<b>36</b>		✓
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>	<b>37</b>		✓
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	<b>38</b>	✓	

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**Part V** **Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	<b>1a</b> 3,991		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	<b>1b</b> 0		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>	✓	
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 7,156		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . . <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) . . . . .	<b>2b</b>	✓	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>	✓	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .	<b>3b</b>	✓	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	<b>4a</b>	✓	
<b>b</b> If "Yes," enter the name of the foreign country: ► <u>PM, GB, AM</u> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>		✓
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		✓
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .	<b>6a</b>		✓
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	<b>7a</b>	✓	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>	✓	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>		✓
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		✓
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>		✓
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders . . . . .	<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>		
<b>b</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 . . . . .	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand . . . . .	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>		✓
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>14b</b>		



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**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 or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . . . .	<b>1a</b> 17		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent . . . . .	<b>1b</b> 17		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	<b>2</b>		✓
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . . .	<b>3</b>		✓
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		✓
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	<b>5</b>		✓
<b>6</b> Did the organization have members or stockholders? . . . . .	<b>6</b>		✓
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	<b>7a</b>	✓	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	<b>7b</b>		✓
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body? . . . . .	<b>8a</b>	✓	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b>	✓	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O . . . . .</i>	<b>9</b>		✓

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ► NONE
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: ►  
JEAN GARVIN, PO BOX 37012, WASHINGTON, DC 20013-7012, (202) 633-7218, FAX: (202) 312-1992

# PUBLIC DISCLOSURE COPY

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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 nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) HONORABLE JOHN ROBERTS REGENT	0.5	✓					0	0	0	
(2) HONORABLE MICHAEL PENCE REGENT	0.5	✓					0	0	0	
(3) HONORABLE JOSEPH BIDEN REGENT	0.5	✓					0	0	0	
(4) HONORABLE XAVIER BECERRA REGENT	2.0	✓					0	0	0	
(5) HONORABLE JOHN BOOZMAN REGENT	2.0	✓					0	0	0	
(6) HONORABLE THOMAS COLE REGENT	2.0	✓					0	0	0	
(7) HONORABLE SAM JOHNSON REGENT	2.0	✓					0	0	0	
(8) HONORABLE PATRICK J LEAHY REGENT	2.0	✓					0	0	0	
(9) HONORABLE DORIS MATSUI REGENT	2.0	✓					0	0	0	
(10) HONORABLE DAVID PERDUE REGENT	2.0	✓					0	0	0	
(11) MS BARBARA BARRETT REGENT	2.0	✓					0	0	0	
(12) MR STEVE CASE REGENT	4.0	✓					0	0	0	
(13) MR JOHN FAHEY REGENT	2.0	✓					0	0	0	
(14) MR ROGER FERGUSON REGENT	2.0	✓					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) MR MICHAEL GOVAN REGENT	2.0	<input checked="" type="checkbox"/>						0	0	0
(16) DR SHIRLEY ANN JACKSON REGENT	4.0	<input checked="" type="checkbox"/>						0	0	0
(17) MR ROBERT P KOGOD REGENT	2.0	<input checked="" type="checkbox"/>						0	0	0
(18) DR RISA LAVIZZO-MOUREY REGENT	2.0	<input checked="" type="checkbox"/>						0	0	0
(19) MR MICHAEL M LYNTON REGENT	2.0	<input checked="" type="checkbox"/>						0	0	0
(20) MR JOHN MCCARTER REGENT	6.0	<input checked="" type="checkbox"/>						0	0	0
(21) MR DAVID RUBENSTEIN REGENT	10.0	<input checked="" type="checkbox"/>						0	0	0
(22) DAVID SKORTON SECRETARY	50.0			<input checked="" type="checkbox"/>				787,720	0	60,629
(23) ALBERT HORVATH UNDER SECRETARY FINANCE & ADMINISTRATION/CFO	50.0			<input checked="" type="checkbox"/>				412,821	0	57,160
(24) CATHY HELM INSPECTOR GENERAL	50.0			<input checked="" type="checkbox"/>				186,833	0	20,248
(25) (SEE STATEMENT)										
<b>1b Sub-total</b>								<b>1,387,374</b>	<b>0</b>	<b>138,037</b>
<b>c Total from continuation sheets to Part VII, Section A</b>								<b>6,911,598</b>	<b>0</b>	<b>943,794</b>
<b>d Total (add lines 1b and 1c)</b>								<b>8,298,972</b>	<b>0</b>	<b>1,081,831</b>

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 1,458

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
CLARK/SMOOT/RUSSELL, A JOINT VENTURE, 7500 OLD GEORGETOWN ROAD, BETHESDA, MD 20814	CONSTRUCTION	62,741,985
DESIGN AND PRODUCTION INC, 7110 RAINWATER PLACE, LORTON, VA 22079	EXHIBIT DESIGN	30,744,002
GRUNLEY CONSTRUCTION COMPANY, INC, 888 17TH STREET NW, WASHINGTON, DC 20006	CONSTRUCTION	21,563,733
QUINN EVANS ARCHITECTS, INC, 2121 WARD PLACE NW #4, WASHINGTON, DC 20037	CONSTRUCTION	16,470,421
OCEAN VIEW DEVELOPMENT COMPANY, 2200 PENNSYLVANIA AVE, N.W., SUITE 200W, WASHINGTON, DC 20037	RENT	16,308,535

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶** 527



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## Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	44,300				
	<b>b</b> Membership dues . . . . .	23,657,498				
	<b>c</b> Fundraising events . . . . .	4,860,625				
	<b>d</b> Related organizations . . . . .	570,395				
	<b>e</b> Government grants (contributions)	968,913,821				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	176,899,987				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$	23,464,657				
	<b>h Total.</b> Add lines 1a-1f . . . . .	1,174,946,626				
<b>Program Service Revenue</b>	<b>Business Code</b>					
	<b>2a</b> VISITORS/MEMBERS/EMPLO	900099	53,797,724	28,279,973	25,517,751	
	<b>b</b> SUBSCRIPTIONS - MAGAZINE	511120	33,153,491	33,153,491		
	<b>c</b> TOURS/CLASSES	900099	13,452,727	13,372,120	80,607	
	<b>d</b> THEATER INCOME	512131	11,965,900	9,700,278	2,265,622	
	<b>e</b> TRAVELING EXHIBITIONS	712110	2,867,449	2,867,449		
	<b>f</b> All other program service revenue .	900099	100,000	0	100,000	
	<b>g Total.</b> Add lines 2a-2f . . . . .		115,337,291			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		19,051,168		19,051,168	
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties . . . . .		17,641,915		17,641,915	
	<b>6a</b> Gross rents . . . . .	(i) Real				
		(ii) Personal				
	<b>b</b> Less: rental expenses					
	<b>c</b> Rental income or (loss)	0	0			
	<b>d</b> Net rental income or (loss) . . . . .					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
			465,336,652	36,632		
	<b>b</b> Less: cost or other basis and sales expenses . . . . .		394,554,240			
	<b>c</b> Gain or (loss) . . . . .		70,782,412	36,632		
	<b>d</b> Net gain or (loss) . . . . .		70,819,044	36,632	70,782,412	
	<b>8a</b> Gross income from fundraising events (not including \$ <u>4,860,625</u> of contributions reported on line 1c). See Part IV, line 18 . . . . .					
		<b>a</b>	1,492,445			
<b>b</b> Less: direct expenses . . . . .			2,290,551			
<b>c</b> Net income or (loss) from fundraising events . . . . .		(798,106)		(798,106)		
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .						
	<b>a</b>					
	<b>b</b> Less: direct expenses . . . . .					
<b>c</b> Net income or (loss) from gaming activities . . . . .						
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .						
	<b>a</b>	78,366,223				
	<b>b</b> Less: cost of goods sold . . . . .		30,004,718			
<b>c</b> Net income or (loss) from sales of inventory . . . . .		48,361,505	44,086,732	4,274,773		
Miscellaneous Revenue		<b>Business Code</b>				
<b>11a</b> MAGAZINE/WEBSITE ADVER	541800	11,467,532		11,467,532		
<b>b</b> -----						
<b>c</b> -----						
<b>d</b> All other revenue . . . . .		0	0	0		
<b>e Total.</b> Add lines 11a-11d . . . . .		11,467,532				
<b>12 Total revenue.</b> See instructions. . . . .		1,456,826,975	131,496,675	18,188,534	132,195,140	

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**Part IX Statement of Functional Expenses**

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

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

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	166,863	166,863		
2	Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	11,310,850	11,310,850		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	6,539,490	6,539,490		
4	Benefits paid to or for members . . . . .				
5	Compensation of current officers, directors, trustees, and key employees . . . . .	6,260,280	1,346,683	4,558,454	355,143
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	4,237,037	3,765,484	205,340	266,213
7	Other salaries and wages . . . . .	512,701,339	367,938,302	123,560,462	21,202,575
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	69,664,036	49,816,601	17,441,627	2,405,808
9	Other employee benefits . . . . .	66,864,705	49,165,855	15,244,909	2,453,941
10	Payroll taxes . . . . .	34,885,789	24,867,953	8,507,976	1,509,860
11	Fees for services (non-employees):				
a	Management . . . . .				
b	Legal . . . . .	1,185,543	246,594	938,918	31
c	Accounting . . . . .	844,481		844,481	
d	Lobbying . . . . .				
e	Professional fundraising services. See Part IV, line 17 . . . . .	3,005,602			3,005,602
f	Investment management fees . . . . .	2,836,410		2,836,410	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	124,509,217	93,875,321	25,893,382	4,740,514
12	Advertising and promotion . . . . .	6,165,535	5,463,256	457,291	244,988
13	Office expenses . . . . .	50,687,076	39,443,473	8,700,970	2,542,633
14	Information technology . . . . .	46,400,560	13,738,481	31,413,265	1,248,814
15	Royalties . . . . .	246,293	246,238		55
16	Occupancy . . . . .	137,017,455	111,658,307	23,864,659	1,494,489
17	Travel . . . . .	14,249,625	10,553,614	2,318,858	1,377,153
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19	Conferences, conventions, and meetings . . . . .	4,594,811	2,873,013	1,520,248	201,550
20	Interest . . . . .	3,624,766	3,624,766		
21	Payments to affiliates . . . . .				
22	Depreciation, depletion, and amortization . . . . .	153,765,060	127,593,413	25,962,295	209,352
23	Insurance . . . . .	1,268,396	445,508	824,718	(1,830)
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	<u>PROGRAM PRODUCTION</u> . . . . .	49,413,985	45,111,379	3,995,025	307,581
b	<u>RESEARCH/SUBCONTRACT</u> . . . . .	33,960,442	33,960,442		
c	<u>COLLECTIONS/EQUIPMENT/ACCRUED EXP</u> . . . . .	28,333,210	25,993,322	2,260,201	79,687
d	<u>OVERHEAD COST RECOVERY ON GRANTS</u> . . . . .	0	22,554,665	(22,554,665)	
e	All other expenses . . . . .	0	0	0	0
25	<b>Total functional expenses.</b> Add lines 1 through 24e	1,374,738,856	1,052,299,873	278,794,824	43,644,159
26	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	10,830,188	8,312,523		2,517,665

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**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	407,562,748	<b>1</b>	440,423,714
	<b>2</b> Savings and temporary cash investments . . . . .	23,446,852	<b>2</b>	15,120,167
	<b>3</b> Pledges and grants receivable, net . . . . .	288,750,726	<b>3</b>	243,071,341
	<b>4</b> Accounts receivable, net . . . . .	48,830,546	<b>4</b>	39,110,157
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .	13,084,526	<b>8</b>	13,502,687
	<b>9</b> Prepaid expenses and deferred charges . . . . .	18,171,247	<b>9</b>	17,578,541
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	4,508,818,295		
	<b>b</b> Less: accumulated depreciation . . . . .	2,166,586,190	<b>10c</b>	2,342,232,105
	<b>11</b> Investments—publicly traded securities . . . . .	414,869,111	<b>11</b>	463,022,103
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	1,127,208,144	<b>12</b>	1,274,787,874
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	38,922,608	<b>15</b>	40,966,272
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	4,712,932,038	<b>16</b>	4,889,814,961	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	286,293,705	<b>17</b>	296,140,780
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	343,096,650	<b>19</b>	360,175,278
	<b>20</b> Tax-exempt bond liabilities . . . . .	101,221,443	<b>20</b>	99,653,229
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	0	<b>21</b>	0
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	100,000,000	<b>24</b>	100,000,000
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	51,380,604	<b>25</b>	49,919,604
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	881,992,402	<b>26</b>	905,888,891
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	2,651,205,341	<b>27</b>	2,766,324,476
	<b>28</b> Temporarily restricted net assets . . . . .	670,393,313	<b>28</b>	692,042,888
	<b>29</b> Permanently restricted net assets . . . . .	509,340,982	<b>29</b>	525,558,706
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .	0	<b>30</b>	0
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .	0	<b>31</b>	0
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .	0	<b>32</b>	0
<b>33</b> Total net assets or fund balances . . . . .	3,830,939,636	<b>33</b>	3,983,926,070	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	4,712,932,038	<b>34</b>	4,889,814,961	

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**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	1,456,826,975
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,374,738,856
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	82,088,119
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	3,830,939,636
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	90,397,275
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	(19,498,960)
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	3,983,926,070

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2a</b>		✓
<b>b</b> Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2b</b>	✓	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	<b>2c</b>	✓	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	<b>3a</b>	✓	
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	<b>3b</b>	✓	

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(25) JUDITH LEONARD ----- GENERAL COUNSEL	50.0 -----			✓				198,169	0	36,642
(26) PORTER WILKINSON ----- CHIEF OF STAFF - REGENTS	50.0 -----			✓				153,952	0	31,716
(27) PATRICIA BARTLETT ----- ACTING ASST. SECRETARY, EDUCATION & ACCESS	50.0 -----				✓			191,033	0	38,353
(28) NANCY BECHTOL ----- DIRECTOR - FACILITIES	50.0 -----				✓			193,204	0	27,671
(29) DERON BURBA ----- CHIEF INFORMATION OFFICER	50.0 -----				✓			193,289	0	50,251
(30) AMY CHEN ----- CHIEF INVESTMENT OFFICER	50.0 -----				✓			635,703	0	38,399
(31) VIRGINIA CLARK ----- ASSISTANT SECRETARY FOR ADVANCEMENT	50.0 -----				✓			362,029	0	57,048
(32) BRUCE DAUER ----- VICE PRESIDENT FINANCE/ADM - SMITHSONIAN ENTERPRISES	50.0 -----				✓			279,290	0	34,251
(33) JAMES DOUGLAS ----- DIRECTOR - OFFICE OF HUMAN RESOURCES	50.0 -----				✓			191,561	0	31,353
(34) JEAN GARVIN ----- DIRECTOR - FINANCE & ACCOUNTING	50.0 -----				✓			190,050	0	43,894
(35) RICHARD KURIN ----- ACTING PROVOST	50.0 -----				✓			337,084	0	54,053
(36) JOHN LAPIANA ----- ACTING ASST. SECRETARY, COMMUNICATION & EXTERNAL AFFAIRS	50.0 -----				✓			194,621	0	36,446
(37) CHRISTOPHER LIEDEL ----- PRESIDENT - SMITHSONIAN ENTERPRISES	50.0 -----				✓			577,591	0	69,044
(38) ERA MARSHALL ----- DIRECTOR - EQUAL EMPLOYMENT & MINORITY AFFAIRS	50.0 -----				✓			179,019	0	17,786
(39) MARY PAYNE ----- DIRECTOR - OFFICE OF GOVERNMENT RELATIONS	50.0 -----				✓			193,050	0	39,325
(40) DAVID VOYLES ----- DIRECTOR - PLANNING, MANAGEMENT & BUDGET	50.0 -----				✓			181,162	0	15,473
(41) MICHAEL CARUSO ----- EDITOR IN CHIEF - SMITHSONIAN MAGAZINE	50.0 -----					✓		388,933	0	67,824



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(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(42) MELISSA CHIU ----- DIRECTOR - HIRSHHORN MUSEUM	50.0 -----					✓		398,011	0	66,466
(43) RYAN DOTSON ----- INVESTMENT OFFICER	50.0 -----					✓		383,474	0	46,365
(44) MICHAEL GIOVENCO ----- INVESTMENT OFFICER	50.0 -----					✓		432,344	0	31,474
(45) JEFFREY SMITH ----- INVESTMENT OFFICER	50.0 -----					✓		504,411	0	48,954
(46) KENNETH JOHNSON ----- FORMER ACTING DIRECTOR - PLANNING, MANAGEMENT & BUDGET	50.0 -----						✓	182,877	0	9,246
(47) JOHN KRESS ----- FORMER INTERIM UNDER SECRETARY - SCIENCE	50.0 -----						✓	174,395	0	27,476
(48) ANDREW ZINO ----- FORMER COMPTROLLER	50.0 -----						✓	196,346	0	24,284

# PUBLIC DISCLOSURE COPY

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

## Public Charity Status and Public Support

OMB No. 1545-0047

2016

Open to Public Inspection

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

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

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

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

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	1,120,530,769	1,190,256,002	1,097,910,208	1,221,449,061	1,174,926,626	5,805,072,666
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
<b>4 Total.</b> Add lines 1 through 3 . . . . .	1,120,530,769	1,190,256,002	1,097,910,208	1,221,449,061	1,174,926,626	5,805,072,666
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						0
<b>6 Public support.</b> Subtract line 5 from line 4						5,805,072,666

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>7</b> Amounts from line 4 . . . . .	1,120,530,769	1,190,256,002	1,097,910,208	1,221,449,061	1,174,926,626	5,805,072,666
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	20,622,076	35,313,796	26,621,870	28,671,980	36,693,083	147,922,805
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	0	0	0	0	0	0
<b>11 Total support.</b> Add lines 7 through 10						5,952,995,471
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .				<b>12</b>		833,896,442
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

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

<b>14</b> Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	97.52 %
<b>15</b> Public support percentage from 2015 Schedule A, Part II, line 14 . . . . .	<b>15</b>	97.81 %
<b>16a 33 1/3% support test—2016.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test—2015.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2016.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2015.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>		

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>9</b> Amounts from line 6 . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .						
<b>c</b> Add lines 10a and 10b . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . <span style="float: right;">► <input type="checkbox"/></span>						

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

<b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15 . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2016</b> (line 10c, column (f) divided by line 13, column (f)) . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2015</b> Schedule A, Part III, line 17 . . . .	<b>18</b>	%

- 19a 33 1/3% support tests—2016.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . ►
- b 33 1/3% support tests—2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . ►
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . ►

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**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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



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**Part IV Supporting Organizations** *(continued)*

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <i>see instructions</i> ).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity ( <i>see instructions</i> ).		
<b>2</b> Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d.	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035.	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		

Section C - Distributable Amount		(A) Prior Year	(B) Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		Current Year
<b>2</b> Enter 85% of line 1.	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3.	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>		

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

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2016 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
<b>1</b> Distributable amount for 2016 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2016 (reasonable cause required—explain in Part VI). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2016:			
<b>a</b>			
<b>b</b>			
<b>c</b> From 2013 . . . . .			
<b>d</b> From 2014 . . . . .			
<b>e</b> From 2015 . . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2016 distributable amount			
<b>i</b> Carryover from 2011 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2016 from Section D, line 7: <span style="float: right;">\$</span>			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2016 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
<b>6</b> Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
<b>7 Excess distributions carryover to 2017.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b> Excess from 2013 . . .			
<b>c</b> Excess from 2014 . . .			
<b>d</b> Excess from 2015 . . .			
<b>e</b> Excess from 2016 . . .			

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## Schedule of Contributors

### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

OMB No. 1545-0047

2016

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

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

SMITHSONIAN INSTITUTION

Employer identification number

53-0206027

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

#### General Rule

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

#### Special Rules

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

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

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

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ 840,970,384	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



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<b>Name of organization</b> SMITHSONIAN INSTITUTION	<b>Employer identification number</b> 53-0206027
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**Part II** **Noncash Property** (See instructions). Use duplicate copies of Part II if additional space is needed.

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

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<b>Name of organization</b> SMITHSONIAN INSTITUTION	<b>Employer identification number</b> 53-0206027
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**Part III** *Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.* Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_

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

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

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SCHEDULE D  
(Form 990)

## Supplemental Financial Statements

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

▶ Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

SMITHSONIAN INSTITUTION

Employer identification number

53-0206027

### Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

### Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of a historically important land area <input checked="" type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements . . . . .	2a 1
b Total acreage restricted by conservation easements . . . . .	2b 88.25
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c 0
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register . . . . .	2d 0
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ 0	
4 Number of states where property subject to conservation easement is located ▶ 1	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ 0	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

### Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under 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 XIII, 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) Revenue included on Form 990, Part VIII, line 1 . . . . .	▶ \$
(ii) Assets included in Form 990, Part X . . . . .	▶ \$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
a Revenue included on Form 990, Part VIII, line 1 . . . . .	▶ \$
b Assets included in Form 990, Part X . . . . .	▶ \$

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

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

- a**  Public exhibition
- b**  Scholarly research
- c**  Preservation for future generations
- d**  Loan or exchange programs
- e**  Other \_\_\_\_\_

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

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

**Part IV Escrow and Custodial Arrangements.**

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

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

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

	Amount
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> Ending balance	

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

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

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	1,368,754,997	1,288,235,067	1,299,208,124	1,191,094,313	1,074,356,857
<b>b</b> Contributions	42,062,815	52,940,072	49,265,188	37,894,600	34,861,990
<b>c</b> Net investment earnings, gains, and losses	166,875,266	99,512,052	2,426,301	130,483,529	139,875,394
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs	71,427,379	67,486,808	59,663,483	57,266,941	55,408,994
<b>f</b> Administrative expenses	4,106,359	4,445,386	3,001,063	2,997,377	2,590,934
<b>g</b> End of year balance	1,502,159,340	1,368,754,997	1,288,235,067	1,299,208,124	1,191,094,313

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

- a** Board designated or quasi-endowment ▶ 44.60 %
- b** Permanent endowment ▶ 32.30 %
- c** Temporarily restricted endowment ▶ 23.10 %

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

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

	Yes	No
<b>(i)</b> unrelated organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>(ii)</b> related organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	<input type="checkbox"/>

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land		12,582,149		12,582,149
<b>b</b> Buildings		3,551,107,101	1,797,528,078	1,753,579,023
<b>c</b> Leasehold improvements		133,470,296	80,152,671	53,317,625
<b>d</b> Equipment		405,946,994	288,905,441	117,041,553
<b>e</b> Other		405,711,755		405,711,755
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,342,232,105

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**Part VII Investments—Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other		
(A) GLOBAL & EMERGING MARKETS	403,788,259	END OF YEAR MARKET VALUE
(B) MARKETABLE ALTERNATIVES	282,842,201	END OF YEAR MARKET VALUE
(C) PRIVATE EQUITY & VENTURE CAPITAL	356,617,644	END OF YEAR MARKET VALUE
(D) NATURAL RESOURCES	88,558,167	END OF YEAR MARKET VALUE
(E) REAL ESTATE	120,470,150	END OF YEAR MARKET VALUE
(F) FIXED INCOME	22,511,453	END OF YEAR MARKET VALUE
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►	<b>1,274,787,874</b>	

**Part VIII Investments—Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) ENVIRONMENTAL REMEDIATION OBLIGATION	49,919,604	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	<b>49,919,604</b>	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII





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## Part XIII

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

Return Reference - Identifier	Explanation	
SCHEDULE D, PART XI, LINE 2(D) - OTHER REVENUES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	<b>(a)</b> Description	<b>(b)</b> Amount
	DEFERRED GAIN ON BUILDING	3,908,586
	CHANGES IN NET ASSETS OF RELATED ORGANIZATIONS	- 73,942
	CHANGE IN MINORITY INTEREST - SNI/SI NETWORKS LLC	2,231,900
	IMPUTED BENEFIT REVENUE	50,735,025
	BAD DEBT EXPENSE/INCREASE IN ALLOWANCE FOR UNCOLLECTIBLE PLEDGES NETTED AGAINST CONTRIBUTION REVENUE ON AUDITED FINANCIAL STATEMENTS	- 28,274,031
SCHEDULE D, PART XI, LINE 4(B) - OTHER REVENUE	<b>(a)</b> Description	<b>(b)</b> Amount
	DIRECT EXPENSES - FUNDRAISING	- 2,290,551
	DIRECT EXPENSES - COST OF GOODS SOLD	- 30,004,718
SCHEDULE D, PART XII, LINE 2(D) - OTHER EXPENSES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	<b>(a)</b> Description	<b>(b)</b> Amount
	DIRECT EXPENSES - FUNDRAISING	2,290,551
	DIRECT EXPENSES - COST OF GOODS SOLD	30,004,718
	IMPUTED BENEFIT COSTS	50,735,025
	ENVIRONMENTAL REMEDIATION LIABILITY ADJUSTMENT	- 1,397,571
SCHEDULE D, PART XII, LINE 4(B) - OTHER EXPENSES	<b>(a)</b> Description	<b>(b)</b> Amount
	INCREASE IN ALLOWANCE FOR UNCOLLECTIBLE PLEDGES NETTED AGAINST CONTRIBUTION REVENUE ON AUDITED FINANCIAL STATEMENTS	1,310,956

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## Part XIII

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

Return Reference - Identifier	Explanation
SCHEDULE D, PART II, LINE 3 - CONSERVATION EASEMENTS	SMITHSONIAN INSTITUTION DID NOT MODIFY, TRANSFER, RELEASE, EXTINGUISH OR TERMINATE ANY CONSERVATION EASEMENTS DURING THE YEAR.
SCHEDULE D, PART II, LINE 6 - CONSERVATION MONITORING POLICIES	THE SMITHSONIAN ENVIRONMENTAL RESEARCH CENTER (SERC) IS LOCATED ON 2,650 ACRES OF LAND ON THE CHESAPEAKE BAY IN SOUTHERN MARYLAND SPANNING FORESTS, WETLANDS, MARSHES, AND 12 MILES OF PROTECTED SHORELINE. THE SITE SERVES AS A NATURAL LABORATORY FOR LONG-TERM AND CUTTING-EDGE ECOLOGICAL RESEARCH. THE SMITHSONIAN HAS A CONSERVATION EASEMENT ASSOCIATED WITH PROPERTY THAT IS IMMEDIATELY ADJACENT TO SERC LAND OWNED BY THE INSTITUTION. FACILITIES AND SECURITY STAFF VISIT THE AREA REGULARLY, AND ARE THUS ABLE TO REPORT ANY UNUSUAL ACTIVITY ON THE LAND SUBJECT TO THE EASEMENT. THE ORGANIZATION DOES NOT SEPARATELY TRACK THE HOURS AND EXPENSES ASSOCIATED WITH MONITORING THE PROPERTY RELATED TO THE EASEMENT.
SCHEDULE D, PART II, LINE 9 - CONSERVATION EASEMENTS FINANCIAL REPORTING	THE SMITHSONIAN INSTITUTION'S CONSERVATION EASEMENT DOES NOT APPEAR IN THE INSTITUTION'S AUDITED FINANCIAL STATEMENTS.
SCHEDULE D, PART III, LINE 1A - COLLECTIONS OF ART - FINANCIAL STATEMENT FOOTNOTE	<p>IN CONFORMITY WITH THE PRACTICE GENERALLY FOLLOWED BY MUSEUMS, NO VALUE IS ASSIGNED TO THE COLLECTIONS IN THE STATEMENT OF FINANCIAL POSITION.</p> <p>PURCHASES OF COLLECTION ITEMS ARE RECOGNIZED AS REDUCTIONS IN UNRESTRICTED NET ASSETS IN THE PERIOD OF ACQUISITION.</p> <p>PROCEEDS FROM DEACCESSIONS OR INSURANCE RECOVERIES FOR LOST OR DESTROYED COLLECTION ITEMS ARE RECOGNIZED AS INCREASES IN THE APPROPRIATE NET ASSET CLASS AND ARE DESIGNATED FOR FUTURE COLLECTION ACQUISITIONS.</p>
SCHEDULE D, PART III, LINE 4 - COLLECTIONS OF ART - DESCRIPTION OF COLLECTIONS	<p>THE ACQUISITION, PRESERVATION, MANAGEMENT, AND STUDY OF COLLECTIONS ARE FUNDAMENTAL TO THE SMITHSONIAN'S MISSION TO INCREASE AND DIFFUSE KNOWLEDGE AND HAVE BEEN THE FOUNDATION UPON WHICH IT RESTS.</p> <p>SMITHSONIAN COLLECTIONS ARE A NATIONAL AND GLOBAL RESOURCE ACCESSED EACH YEAR BY MILLIONS OF VISITORS AND RESEARCHERS WHO USE TRADITIONAL METHODS AND CUTTING-EDGE TECHNOLOGIES TO EXPLORE SUBJECTS FROM AERONAUTICS TO ZOOLOGY.</p> <p>THROUGH ITS COLLECTIONS, THE SMITHSONIAN PRESENTS THE ASTONISHING RECORD OF AMERICAN AND INTERNATIONAL ARTISTIC, HISTORICAL, CULTURAL, AND SCIENTIFIC ACHIEVEMENT, WITH A SCOPE AND DEPTH NO OTHER INSTITUTION IN THE WORLD CAN MATCH.</p> <p>SMITHSONIAN COLLECTIONS CONTRIBUTE TO POPULATION RECOVERY OF ENDANGERED SPECIES, ADVANCES IN REPRODUCTIVE BIOLOGY, GENOME RESOURCE BANKING, MEDICAL RESEARCH, FORENSIC ANALYSIS, BIO-SECURITY, AND CONSERVATION POLICY WORLDWIDE.</p> <p>ASSEMBLED OVER MORE THAN 165 YEARS, THE COLLECTIONS ARE CENTRAL TO THE CORE ACTIVITIES AND TO THE VITALITY AND SIGNIFICANCE OF THE SMITHSONIAN.</p>
SCHEDULE D, PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS	<p>THE ENDOWMENT INCLUDES APPROXIMATELY 600 INDIVIDUAL ENDOWMENT FUNDS. THE ENDOWMENT PROVIDES STABLE FINANCIAL SUPPORT FOR SCHOLARSHIP, RESEARCH ACTIVITIES, OTHER PROGRAMS, ACQUISITIONS OF COLLECTIONS AND OTHER INSTITUTIONAL ACTIVITIES.</p> <p>IT PLAYS A CRITICAL ROLE IN ENABLING THE INSTITUTION TO ACHIEVE ITS MISSION - "THE INCREASE AND DIFFUSION OF KNOWLEDGE."</p> <p>THE ENDOWMENT INCLUDES BOTH DONOR-RESTRICTED ENDOWMENT FUND AND FUNDS DESIGNATED BY THE BOARD OF REGENTS TO FUNCTION AS ENDOWMENTS. CLASSIFICATION AND REPORTING OF NET ASSETS ASSOCIATED WITH THE ENDOWMENT REFLECT DONOR-IMPOSED RESTRICTIONS.</p>
SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE	THE SMITHSONIAN RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. THE SMITHSONIAN DOES NOT BELIEVE ITS FINANCIAL STATEMENTS INCLUDE ANY UNCERTAIN TAX POSITIONS.

# PUBLIC DISCLOSURE COPY

## Statement of Activities Outside the United States

**SCHEDULE F  
(Form 990)**

OMB No. 1545-0047

2016

Open to Public Inspection

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

▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization

SMITHSONIAN INSTITUTION

Employer identification number

53-0206027

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
<b>(1)</b> CENTRAL AMERICA AND THE CARIBBEAN	0	0	ACADEMIC APPOINTMENT STIPENDS		2,308,269
<b>(2)</b> EAST ASIA AND THE PACIFIC	0	0	ACADEMIC APPOINTMENT STIPENDS		988,715
<b>(3)</b> EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	ACADEMIC APPOINTMENT STIPENDS		2,105,486
<b>(4)</b> MIDDLE EAST AND NORTH AFRICA	0	0	ACADEMIC APPOINTMENT STIPENDS		83,525
<b>(5)</b> NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	ACADEMIC APPOINTMENT STIPENDS		267,214
<b>(6)</b> RUSSIA AND NEIGHBORING STATES	0	0	ACADEMIC APPOINTMENT STIPENDS		138,122
<b>(7)</b> SOUTH AMERICA	0	0	ACADEMIC APPOINTMENT STIPENDS		499,721
<b>(8)</b> SOUTH ASIA	0	0	ACADEMIC APPOINTMENT STIPENDS		52,232
<b>(9)</b> SUB-SAHARAN AFRICA	0	0	ACADEMIC APPOINTMENT STIPENDS		96,206
<b>(10)</b> CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		736,703,629
<b>(11)</b> EAST ASIA AND THE PACIFIC	0	0	INVESTMENTS		32,479,227
<b>(12)</b> EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	INVESTMENTS		68,808,258
<b>(13)</b> NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	INVESTMENTS		7,507,038
<b>(14)</b> SUB-SAHARAN AFRICA	0	0	INVESTMENTS		13,129,448
<b>(15)</b> ANTARCTICA	0	0	PROGRAM SERVICES	TRAVEL RELATED TO RESEARCH, CONFERENCES AND TRAINING	1,837
<b>(16)</b> CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	TRAVEL RELATED TO RESEARCH, CONFERENCES AND TRAINING	714,736
<b>(17)</b> (SEE STATEMENT)					
<b>3a</b> Sub-total . . . . .	<b>0</b>	<b>0</b>			<b>865,883,663</b>
<b>b</b> Total from continuation sheets to Part I . . . . .	<b>10</b>	<b>688</b>			<b>30,704,417</b>
<b>c Totals</b> (add lines 3a and 3b)	<b>10</b>	<b>688</b>			<b>896,588,080</b>

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			RUSSIA AND NEIGHBORING STATES	ACADEMIC APPOINTMENT STIPEND	25,690	ETF			
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 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 . . . . . ▶ 1

3 Enter total number of other organizations or entities . . . . . ▶ 0

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**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.  
 Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) ACADEMIC APPOINTMENT STIPENDS	CENTRAL AMERICA AND THE CARIBBEAN	283	2,308,269	DIRECT DEPOSIT & CHECKS			
(2) ACADEMIC APPOINTMENT STIPENDS	EAST ASIA AND THE PACIFIC	35	988,715	DIRECT DEPOSIT & CHECKS			
(3) ACADEMIC APPOINTMENT STIPENDS	EUROPE (INCLUDING ICELAND AND GREENLAND)	86	2,105,486	DIRECT DEPOSIT & CHECKS			
(4) ACADEMIC APPOINTMENT STIPENDS	MIDDLE EAST AND NORTH AFRICA	4	83,525	DIRECT DEPOSIT & CHECKS			
(5) ACADEMIC APPOINTMENT STIPENDS	NORTH AMERICA (CANADA & MEXICO ONLY)	15	267,214	DIRECT DEPOSIT & CHECKS			
(6) ACADEMIC APPOINTMENT STIPENDS	RUSSIA AND NEIGHBORING STATES	4	112,432	DIRECT DEPOSIT & CHECKS			
(7) ACADEMIC APPOINTMENT STIPENDS	SOUTH AMERICA	36	499,721	DIRECT DEPOSIT & CHECKS			
(8) ACADEMIC APPOINTMENT STIPENDS	SOUTH ASIA	4	52,232	DIRECT DEPOSIT & CHECKS			
(9) ACADEMIC APPOINTMENT STIPENDS	SUB-SAHARAN AFRICA	5	96,206	DIRECT DEPOSIT & CHECKS			
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

# PUBLIC DISCLOSURE COPY

## **Part IV** Foreign Forms

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





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**Part I**
**Activities per Region (continued)**

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(17) EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	TRAVEL RELATED TO RESEARCH, CONFERENCES AND TRAINING	1,229,799
(18) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	PROGRAM SERVICES	TRAVEL RELATED TO RESEARCH, CONFERENCES AND TRAINING	1,786,266
(19) MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	TRAVEL RELATED TO RESEARCH, CONFERENCES AND TRAINING	122,434
(20) NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	PROGRAM SERVICES	TRAVEL RELATED TO RESEARCH, CONFERENCES AND TRAINING	542,598
(21) RUSSIA AND NEIGHBORING STATES	0	0	PROGRAM SERVICES	TRAVEL RELATED TO RESEARCH, CONFERENCES AND TRAINING	127,369
(22) SOUTH AMERICA	0	0	PROGRAM SERVICES	TRAVEL RELATED TO RESEARCH, CONFERENCES AND TRAINING	485,946
(23) SOUTH ASIA	0	0	PROGRAM SERVICES	TRAVEL RELATED TO RESEARCH, CONFERENCES AND TRAINING	142,148
(24) SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	TRAVEL RELATED TO RESEARCH, CONFERENCES AND TRAINING	375,508
(25) CENTRAL AMERICA AND THE CARIBBEAN	7	655	PROGRAM SERVICES	RESEARCH FACILITIES	23,512,655
(26) RUSSIA AND NEIGHBORING STATES	1	18	PROGRAM SERVICES	JOINT PROGRAM WITH USAID FOR COMMUNITY-BASED TOURISM DEVELOPMENT IN ARMENIA.	1,110,212
(27) SUB-SAHARAN AFRICA	1	8	PROGRAM SERVICES	DEVELOP BIODIVERSITY ACTION PLAN TO CONSERVE AMAZONIAN TROPICAL ECOSYSTEMS	511,342
(28) SOUTH AMERICA	1	7	PROGRAM SERVICES	DESIGN AND IMPLEMENT A BIODIVERSITY PROGRAM; TROPICAL RESEARCH	516,228
(29) EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	TROPICAL RESEARCH; FOREST AND WILDLIFE	241,912

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**Part V**

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

Return Reference - Identifier	Explanation
SCHEDULE F, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS	<p>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.</p> <p>THE SMITHSONIAN INSTITUTION FELLOWSHIP PROGRAM IS A COMPETITIVE FELLOWSHIP PROGRAM FOR GRADUATE AND POSTDOCTORAL FELLOWS, WHO APPLY TO CONDUCT RESEARCH AT THE INSTITUTION WITH RESEARCH STAFF SERVING AS ADVISORS. THE REVIEW PROCESS IS MADE UP OF DISCIPLINARY COMMITTEES COMPRISED OF THE INSTITUTION'S STAFF WHO EVALUATE THE CANDIDATES AND THEN SELECT THE FELLOWS. THERE ARE OTHER COMPETITIVE AND NON-COMPETITIVE FELLOWSHIPS FOR VISITING SCHOLAR AND STUDENT APPOINTEES SELECTED THROUGH THE SMITHSONIAN UNITS THAT GO THROUGH A VARIETY OF OTHER SELECTION PROCESSES BEFORE AN AWARD IS MADE. AN OFFICIAL LETTER/AGREEMENT IS PROVIDED TO EACH AWARD RECIPIENT IDENTIFYING THE AWARD TITLE, DATES OF TENURE, STIPEND ALLOWANCES, AND REQUIRED RESPONSIBILITIES FOR HOLDING THIS POSITION.</p> <p>ALL RECIPIENTS EITHER WILL IDENTIFY A FINANCIAL INSTITUTION FOR RECEIPT OF THEIR MONETARY AWARD OR THEY WILL RECEIVE US TREASURY CHECKS. DEPENDING ON THE TENURE OF THE APPOINTMENT, PAYMENTS CAN RANGE FROM ONE LUMP SUM, BIWEEKLY PAYMENTS OR MONTHLY PAYMENTS. MOST FELLOWSHIP APPOINTMENTS ARE AWARDED FOR ONE TO TWO YEARS. ON OCCASION, THE SMITHSONIAN INSTITUTION HAS VISITING SCHOLARS OR FELLOWS WHO ARE CONDUCTING RESEARCH IN ANOTHER COUNTRY. PAYMENTS ARE USUALLY SUBMITTED AS STATED ABOVE, HOWEVER, ON OCCASION, THERE MAY BE ONE OR TWO WHO REQUEST THAT THEIR PAYMENTS BE SENT TO THE COUNTRY OF THEIR RESEARCH. AT THE END OF TENURE, A FINAL REPORT OF THEIR RESEARCH ACCOMPLISHMENTS IS PROVIDED FOR OUR RECORDS.</p> <p>SMITHSONIAN RESEARCH STAFF WHO SERVE AS ADVISORS TO THESE FELLOWS, STUDENTS AND SCHOLARS ARE USUALLY IN THE FIELD DURING THEIR TENURE. THE EIGHT SMITHSONIAN RESEARCH CENTERS LOCATED IN THE UNITED STATES AND ONE LOCATED IN PANAMA MONITOR THE PROGRESS OF THEIR FELLOWS ESPECIALLY THOSE FELLOWS IN OTHER COUNTRIES, AND THE ADMINISTRATIVE MANAGEMENT OF FUNDS IS MANAGED THROUGH THE INSTITUTION'S CENTRAL ADMINISTRATION FOR ACCOUNTABILITY.</p>
SCHEDULE F, PART I, LINE 3 - ACADEMIC APPOINTMENTS (STIPENDS)	PER FORM 990 INSTRUCTIONS, STIPENDS ARE REPORTED ON SCHEDULE F IF THE PERSON RECEIVING THE STIPEND IS LIVING OR RESIDING OUTSIDE THE UNITED STATES AT THE TIME THE STIPEND IS PAID OR DISTRIBUTED. HOWEVER, MANY OF THESE STIPEND RECIPIENTS LATER TRAVELED TO THE SMITHSONIAN IN THE UNITED STATES TO PERFORM THEIR RESEARCH.
SCHEDULE F, PART I, LINE 3 - FOREIGN TRAVEL	PROGRAM SERVICES FOR TRAVEL RELATED TO RESEARCH, CONFERENCES AND TRAINING IS FOR TRAVEL BY SI EMPLOYEES, RESEARCH ASSOCIATES, OR INVITATIONAL TRAVELERS (I.E., INDIVIDUALS WHO ARE NOT SI EMPLOYEES). ONLY TRAVEL ESSENTIAL TO THE PERFORMANCE OF OFFICIAL SMITHSONIAN BUSINESS AND FOR WHICH TRAVEL-RELATED EXPENSES ARE TO BE PAID BY THE SMITHSONIAN, CAN BE APPROVED, AUTHORIZED, AND REIMBURSED.
SCHEDULE F, PART I, LINE 3 - INVESTMENTS	INVESTMENTS IN REGIONS INCLUDE INVESTMENTS IN FOREIGN PARTNERSHIPS AND FOREIGN CORPORATIONS. THE FOREIGN REGION IS DETERMINED BY THE COUNTRY WHOSE LAWS GOVERN THE INVESTMENT ENTITY. THE VALUE REPORTED REPRESENTS THE FAIR MARKET VALUE OF THE INVESTMENT AT THE END OF THE FISCAL YEAR.
SCHEDULE F, PART I, LINE 3 - METHOD TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	ANTARCTICA: ACCRUAL CENTRAL AMERICA AND THE CARIBBEAN: ACCRUAL EAST ASIA AND THE PACIFIC: ACCRUAL EUROPE (INCLUDING ICELAND AND GREENLAND): ACCRUAL MIDDLE EAST AND NORTH AFRICA: ACCRUAL NORTH AMERICA (CANADA & MEXICO ONLY): ACCRUAL RUSSIA AND NEIGHBORING STATES: ACCRUAL SOUTH AMERICA: ACCRUAL SOUTH ASIA: ACCRUAL SUB-SAHARAN AFRICA: ACCRUAL
SCHEDULE F, PART II, LINE 1 - METHOD TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	RUSSIA AND NEIGHBORING STATES: ACCRUAL
SCHEDULE F, PART III - METHOD TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	CENTRAL AMERICA AND THE CARIBBEAN: ACCRUAL EAST ASIA AND THE PACIFIC: ACCRUAL EUROPE (INCLUDING ICELAND AND GREENLAND): ACCRUAL MIDDLE EAST AND NORTH AFRICA: ACCRUAL NORTH AMERICA (CANADA & MEXICO ONLY): ACCRUAL RUSSIA AND NEIGHBORING STATES: ACCRUAL SOUTH AMERICA: ACCRUAL SOUTH ASIA: ACCRUAL SUB-SAHARAN AFRICA: ACCRUAL

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## Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

**SCHEDULE G  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

2016

Open to Public Inspection

Name of the organization

SMITHSONIAN INSTITUTION

Employer identification number

53-0206027

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- |   |  |
|---|--|
| <p><b>a</b> <input checked="" type="checkbox"/> Mail solicitations</p> <p><b>b</b> <input checked="" type="checkbox"/> Internet and email solicitations</p> <p><b>c</b> <input checked="" type="checkbox"/> Phone solicitations</p> <p><b>d</b> <input checked="" type="checkbox"/> In-person solicitations</p> | <p><b>e</b> <input checked="" type="checkbox"/> Solicitation of non-government grants</p> <p><b>f</b> <input checked="" type="checkbox"/> Solicitation of government grants</p> <p><b>g</b> <input checked="" type="checkbox"/> Special fundraising events</p> |
|---|--|
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  **Yes**  **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>1</b> AVALON CONSULTING GROUP, INC. 805 15TH STREET NW, WASHINGTON, DC 20005	DIRECT MKTG/CONSULTANT		✓	0	1,834,966	(1,834,966)
<b>2</b> COMMUNITY COUNSELLING SERVICE CO., LLC 3349 HIGHWAY 138, WALL, NJ 07719	FUNDRAISING CONSULTANT		✓	0	300,000	(300,000)
<b>3</b> MARTS & LUNDY INC 1200 WALL ST W, LYNDHURST, NJ 07071-3680	FUNDRAISING CONSULTANT		✓	0	192,131	(192,131)
<b>4</b> BLACKBAUD, INC PO BOX 930256, ATLANTA, GA 31193-0256	FUNDRAISING CONSULTANT		✓	0	183,798	(183,798)
<b>5</b> M & R STRATEGIC SERVICES GROUP, LLC 2120 L ST NW, WASHINGTON, DC 20037-1538	ONLINE ADVISORY SERVICES		✓	0	153,304	(153,304)
<b>6</b> DONOR SERVICES GROUP, LLC 1200 WILSHIRE BLVD, LOS ANGELES, CA 90017	TELEMARKETING SERVICES		✓	0	98,036	(98,036)
<b>7</b> OLOGIE LLC 447 E MAIN ST, COLUMBUS, OH 43215	FUNDRAISING CONSULTANT		✓	0	92,000	(92,000)
<b>8</b> SD&A TELESERVICES, INC 101 CONTINENTAL BLVD, EL SEGUNDO, CA 90245-4515	TELEMARKETING SERVICES		✓	0	74,917	(74,917)
<b>9</b> KIMBIA, INC 2500 BEE CAVES RD, #2, AUSTIN, TX 78746-5741	FUNDRAISING CONSULTANT		✓	0	48,490	(48,490)
<b>10</b> FUSZION COLLABORATIVE, INC 2312 MOUNT VERNON AVE, ALEXANDRIA, VA 22301-1328	FUNDRAISING CONSULTANT		✓	0	26,145	(26,145)
<b>Total</b>				0	3,003,787	(3,003,787)

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

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

		(a) Event #1 <small>NATIONAL DESIGN AWARDS GALA</small>	(b) Event #2 <small>HIRSHHORN MUSEUM GALA</small>	(c) Other events <b>20</b>	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	<b>1</b> Gross receipts . . . . .	1,082,915	965,665	4,304,490	6,353,070
	<b>2</b> Less: Contributions . . . . .	969,675	895,050	2,995,900	4,860,625
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	113,240	70,615	1,308,590	1,492,445
Direct Expenses	<b>4</b> Cash prizes . . . . .				0
	<b>5</b> Noncash prizes . . . . .				0
	<b>6</b> Rent/facility costs . . . . .	6,694		60,412	67,106
	<b>7</b> Food and beverages . . . . .	103,925	136,500	504,462	744,887
	<b>8</b> Entertainment . . . . .				0
	<b>9</b> Other direct expenses . . . . .	392,571	313,310	772,677	1,478,558
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				2,290,551
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				(798,106)	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
Revenue	<b>1</b> Gross revenue . . . . .				
	Direct Expenses	<b>2</b> Cash prizes . . . . .			
		<b>3</b> Noncash prizes . . . . .			
		<b>4</b> Rent/facility costs . . . . .			
		<b>5</b> Other direct expenses . . . . .			
<b>6</b> Volunteer labor . . . . .					
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶					
<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶					

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states? . . . . .  Yes  No

**b** If "No," explain: \_\_\_\_\_

\_\_\_\_\_

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

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

\_\_\_\_\_

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- 11** Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

- 13** Indicate the percentage of gaming activity conducted in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ .....

Address ▶ .....

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

**b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ ..... and the amount of gaming revenue retained by the third party ▶ \$ .....

**c** If "Yes," enter name and address of the third party:

Name ▶ .....

Address ▶ .....

**16** Gaming manager information:

Name ▶ .....

Gaming manager compensation ▶ \$ .....

Description of services provided ▶ .....

- Director/officer       Employee       Independent contractor

**17** Mandatory distributions:

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

**b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ .....

**Part IV** **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions

[SEE NEXT PAGE](#)

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## Part IV

**Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Return Reference - Identifier	Explanation
SCHEDULE G, PART I, LINE 2B - LINE 2B COLUMN (IV) AND (V):	<p>SI ENGAGED MULTIPLE FUNDRAISING SERVICES AND MANY WORK ON THE SAME CAMPAIGNS. IT IS NOT POSSIBLE TO ACCURATELY REPORT THE EXACT AMOUNT OF REVENUE ASSOCIATED WITH EACH FUNDRAISER. NONE OF THESE FUNDRAISERS HAD CONTROL OF CONTRIBUTIONS; ALL WERE PAID UNDER THE TERMS OF NEGOTIATED CONTRACTS.</p> <p>SI CLOSELY MONITORS FUNDRAISING PERFORMANCE AGAINST ESTABLISHED CAMPAIGN GOALS FOR ITS CONTRACTORS, AND RESULTS ARE TAKEN INTO CONSIDERATION IN FUTURE CONTRACT NEGOTIATIONS.</p> <p>PAYMENTS TO AVALON CONSULTING GROUP OF APPROXIMATELY \$1,706,577 ARE NOT REPORTED IN PART I. THIS AMOUNT IS FOR REIMBURSEMENTS RELATED TO FUNDRAISING EXPENSES OF POSTAGE, PRINTING AND MAILING LISTS.</p>
SCHEDULE G, PART I, LINE 3 -	SI IS A TRUST INSTRUMENTALITY OF THE U.S. AND AS SUCH IS EXEMPT FROM STATE REGULATIONS PURSUANT TO THE SUPREMACY CLAUSE OF THE U.S. CONSTITUTION. ALL STATES THAT HAVE INQUIRED ABOUT SI FUNDRAISING SOLICITATION REGISTRATION HAVE ACKNOWLEDGED THIS EXEMPTION.



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

# PUBLIC DISCLOSURE COPY

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

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

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Employer identification number

53-0206027

SMITHSONIAN INSTITUTION

**Part I General Information on Grants and Assistance**

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> UNIVERSITY OF MARYLAND AT COLLEGE PARK OFFICE OF THE BURSAR, 1109 LEE BUILDING, COLLEGE PARK, MD 20742	52-6002033	115	46,062				ACADEMIC APPT. STIPEND
<b>(2)</b> UNIVERSITY OF GEORGIA OFC FOR SPONSORED PROGRAMS, 310 EAST CAMPUS RD, TUCKER 405	58-6001998	115	35,000				ACADEMIC APPT. STIPEND
<b>(3)</b> MORGAN STATE UNIVERSITY 1700 EAST COLD SPRING LANE, BALTIMORE, MD 21251	52-6002033	115	10,000				ACADEMIC APPT. STIPEND
<b>(4)</b> TUSKEGEE UNIVERSITY 1200 W MONTGOMERY RD, TUSKEGEE INSTITUTE, AL 36088-1923	63-0288878	501(C)(3)	10,000				ACADEMIC APPT. STIPEND
<b>(5)</b> UNIVERSITY OF WISCONSIN - MADISON RESEARCH & SPONSORED PROGRAMS, 21 NORTH PARK STREET, SUITE	39-6006492	115	12,713				ACADEMIC APPT. STIPEND
<b>(6)</b> REGENTS OF THE UNIVERSITY OF MICHIGAN P.O. BOX 223131, PITTSBURGH, PA 15251-2131	38-6006309	115	9,888				ACADEMIC APPT. STIPEND
<b>(7)</b> UNIVERSITY OF ILLINOIS OFFICE OF BUS & FIN SERVICES, 1901 S. FIRST STREET, SUITE A, CHAM	37-6999511	115	21,950				ACADEMIC APPT. STIPEND
<b>(8)</b> REGENTS OF THE UNIVERSITY OF MINNESOTA 169 FRASER, 106 PLEASANT ST SE, MINNEAPOLIS, MN 55455	41-6007513	115	21,250				ACADEMIC APPT. STIPEND
<b>(9)</b>							
<b>(10)</b>							
<b>(11)</b>							
<b>(12)</b>							

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 8

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 ACADEMIC APPOINTMENT STIPENDS	992	11,310,850			
2					
3					
4					
5					
6					
7					

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

(SEE STATEMENT)

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Part IV

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

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.	<p>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.</p> <p>THE REVIEW PROCESS IS MADE UP OF DISCIPLINARY COMMITTEES COMPRISED OF THE INSTITUTION'S RESEARCH STAFF WHO EVALUATE THE CANDIDATES AND THEN SELECT THE FELLOWS. THERE ARE OTHER COMPETITIVE AND NON-COMPETITIVE FELLOWSHIPS FOR VISITING SCHOLAR AND STUDENT APPOINTEES SELECTED THROUGH THE SMITHSONIAN UNITS THAT GO THROUGH A VARIETY OF OTHER SELECTIONS PROCESSES BEFORE AN AWARD IS MADE. AN OFFICIAL LETTER/AGREEMENT IS PROVIDED TO EACH AWARD RECIPIENT IDENTIFYING THE AWARD TITLE, DATES OF TENURE, STIPEND ALLOWANCES, AND REQUIRED RESPONSIBILITIES FOR HOLDING THIS POSITION. ALL RECIPIENTS EITHER WILL IDENTIFY A FINANCIAL INSTITUTION FOR RECEIPT OF THEIR MONETARY AWARD OR THEY WILL RECEIVE US TREASURY CHECKS. DEPENDING ON THE TENURE OF THE APPOINTMENT, PAYMENTS MAY BE MADE IN A LUMP SUM OR IN PERIODIC PAYMENTS.</p> <p>MOST FELLOWSHIP APPOINTMENTS ARE AWARDED FOR ONE TO TWO YEARS. AT THE END OF TENURE, A FINAL REPORT OF THEIR RESEARCH ACCOMPLISHMENTS IS PROVIDED FOR OUR RECORDS. SMITHSONIAN RESEARCH STAFF WHO SERVE AS ADVISORS TO THESE FELLOWS, STUDENTS AND SCHOLARS ARE USUALLY IN THE FIELD DURING THEIR TENURE.</p> <p>THE INDIVIDUAL SMITHSONIAN RESEARCH CENTERS MONITOR THE PROGRESS OF THEIR FELLOWS, AND THE FUNDS ARE MANAGED THROUGH THE INSTITUTION'S CENTRAL ADMINISTRATION TO ENSURE ACCOUNTABILITY. SIMILAR PROCESSES ARE FOLLOWED FOR AWARDS MADE TO ORGANIZATIONS WHOSE ACADEMIC STAFF PERFORM THE RELATED RESEARCH.</p>

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**SCHEDULE J  
(Form 990)**

## Compensation Information

OMB No. 1545-0047

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

# 2016

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

▶ Attach to Form 990.

**Open to Public Inspection**

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization

Employer identification number

SMITHSONIAN INSTITUTION

53-0206027

**Part I Questions Regarding Compensation**

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

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

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

	Yes	No
<b>1b</b>	✓	

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

<b>2</b>	✓	
----------	---	--

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

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

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

- |  |  |   |
|--|--|---|
| <b>a</b> Receive a severance payment or change-of-control payment? . . . . .                             |  | ✓ |
| <b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . . |  | ✓ |
| <b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .    |  | ✓ |

<b>4a</b>		✓
<b>4b</b>		✓
<b>4c</b>		✓

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

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

- |  |  |   |
|--|--|---|
| <b>a</b> The organization? . . . . .         |  | ✓ |
| <b>b</b> Any related organization? . . . . . |  | ✓ |
- If "Yes" on line 5a or 5b, describe in Part III.

<b>5a</b>		✓
<b>5b</b>		✓

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

- |  |  |   |
|--|--|---|
| <b>a</b> The organization? . . . . .         |  | ✓ |
| <b>b</b> Any related organization? . . . . . |  | ✓ |
- If "Yes" on line 6a or 6b, describe in Part III.

<b>6a</b>		✓
<b>6b</b>		✓

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

<b>7</b>		✓
----------	--	---

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

<b>8</b>		✓
----------	--	---

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

<b>9</b>		
----------	--	--

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
<b>1</b>	DAVID SKORTON	(i)	782,386	0	5,334	39,710	20,919	848,349	0
	SECRETARY	(ii)	0	0	0	0	0	0	0
<b>2</b>	ALBERT HORVATH	(i)	401,018	10,000	1,803	39,710	17,450	469,981	0
	UNDER SECRETARY FINANCE & ADMINISTRATION/CFO	(ii)	0	0	0	0	0	0	0
<b>3</b>	CATHY HELM	(i)	186,833	0	0	0	20,248	207,081	0
	INSPECTOR GENERAL	(ii)	0	0	0	0	0	0	0
<b>4</b>	JUDITH LEONARD	(i)	190,954	5,000	2,215	27,724	8,918	234,811	0
	GENERAL COUNSEL	(ii)	0	0	0	0	0	0	0
<b>5</b>	PORTER WILKINSON	(i)	144,798	9,000	154	20,302	11,414	185,668	0
	CHIEF OF STAFF - REGENTS	(ii)	0	0	0	0	0	0	0
<b>6</b>	PATRICIA BARTLETT	(i)	184,924	4,000	2,109	26,887	11,466	229,386	0
	ACTING ASST. SECRETARY, EDUCATION & ACCESS	(ii)	0	0	0	0	0	0	0
<b>7</b>	NANCY BECHTOL	(i)	189,479	3,000	725	26,871	800	220,875	0
	DIRECTOR - FACILITIES	(ii)	0	0	0	0	0	0	0
<b>8</b>	DERON BURBA	(i)	187,884	5,000	405	27,941	22,310	243,540	0
	CHIEF INFORMATION OFFICER	(ii)	0	0	0	0	0	0	0
<b>9</b>	AMY CHEN	(i)	258,716	375,900	1,087	36,968	1,431	674,102	0
	CHIEF INVESTMENT OFFICER	(ii)	0	0	0	0	0	0	0
<b>10</b>	VIRGINIA CLARK	(i)	349,332	8,000	4,697	39,710	17,338	419,077	0
	ASSISTANT SECRETARY FOR ADVANCEMENT	(ii)	0	0	0	0	0	0	0
<b>11</b>	BRUCE DAUER	(i)	210,161	66,693	2,436	30,256	3,995	313,541	0
	VICE PRESIDENT FINANCE/ADM - SMITHSONIAN ENTERPRISES	(ii)	0	0	0	0	0	0	0
<b>12</b>	JAMES DOUGLAS	(i)	186,889	2,500	2,172	27,140	4,213	222,914	0
	DIRECTOR - OFFICE OF HUMAN RESOURCES	(ii)	0	0	0	0	0	0	0
<b>13</b>	JEAN GARVIN	(i)	183,936	5,000	1,114	26,942	16,952	233,944	0
	DIRECTOR - FINANCE & ACCOUNTING	(ii)	0	0	0	0	0	0	0
<b>14</b>	RICHARD KURIN	(i)	325,292	7,500	4,292	44,660	9,393	391,137	0
	ACTING PROVOST	(ii)	0	0	0	0	0	0	0
<b>15</b>	JOHN LAPIANA	(i)	191,875	2,000	746	27,619	8,827	231,067	0
	ACTING ASST. SECRETARY, COMMUNICATION & EXTERNAL AFFAIRS	(ii)	0	0	0	0	0	0	0
<b>16</b>	(SEE STATEMENT)	(i)							
		(ii)							

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**Part II**
**Officers, Directors, Trustees, Key Employees and Highest Compensated Employees** (continued)

(a) Name	(b) Breakdown of W-2 and/or 1099-MISC compensation			(c) Retirement and other deferred compensation	(d) Nontaxable benefits	(e) Total of columns (b)(i)-(d)	(f) Compensation reported in prior Form 990 or Form 990-EZ	
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
(16) CHRISTOPHER LIEDEL PRESIDENT - SMITHSONIAN ENTERPRISES	(i)	433,788	141,755	2,048	39,125	29,919	646,635	0
	(ii)	0	0	0	0	0	0	0
(17) ERA MARSHALL DIRECTOR - EQUAL EMPLOYMENT & MINORITY AFFAIRS	(i)	174,019	5,000	0	0	17,786	196,805	0
	(ii)	0	0	0	0	0	0	0
(18) MARY PAYNE DIRECTOR - OFFICE OF GOVERNMENT RELATIONS	(i)	189,794	2,500	756	27,944	11,381	232,375	0
	(ii)	0	0	0	0	0	0	0
(19) DAVID VOYLES DIRECTOR - PLANNING, MANAGEMENT & BUDGET	(i)	176,162	5,000	0	7,008	8,465	196,635	0
	(ii)	0	0	0	0	0	0	0
(20) MICHAEL CARUSO EDITOR IN CHIEF - SMITHSONIAN MAGAZINE	(i)	301,470	86,099	1,364	39,125	28,699	456,757	0
	(ii)	0	0	0	0	0	0	0
(21) MELISSA CHIU DIRECTOR - HIRSHHORN MUSEUM	(i)	394,585	3,000	426	39,710	26,756	464,477	0
	(ii)	0	0	0	0	0	0	0
(22) RYAN DOTSON INVESTMENT OFFICER	(i)	139,462	243,903	109	20,199	26,166	429,839	0
	(ii)	0	0	0	0	0	0	0
(23) MICHAEL GIOVENCO INVESTMENT OFFICER	(i)	163,003	269,135	206	22,711	8,763	463,818	0
	(ii)	0	0	0	0	0	0	0
(24) JEFFREY SMITH INVESTMENT OFFICER	(i)	181,365	322,877	169	26,807	22,147	553,365	0
	(ii)	0	0	0	0	0	0	0
(25) KENNETH JOHNSON FORMER ACTING DIRECTOR - PLANNING, MANAGEMENT & BUDGET	(i)	177,877	5,000	0	8,894	352	192,123	0
	(ii)	0	0	0	0	0	0	0
(26) JOHN KRESS FORMER INTERIM UNDER SECRETARY - SCIENCE	(i)	161,395	13,000	0	8,377	19,099	201,871	0
	(ii)	0	0	0	0	0	0	0
(27) ANDREW ZINO FORMER COMPTROLLER	(i)	194,846	1,500	0	7,613	16,671	220,630	0
	(ii)	0	0	0	0	0	0	0

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## Part III

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

Return Reference - Identifier	Explanation
SCHEDULE J, PART I, LINE 1A - FIRST CLASS TRAVEL	<p>ONE OFFICER LISTED IN PART VII, SECTION A WAS AUTHORIZED FOR FIRST CLASS TRAVEL FOR BONA-FIDE BUSINESS PURPOSES 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.</p> <p>THE SMITHSONIAN'S TRAVEL POLICY IS GUIDED BY THE FEDERAL TRAVEL REGULATIONS AS SUPPLEMENTED BY THE SMITHSONIAN'S TRAVEL HANDBOOK. THE ACCOUNTABLE PLAN FOR TRAVEL REIMBURSEMENTS MAINTAINED BY THE SMITHSONIAN MEETS IRS REQUIREMENTS, THEREFORE NO PORTION OF THIS TRAVEL WAS TREATED AS TAXABLE COMPENSATION.</p>
SCHEDULE J, PART I, LINE 1A - TRAVEL FOR COMPANIONS	<p>TRAVEL WAS AUTHORIZED FOR THE SPOUSE OF A PERSON LISTED IN PART VII, SECTION A WHEN THE CIRCUMSTANCES OF THAT TRAVEL MET THE REQUIREMENTS OF THE SMITHSONIAN'S POLICY FOR SUCH TRAVEL. 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 THE UNDER SECRETARY FOR FINANCE AND ADMINISTRATION/CHIEF FINANCIAL OFFICER IN ADVANCE.</p> <p>IN THE CALENDAR YEAR 2016, FOUR (DOMESTIC TRAVEL) TRIPS WERE APPROVED FOR THE SPOUSE OF AN OFFICER. 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.</p>



**SCHEDULE K  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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## Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

▶ Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

SMITHSONIAN INSTITUTION

Employer identification number

53-0206027

**Part I Bond Issues**

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
							Yes	No	Yes	No	Yes	No
<b>A</b>	FAIRFAX COUNTY ECONOMIC DEVELOPMENT AUTHORITY	54-0787833	30382ECZ5	12/03/2003	77,545,000	TO CONSTRUCT A MUSEUM		✓		✓		✓
<b>B</b>	DISTRICT OF COLUMBIA	53-6001131	2548397S6	04/29/2010	33,825,749	REFUNDING OF 1997 BONDS		✓		✓		✓
<b>C</b>												
<b>D</b>												

**Part II Proceeds**

		A		B		C		D	
<b>1</b>	Amount of bonds retired . . . . .	0		9,470,000					
<b>2</b>	Amount of bonds legally defeased . . . . .	0		0					
<b>3</b>	Total proceeds of issue . . . . .	77,545,000		33,825,749					
<b>4</b>	Gross proceeds in reserve funds . . . . .	0		0					
<b>5</b>	Capitalized interest from proceeds . . . . .	0		0					
<b>6</b>	Proceeds in refunding escrows . . . . .	0		0					
<b>7</b>	Issuance costs from proceeds . . . . .	530,475		612,994					
<b>8</b>	Credit enhancement from proceeds . . . . .	6,161		0					
<b>9</b>	Working capital expenditures from proceeds . . . . .	0		0					
<b>10</b>	Capital expenditures from proceeds . . . . .	77,008,364		0					
<b>11</b>	Other spent proceeds . . . . .	0		33,212,755					
<b>12</b>	Other unspent proceeds . . . . .	0		0					
<b>13</b>	Year of substantial completion . . . . .	2003		2010					
		Yes	No	Yes	No	Yes	No	Yes	No
<b>14</b>	Were the bonds issued as part of a current refunding issue? . . . . .		✓	✓					
<b>15</b>	Were the bonds issued as part of an advance refunding issue? . . . . .		✓		✓				
<b>16</b>	Has the final allocation of proceeds been made? . . . . .	✓		✓					
<b>17</b>	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	✓		✓					

**Part III Private Business Use**

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b>	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .		✓		✓				
<b>2</b>	Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .		✓		✓				

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**Part III Private Business Use** *(Continued)*

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .		✓	✓					
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?			✓					
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .		✓		✓				
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . ▶		0.00 %		0.00 %				
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . ▶		0.00 %		9.62 %				
<b>6</b> Total of lines 4 and 5 . . . . .		0.00 %		9.62 %				
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .		✓		✓				
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		✓		✓				
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .	✓		✓					

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .		✓	✓	✓				
<b>2</b> If "No" to line 1, did the following apply? . . . . .								
<b>a</b> Rebate not due yet? . . . . .		✓		✓				
<b>b</b> Exception to rebate? . . . . .	✓		✓					
<b>c</b> No rebate due? . . . . .		✓		✓				
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .	✓			✓				
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? . . . . .		✓		✓				
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of hedge . . . . .								
<b>d</b> Was the hedge superintegrated? . . . . .								
<b>e</b> Was the hedge terminated? . . . . .								



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Part VI

**Supplemental Information.** Supplemental Information Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

Return Reference - Identifier	Explanation
SCHEDULE K, PART I, COLUMN (F) - BOND ISSUES, LINE B	THE ISSUE DATE OF THE CURRENT REFUNDED BONDS WAS JANUARY 1, 1998.
SCHEDULE K, PART III, LINE 5 - PRIVATE BUSINESS USE, COLUMN B	THE PERCENTAGE OF FINANCED PROPERTY USED IN PRIVATE BUSINESS USE AS A RESULT OF UNRELATED TRADE OR BUSINESS ACTIVITY IS BASED ON THE PERCENTAGE OF UNRELATED REVENUE IN THE GIFT SHOP AND THEATER WITHIN THE SPACE FINANCED BY THIS BOND ISSUE.  THE PRIVATE BUSINESS USE FOR THE CURRENT YEAR WAS IN EXCESS OF 5%. HOWEVER, THE PRIVATE BUSINESS USE IS BEING MONITORED AND WILL REMAIN UNDER 5% FOR THE ENTIRE MEASUREMENT PERIOD (1998-2028).

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## Noncash Contributions

**SCHEDULE M**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

SMITHSONIAN INSTITUTION

Employer identification number

53-0206027

**Part I** Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art . . . . .	✓	2,236		NONE
2	Art—Historical treasures . . . . .				
3	Art—Fractional interests . . . . .	✓	2		NONE
4	Books and publications . . . . .				
5	Clothing and household goods . . . . .				
6	Cars and other vehicles . . . . .				
7	Boats and planes . . . . .				
8	Intellectual property . . . . .				
9	Securities—Publicly traded . . . . .	✓	289	20,297,070	MARKET VALUE
10	Securities—Closely held stock . . . . .				
11	Securities—Partnership, LLC, or trust interests . . . . .				
12	Securities—Miscellaneous . . . . .				
13	Qualified conservation contribution—Historic structures . . . . .				
14	Qualified conservation contribution—Other . . . . .				
15	Real estate—Residential . . . . .				
16	Real estate—Commercial . . . . .				
17	Real estate—Other . . . . .				
18	Collectibles . . . . .	✓	7,753		NONE
19	Food inventory . . . . .				
20	Drugs and medical supplies . . . . .				
21	Taxidermy . . . . .				
22	Historical artifacts . . . . .	✓	2,033		NONE
23	Scientific specimens . . . . .	✓	109,054		NONE
24	Archeological artifacts . . . . .	✓	37		NONE
25	Other ▶ ( <u>GOODS</u> ) . . . . .	✓	52	3,167,587	MARKET VALUE
26	Other ▶ ( <u>ARCHIVAL CF</u> ) . . . . .	✓	1,526		NONE
27	Other ▶ ( <u>ARCHIVAL LF</u> ) . . . . .	✓	561		NONE
28	Other ▶ ( <u>ARCHIVAL ITEM</u> ) . . . . .	✓	2,386		NONE

29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . .	29		69
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		Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . .		✓
b	If "Yes," describe the arrangement in Part II.		
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? . . . . .	✓	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .	✓	
b	If "Yes," describe in Part II.		
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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## Part II

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

Return Reference - Identifier	Explanation
SCHEDULE M, PART I, LINE 3 - ART	FRACTIONAL INTERESTS. ONE AT 20%, ONE AT 50%.
SCHEDULE M, PART I, LINE 32B - THIRD PARTIES USED TO SOLICIT, PROCESS, OR SELL NONCASH CONTRIBUTIONS	ALTHOUGH THE SMITHSONIAN ACQUIRES COLLECTION WITH THE GOOD FAITH INTENTION OF RETAINING THEM FOR AN INDEFINITE PERIOD OF TIME, PRUDENT COLLECTIONS MANAGEMENT INCLUDE JUDICIOUS CONSIDERATION OF APPROPRIATE DEACCESSIONING AND DISPOSAL TO REFINE AND IMPROVE THE QUALITY AND RELEVANCE OF THE COLLECTIONS WITH RESPECT TO THE SMITHSONIAN'S MISSION AND PURPOSE. WHEN OBJECTS ARE DEACCESSIONED FOR DISPOSAL BY SALE, THE SMITHSONIAN CONTRACTS WITH COMMERCIAL GALLERIES OR AUCTION HOUSES TO SELL THE OBJECTS IN ORDER TO ASSURE THE BEST RETURN FROM THE SALE.
SCHEDULE M, PART I, LINE 33 -	IN ACCORDANCE WITH PROFESSIONAL PRACTICE, AS ALLOWED BY SFAS 116, THE SMITHSONIAN DOES NOT ASSIGN VALUE TO COLLECTION ITEMS ACQUIRED BY DONATION.

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## 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.

Schedule O  
(Form 990)  
Department of Treasury  
Internal Revenue Service

OMB No. 1545-0047

**2016**

Open to Public  
Inspection

Name of the Organization  
SMITHSONIAN INSTITUTION

Employer Identification Number  
53-0206027

Return Reference - Identifier	Explanation
FORM 990 - PAGE 1, LINE K	THE SMITHSONIAN INSTITUTION IS A TRUST INSTRUMENTALITY OF THE U.S., CREATED BY CONGRESS; ORGANIZED PURSUANT TO 20 U.S. C. SEC. 41 ET SEQ.
FORM 990 - PAGE 1, LINE M	STATE OF LEGAL DOMICILE: AS A TRUST INSTRUMENTALITY OF THE UNITED STATES, THE SMITHSONIAN INSTITUTION IS A FEDERAL ENTITY THAT IS NOT DOMICILED IN ANY STATE.
FORM 990, PART III, LINE 4A - PROGRAM SERVICE DESCRIPTION	<p>RESEARCH AND COLLECTIONS:</p> <p>THE SMITHSONIAN COLLECTIONS OF NEARLY 155 MILLION OBJECTS (ART, ARTIFACTS AND SCIENTIFIC SPECIMENS) ARE THE HEART OF THE INSTITUTION. RESEARCH, PUBLIC PROGRAMS AND EXHIBITIONS ARE BASED ON THESE COLLECTIONS WHICH ADDITIONALLY INCLUDE MORE THAN 10 MILLION DIGITAL RECORDS OF ONLINE MATERIAL. CARE OF THE COLLECTIONS INVOLVES THE WORK OF REGISTRARS, CONSERVATORS, MUSEUM SPECIALISTS, DESIGNERS, CURATORS AND EDITORS. APPROXIMATELY 145 MILLION OBJECTS AND SPECIMENS ARE PART OF THE NATIONAL MUSEUM OF NATURAL HISTORY COLLECTIONS AND ARE PRIMARILY USED FOR RESEARCH BY BOTH SMITHSONIAN SCIENTISTS AND RESEARCHERS FROM AROUND THE WORLD. IN SOME CASES, THE MUSEUM HAS THE DEFINITIVE, IRREPLACEABLE COLLECTION OF A CERTAIN SPECIES WHICH IS ESSENTIAL FOR COMPARATIVE STUDIES.</p> <p>RESEARCHERS AT THE SMITHSONIAN TROPICAL RESEARCH INSTITUTE DISCOVERED THREE NEW SPECIES OF PORCUPINE FISH BY COMPARING FOSSIL JAWS AND TOOTH PLATES COLLECTED ON EXPEDITIONS WITH MUSEUM SPECIMENS AND MODERN PORCUPINE FISH. THE SPECIES WERE DISCOVERED IN PANAMA'S GATUN FORMATION AND THE SOCORRO FORMATION IN VENEZUELA.</p> <p>TWO GUAM RAIL CHICKS BORN AT THE SMITHSONIAN CONSERVATION BIOLOGY INSTITUTE WERE REPATRIATED TO GUAM AND RELEASED TO THE WILD ON THE ISLAND OF ROTA IN SEPTEMBER 2017. THE SPECIES WAS NEARLY DRIVEN TO EXTINCTION BY THE INVASIVE BROWN TREE SNAKE. THE RELEASE MARKED THE FIRST TIME SINCE 1985 THAT THERE WERE MORE GUAM RAILS LIVING IN THE WILD THAN LIVING IN HUMAN CARE. THERE ARE NOW APPROXIMATELY 200 GUAM RAILS LIVING IN THE WILD AND 116 LIVING IN HUMAN CARE.</p> <p>THE NATIONAL MUSEUM OF AMERICAN HISTORY ADDED BASEBALL EQUIPMENT USED BY LEGENDARY MAJOR LEAGUE BASEBALL PLAYERS INCLUDING WILLIE MAYS, HANK AARON, TED WILLIAMS AND YOGI BERRA TO ITS SPORTS COLLECTION.</p> <p>SMITHSONIAN GARDENS ADDED MORE THAN 150 BOXES OF HISTORICAL RECORDS GENERATED BY OR RELATED TO THE W. ATLEE BURPEE &amp; CO. SEED COMPANY TO THE ARCHIVES OF AMERICAN GARDENS. THE NEWLY ADDED COLLECTION CONSISTS OF THOUSANDS OF RECORDS, INCLUDING ACCOUNT BOOKS, SEED-TRIAL RECORDS, OFFICE FILES, SEED CATALOGS AND OTHER ITEMS RELATING TO BURPEE &amp; CO. AND ITS COMPETITORS. BY 1915 BURPEE WAS THE LARGEST MAIL-ORDER SEED COMPANY IN THE WORLD. THE COLLECTIONS SPANS A CENTURY, FROM THE 1870S TO THE 1970S.</p>



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Return Reference - Identifier	Explanation
<p>FORM 990, PART III, LINE 4B - PROGRAM SERVICE DESCRIPTION</p>	<p>EDUCATION, PUBLIC PROGRAMS AND EXHIBITIONS:</p> <p>THE NATIONAL MUSEUM OF THE AMERICAN INDIAN ANNOUNCED IN AUGUST AN INTERNATIONAL COMPETITION TO SELECT A DESIGNER FOR THE NATIONAL NATIVE AMERICAN VETERANS MEMORIAL. THE COMPETITION WAS OPEN TO ALL, AND A JURY OF NATIVE AND NON-NATIVE ARTISTS, DESIGNERS, SCHOLARS AND VETERANS WILL CHOSE A WINNER TO DESIGN THE MEMORIAL, WHICH WAS COMMISSIONED BY CONGRESS AND IS SLATED TO OPEN IN 2020.</p> <p>THE NATIONAL MUSEUM OF AFRICAN AMERICAN HISTORY AND CULTURE CELEBRATED THE FIRST ANNIVERSARY OF ITS OPENING ON SEPT. 24, 2017 WITH FREE PUBLIC ACTIVITIES AND PERFORMANCES, EXTENDED HOURS AND A SOCIAL MEDIA CAMPAIGN. IN ITS INAUGURAL YEAR, THE MUSEUM WELCOMED NEARLY 3 MILLION VISITORS, INCREASED THE NUMBER OF ITEMS IN ITS PERMANENT COLLECTION TO NEARLY 40,000 AND HOSTED 46 PUBLIC PROGRAMS TO HELP VISITORS UNDERSTAND HISTORIC AND CONTEMPORARY ISSUES.</p> <p>THE NATIONAL MUSEUM OF AFRICAN AMERICAN HISTORY AND CULTURE ALSO OPENED "MORE THAN A PICTURE," A COLLECTION OF PHOTOGRAPHS OF A RANGE OF AMERICAN EXPERIENCES AND FIGURES ON MAY 5, 2017. THE EXHIBITION ENCOURAGES VISITORS TO EXPLORE THE WAYS PHOTOGRAPHS REFLECT IMPORTANT MOMENTS IN HISTORY AND SHAPE THE UNDERSTANDING OF AFRICAN AMERICAN EXPERIENCES. IT IS THE FIRST EXHIBITION TO BE FEATURED IN THE MUSEUM'S SPECIAL EXHIBITIONS GALLERY.</p> <p>IN JUNE, 2017 THE NATIONAL MUSEUM OF AMERICAN HISTORY OPENED "THE NATION WE BUILD TOGETHER," A NEWLY TRANSFORMED SPACE THAT INVITES AUDIENCES TO EXPLORE THE COMMON VALUES IN AMERICA. IT FEATURES FOUR EXHIBITIONS, "AMERICAN DEMOCRACY: A GREAT LEAP OF FAITH," "MANY VOICES, ONE NATION," "RELIGION IN EARLY AMERICA" AND "WITHIN THESE WALLS," AS WELL AS AN INTERACTIVE PROGRAM SPACE WITH HANDS-ON ACTIVITIES, THEATER PRESENTATIONS AND A SPOTLIGHT ON THE GREENSBORO LUNCH COUNTER.</p> <p>THE HIRSHHORN MUSEUM AND SCULPTURE GARDEN PRESENTED THE WORLD DEBUT OF "YAYOI KUSAMA: INFINITY MIRRORS" WITH THE HIGHEST RECORDED SPRING VISITATION SINCE THE MUSEUM'S OPENING IN 1974. THE EXHIBIT ALLOWED THE VISITOR TO STEP INTO AN ILLUSION OF INFINITE SPACE. AS PART OF THE HIRSHHORN'S COMMITMENT TO ACCESSIBILITY, VISITORS WITH MOBILITY CONSTRAINTS WERE ABLE TO USE VIRTUAL REALITY HEADSETS TO EXPERIENCE THE EXHIBITION.</p> <p>THE SMITHSONIAN AMERICAN ART MUSEUM PRESENTED "AMERICAN VISIONARY: JOHN F. KENNEDY'S LIFE AND TIMES," AN EXHIBITION OF IMAGES THAT CAPTURED THE SCOPE OF PRESIDENT JOHN F. KENNEDY'S LIFE. THE OPENING OF THE EXHIBITION WAS THE PREMIERE EVENT IN THE YEARLONG CENTENNIAL CELEBRATION OF THE FORMER PRESIDENT.</p>
<p>FORM 990, PART III, LINE 4C - PROGRAM SERVICE DESCRIPTION</p>	<p>MEMBERSHIP:</p> <p>THE NATIONAL ASSOCIATE PROGRAM IS THE INSTITUTION'S LARGEST AND MOST BASIC MEMBERSHIP PROGRAM. THE PROGRAM PROVIDES MEMBERS WITH SMITHSONIAN MAGAZINE WHICH IS PUBLISHED 11 TIMES A YEAR.</p> <p>THE PRINT AND ONLINE PUBLICATION PROVIDES IN-DEPTH COVERAGE OF HISTORY, SCIENCE, NATURE, THE ARTS AND WORLD CULTURES. SMITHSONIAN MAGAZINE ALSO HOSTS THE ANNUAL INGENUITY AWARDS, HONORING THE BEST AND THE BRIGHTEST INNOVATORS WHO ARE MAKING A DIFFERENCE IN THE WORLD ACROSS A VARIETY OF FIELDS.</p> <p>"FRIENDS OF THE SMITHSONIAN" IS A HIGHER LEVEL MEMBERSHIP PROGRAM FOR PEOPLE INTERESTED IN A DEEPER PHILANTHROPIC CONNECTION TO THE SMITHSONIAN. FRIENDS RECEIVE SMITHSONIAN MAGAZINE, PLUS THEY ARE INVITED TO VARIOUS EVENTS AND ARE GIVEN THE OPPORTUNITY TO LEARN ABOUT AND SUPPORT THE INSTITUTION'S EXHIBITS AND RESEARCH.</p> <p>THE SMITHSONIAN ASSOCIATES OFFERS UNPARALLELED ACCESS TO THE SMITHSONIAN'S WORLD OF KNOWLEDGE THROUGH INNOVATIVE AND ENGAGING PROGRAMMING THAT PROMOTES LEARNING, ENRICHMENT AND CREATIVITY FOR PEOPLE OF ALL AGES. THE LARGEST MUSEUM-BASED EDUCATIONAL PROGRAM IN THE WORLD, SMITHSONIAN ASSOCIATES ANNUALLY OFFERS MORE THAN 750 SEMINARS, PERFORMANCES LECTURES, STUDIO ART CLASSES AND LOCAL AND REGIONAL STUDY TOURS. PERFORMANCES AT DISCOVERY THEATER AND MORE THAN 90 EDUCATIONALLY FOCUSED SUMMER CAMPS ARE AMONG THE PROGRAMS THAT FOSTER THE JOYS OF LEARNING FOR YOUNG PEOPLE AND THEIR FAMILIES.</p>
<p>FORM 990, PART IV, LINE 12B - AUDITED FINANCIAL STATEMENTS</p>	<p>THE SMITHSONIAN'S OPERATIONS FUNDED THROUGH FEDERAL APPROPRIATIONS ARE INCLUDED IN THE U.S. GOVERNMENT'S CONSOLIDATED AUDITED FINANCIAL STATEMENTS.</p>
<p>FORM 990, PART VI, LINE 1A - DELEGATE BROAD AUTHORITY TO A COMMITTEE</p>	<p>THE BYLAWS OF THE ORGANIZATION DELEGATE AUTHORITY TO THE EXECUTIVE COMMITTEE TO ACT ON BEHALF OF THE BOARD OF REGENTS WHEN THE BOARD OF REGENTS IS NOT IN SESSION. THE BOARD OF REGENTS ELECTS FROM ITS MEMBERS AN EXECUTIVE COMMITTEE CONSISTING OF THREE MEMBERS.</p> <p>THE EXECUTIVE COMMITTEE HAS AND MAY EXERCISE ALL POWERS OF THE BOARD OF REGENTS WHEN THE BOARD OF REGENTS IS NOT IN SESSION, EXCEPT THOSE EXPRESSLY RESERVED TO ITSELF BY THE BOARD OF REGENTS, PROVIDED THAT ALL SUCH PROCEEDINGS ARE REPORTED TO THE GOVERNANCE AND NOMINATING COMMITTEE AND THE BOARD OF REGENTS ON A REGULAR BASIS.</p> <p>THE CHAIR OF THE BOARD SERVES AS CHAIR OF THE EXECUTIVE COMMITTEE. THE VICE CHAIR OF THE BOARD SERVES AS A MEMBER OF THE EXECUTIVE COMMITTEE.</p>

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Return Reference - Identifier	Explanation
FORM 990, PART VI, LINE 7A - MEMBERS OR STOCKHOLDERS ELECTING MEMBERS OF GOVERNING BODY	<p>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.</p> <p>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.</p> <p>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.</p>
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	<p>THE FORM 990 RETURN IS REVIEWED BY THE DIRECTOR OF FINANCE AND ACCOUNTING, THE OFFICE OF GENERAL COUNSEL, CHIEF FINANCIAL OFFICER AND THE SECRETARY OF THE SMITHSONIAN. THE RETURN IS ALSO REVIEWED BY AN INDEPENDENT ACCOUNTING FIRM.</p> <p>AFTER THIS REVIEW PROCESS, THE 990 IS MADE AVAILABLE TO THE FULL BOARD FOR ITS REVIEW AND COMMENT.</p> <p>THE AUDIT &amp; REVIEW COMMITTEE CONDUCTS A FINAL REVIEW OF THE RETURN AT A REGULARLY SCHEDULED COMMITTEE MEETING PRIOR TO ITS FILING.</p>
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	<p>ALL OFFICERS, KEY EMPLOYEES, AND CERTAIN OTHER EMPLOYEES ARE REQUIRED TO COMPLETE AND FILE ANNUALLY A CONFIDENTIAL FINANCIAL DISCLOSURE REPORT. THESE REPORTS - WHICH REQUIRE DISCLOSURE OF CERTAIN ASSETS, EARNED INCOME, LIABILITIES, OUTSIDE POSITIONS, OUTSIDE CONTRACTS AND AGREEMENTS, GIFTS, HOSPITALITY, REIMBURSEMENTS, AND OTHER INTERESTS RELATED TO THE EMPLOYEE'S SMITHSONIAN POSITION - ARE REVIEWED BY THE INSTITUTION'S OFFICE OF GENERAL COUNSEL FOR COMPLIANCE WITH APPLICABLE CONFLICT OF INTEREST POLICIES AND LAWS.</p> <p>IN ADDITION TO THIS REQUIRED REPORTING, ALL KEY EMPLOYEES ARE REQUIRED TO COMPLY WITH THE INSTITUTION'S STANDARDS OF CONDUCT, WHICH, AMONG OTHER THINGS, REQUIRES THAT EMPLOYEES NOT ENGAGE IN PRIVATE OR PERSONAL ACTIVITIES THAT MIGHT CONFLICT OR APPEAR TO CONFLICT WITH SMITHSONIAN INTERESTS, REQUIRES THAT EMPLOYEES OBTAIN OFFICE OF GENERAL COUNSEL APPROVAL BEFORE ENGAGING IN AN OUTSIDE ACTIVITY FOR COMPENSATION, AND REQUIRES EMPLOYEES TO CONSULT WITH THE OFFICE OF GENERAL COUNSEL WHENEVER A DOUBT EXISTS AS TO WHETHER AN ACTIVITY OR PLANNED ACTIVITY VIOLATES THE STANDARDS.</p> <p>ALL MEMBERS OF THE SMITHSONIAN'S GOVERNING BODY ARE REQUIRED TO COMPLETE AND FILE ANNUALLY THE BOARD OF REGENTS ANNUAL DISCLOSURE STATEMENT. THESE STATEMENTS - WHICH REQUIRE REPORTING BY MEMBERS (INCLUDING ANY REPORTABLE INTERESTS HELD BY IMMEDIATE FAMILY OF MEMBERS) ON OUTSIDE POSITIONS AND SUBSTANTIAL SHAREHOLDING IN FOR-PROFIT BUSINESS ENTITIES, OUTSIDE POSITIONS IN NON-PROFIT ENTITIES, AND INTERESTS AND AFFILIATIONS OF THE MEMBER THAT HAVE OR SOUGHT TO HAVE A RELATIONSHIP TO THE SMITHSONIAN - ARE REVIEWED BY THE INSTITUTION'S GENERAL COUNSEL FOR COMPLIANCE WITH APPLICABLE CONFLICT OF INTEREST POLICIES AND LAWS.</p> <p>IN ADDITION TO THIS REQUIRED REPORTING, ALL MEMBERS OF THE SMITHSONIAN'S GOVERNING BODY ARE REQUIRED TO COMPLY WITH THE BOARD OF REGENTS ETHICS GUIDELINES, WHICH, AMONG OTHER THINGS, DEFINE CONFLICTS OF INTEREST AND ESTABLISH PROCEDURES FOR DISCLOSING AND REPORTING OF CONFLICTS AND RECUSAL FROM DECISION-MAKING.</p>
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	<p>THE SMITHSONIAN ENSURES THAT COMPENSATION PAID TO OFFICERS AND OTHER KEY EMPLOYEES IS REASONABLE AND COMPARABLE TO SIMILAR ORGANIZATIONS. EMPLOYEES OF THE SMITHSONIAN MAY BE PAID WITH FEDERALLY APPROPRIATED FUNDS OR WITH NONFEDERAL ("TRUST") FUNDS. MOST TRUST FUNDED (NONFEDERAL) OFFICER AND KEY EMPLOYEE POSITIONS ARE SUBJECT TO MARKET-BASED COMPENSATION, AND THE BOARD OF REGENT'S COMMITTEE ON COMPENSATION AND HUMAN RESOURCES ENGAGES AN INDEPENDENT CONSULTANT TO DEVELOP AND ASSEMBLE COMPARABILITY DATA FOR ITS CONSIDERATION AND TO INFORM ITS DECISIONS.</p> <p>THE COMMITTEE'S ANNUAL DELIBERATIONS AND DECISIONS ARE DOCUMENTED AS PART OF THE FINAL RECOMMENDATION MATERIALS SUBMITTED TO THE BOARD OF REGENTS. SALARIES FOR FEDERAL EMPLOYEES ARE DETERMINED BY STATUTORILY ESTABLISHED PAY RANGES FOR CIVIL SERVICE EMPLOYEES.</p> <p>AS A MATTER OF POLICY, THE SMITHSONIAN HAS ESTABLISHED SIMILAR RANGES FOR CERTAIN TRUST FUNDED OFFICER AND KEY EMPLOYEE POSITIONS AND MAINTAINS THOSE RANGES IN PROPORTION TO THE APPROPRIATE FEDERAL PAY RANGES.</p>
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER EMPLOYEES	SEE EXPLANATION FOR PART VI, LINE 15A
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	THE SMITHSONIAN MAKES ITS GOVERNING DOCUMENTS, STATEMENT OF VALUES AND CODE OF ETHICS, AND AUDITED FINANCIAL STATEMENTS AVAILABLE ON ITS PUBLIC WEBSITE (WWW.SI.EDU). DOCUMENTS MAY ALSO BE VIEWED AT THE OFFICE OF FINANCE AND ACCOUNTING OR MAILED.

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Return Reference - Identifier	Explanation	
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	(a) Description	(b) Amount
	CHANGE IN RELATED PARTY NET ASSETS	- 73,942
	DEFERRED GAIN ON BUILDING	3,908,586
	CHANGE IN MINORITY INTEREST - SNI-SI NETWORKS LLC	2,231,900
	ENVIRONMENTAL REMEDIATION OBLIGATION FASB ASC 410-20	1,397,571
	BAD DEBT RECORDED FOR PRIOR YEAR PLEDGE	- 26,963,075

# PUBLIC DISCLOSURE COPY

## SCHEDULE R (Form 990)

### Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

SMITHSONIAN INSTITUTION

Employer identification number

53-0206027

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) CLAY FELLOWSHIPS CHARITABLE TRUST (04-3560268) 10 MEMORIAL BOULEVARD, PROVIDENCE, RI 02903	SUPPORT OF SMITHSONIAN ASTROPHYSICAL OBSERVATORY	MA	501(C)(3)	12 TYPE III-O	N/A		✓
(2) SMITHSONIAN UK CHARITABLE TRUST C/O WITHER LLP, 16 OLD BAILEY, LONDON, EC4M 7EG, UK	ADVANCE THE WORK OF THE SMITHSONIAN INSTITUTION WORLDWIDE	UNITED KINGDOM (ENGLAND, NORTHERN IRELAND, SCOTLAND, AND WALES)	501(C)(3)	7	SMITHSONIAN INSTITUTION	✓	
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

# PUBLIC DISCLOSURE COPY

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) -----												
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) <a href="#">(SEE STATEMENT)</a>									
(2) -----									
(3) -----									
(4) -----									
(5) -----									
(6) -----									
(7) -----									

# PUBLIC DISCLOSURE COPY

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

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

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

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity . . . . . **1a**  **Yes**  **No**
- b** Gift, grant, or capital contribution to related organization(s) . . . . . **1b**  **Yes**  **No**
- c** Gift, grant, or capital contribution from related organization(s) . . . . . **1c**  **Yes**  **No**
- d** Loans or loan guarantees to or for related organization(s) . . . . . **1d**  **Yes**  **No**
- e** Loans or loan guarantees by related organization(s) . . . . . **1e**  **Yes**  **No**
  
- f** Dividends from related organization(s) . . . . . **1f**  **Yes**  **No**
- g** Sale of assets to related organization(s) . . . . . **1g**  **Yes**  **No**
- h** Purchase of assets from related organization(s) . . . . . **1h**  **Yes**  **No**
- i** Exchange of assets with related organization(s) . . . . . **1i**  **Yes**  **No**
- j** Lease of facilities, equipment, or other assets to related organization(s) . . . . . **1j**  **Yes**  **No**
  
- k** Lease of facilities, equipment, or other assets from related organization(s) . . . . . **1k**  **Yes**  **No**
- l** Performance of services or membership or fundraising solicitations for related organization(s) . . . . . **1l**  **Yes**  **No**
- m** Performance of services or membership or fundraising solicitations by related organization(s) . . . . . **1m**  **Yes**  **No**
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . . **1n**  **Yes**  **No**
- o** Sharing of paid employees with related organization(s) . . . . . **1o**  **Yes**  **No**
  
- p** Reimbursement paid to related organization(s) for expenses . . . . . **1p**  **Yes**  **No**
- q** Reimbursement paid by related organization(s) for expenses . . . . . **1q**  **Yes**  **No**
  
- r** Other transfer of cash or property to related organization(s) . . . . . **1r**  **Yes**  **No**
- s** Other transfer of cash or property from related organization(s) . . . . . **1s**  **Yes**  **No**

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	SMITHSONIAN UK CHARITABLE TRUST	C	154,633	CASH
(2)				
(3)				
(4)				
(5)				
(6)				

# PUBLIC DISCLOSURE COPY

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) .....													
(2) .....													
(3) .....													
(4) .....													
(5) .....													
(6) .....													
(7) .....													
(8) .....													
(9) .....													
(10) .....													
(11) .....													
(12) .....													
(13) .....													
(14) .....													
(15) .....													
(16) .....													

# PUBLIC DISCLOSURE COPY

## Part IV

### Identification of Related Organizations Taxable as a Corporation or Trust (continued)

(a) Name, address and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C-corp, S-corp or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) CHARITABLE REMANDER TRUSTS. (2) 1000 JEFFERSON DRIVE, S.W., WASHINGTON, DC 20560	CHARITABLE REMAINDER TRUST	WA	N/A	TRUST	N/A	N/A	N/A	✓	
(2) CHARITABLE REMAINDER TRUSTS (2) 1000 JEFFERSON DRIVE, S.W., WASHINGTON, DC 20560	CHARITABLE REMAINDER TRUST	MA	N/A	TRUST	N/A	N/A	N/A	✓	
(3) CHARITABLE REMIANDER TRUSTS (1) 1000 JEFFERSON DRIVE, S.W., WASHINGTON, DC 20560	CHRITABLE REMAINDER TRUST	MI	N/A	TRUST	N/A	N/A	N/A	✓	
(4) CHARITABLE REMAINDER TRUSTS (5) 1000 JEFFERSON DRIVE, S.W., WASHINGTON, DC 20560	CHARITABLE REMAINDER TRUST	NY	N/A	TRUST	N/A	N/A	N/A	✓	
(5) CHARITABLE REMAINDER TRUSTS (4) 1000 JEFFERSON DRIVE, S.W., WASHINGTON, DC 20560	CHARITABLE REMAINDER TRUST	VA	N/A	TRUST	N/A	N/A	N/A	✓	



# PUBLIC DISCLOSURE COPY

Form **8453-EO**

## Exempt Organization Declaration and Signature for Electronic Filing

OMB No. 1545-1879

For calendar year 2016, or tax year beginning OCTOBER 1, 2016, and ending SEPT 30, 2017

2016

Department of the Treasury  
Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

Name of exempt organization

Employer identification number

**SMITHSONIAN INSTITUTION**

**53-0206027**

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

Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>1,456,826,975</u>
2a	Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	_____
3a	Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	_____
4a	Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	_____
5a	Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	_____

### Part II Declaration of Officer

6  I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

<b>Sign Here</b>		7/30/18	<b>CHIEF FINANCIAL OFFICER</b>
	Signature of officer	Date	Title

### Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

<b>ERO's Use Only</b>	ERO's signature	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code				EIN
					Phone no.

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	MARGARET A. BRADSHAW		7/30/18		P00501222
	Firm's name	Firm's EIN		Phone no.	
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