

# PUBLIC DISCLOSURE COPY

Form **990**

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

▶ **Do not enter social security numbers on this form as it may be made public.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

2017

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

<b>A</b> For the 2017 calendar year, or tax year beginning 10/01, 2017, and ending 09/30, 2018	
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>SMITHSONIAN INSTITUTION</b>
	<b>D</b> Employer identification number 53-0206027
	<b>E</b> Telephone number (202) 633-1000
	<b>G</b> Gross receipts \$ 2,102,055,266
<b>F</b> Name and address of principal officer: <b>LONNIE G. BUNCH III</b> SAME AS C ABOVE	
<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
<b>H(c)</b> Group exemption number ▶	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
<b>J</b> Website: ▶ WWW.SI.EDU	
<b>K</b> Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> Other ▶	
<b>L</b> Year of formation: 1846	<b>M</b> 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 2017 (Part V, line 2a)	<b>5</b>	7,165
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	7,064
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	16,304,979
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0	
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)	1,174,946,626	1,192,108,664
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	115,337,291	108,484,309
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	89,870,212	97,969,819
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,456,826,975	1,466,053,226
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	18,017,203	18,341,360
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	694,613,186	697,949,743
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	3,005,602	3,481,298
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 41,200,048		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	659,102,865	671,044,996
	<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,374,738,856	1,390,817,397
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	82,088,119	75,235,829	
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)	4,889,814,961	5,149,066,602
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	905,888,891	988,024,547
		3,983,926,070	4,161,042,055

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.																
<b>Sign Here</b>	<table style="width: 100%;"> <tr> <td style="border-bottom: 1px solid black; text-align: center;"><i>Michael J. McCarthy</i> Signature of officer</td> <td style="border-bottom: 1px solid black; text-align: center;">7/24/18 Date</td> </tr> <tr> <td colspan="2">Type or print name and title <b>MIKE MCCARTHY, ACTING CHIEF OPERATING OFFICER</b></td> </tr> </table>	<i>Michael J. McCarthy</i> Signature of officer	7/24/18 Date	Type or print name and title <b>MIKE MCCARTHY, ACTING CHIEF OPERATING OFFICER</b>												
<i>Michael J. McCarthy</i> Signature of officer	7/24/18 Date															
Type or print name and title <b>MIKE MCCARTHY, ACTING CHIEF OPERATING OFFICER</b>																
<b>Paid Preparer Use Only</b>	<table style="width: 100%;"> <tr> <td>Print/Type preparer's name <b>MARGARET A. BRADSHAW</b></td> <td>Preparer's signature <i>Margaret A. Bradshaw</i></td> <td>Date 7/22/19</td> <td>Check <input type="checkbox"/> if self-employed</td> <td>PTIN P00501222</td> </tr> <tr> <td colspan="2">Firm's name ▶ <b>KPMG LLP</b></td> <td colspan="3">Firm's EIN ▶ <b>13-5565207</b></td> </tr> <tr> <td colspan="2">Firm's address ▶ <b>1676 INTERNATIONAL DRIVE, MCLEAN, VA 22102</b></td> <td colspan="3">Phone no. <b>(703) 286-8000</b></td> </tr> </table>	Print/Type preparer's name <b>MARGARET A. BRADSHAW</b>	Preparer's signature <i>Margaret A. Bradshaw</i>	Date 7/22/19	Check <input type="checkbox"/> if self-employed	PTIN P00501222	Firm's name ▶ <b>KPMG LLP</b>		Firm's EIN ▶ <b>13-5565207</b>			Firm's address ▶ <b>1676 INTERNATIONAL DRIVE, MCLEAN, VA 22102</b>		Phone no. <b>(703) 286-8000</b>		
	Print/Type preparer's name <b>MARGARET A. BRADSHAW</b>	Preparer's signature <i>Margaret A. Bradshaw</i>	Date 7/22/19	Check <input type="checkbox"/> if self-employed	PTIN P00501222											
	Firm's name ▶ <b>KPMG LLP</b>		Firm's EIN ▶ <b>13-5565207</b>													
Firm's address ▶ <b>1676 INTERNATIONAL DRIVE, MCLEAN, VA 22102</b>		Phone no. <b>(703) 286-8000</b>														
May the IRS discuss this return with the preparer shown above? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																

**Part III** Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III  Yes  No

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

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

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

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

**4a** (Code: ) (Expenses \$ 526,126,976 including grants of \$ 16,105,052 ) (Revenue \$ 48,239,543 )  
RESEARCH AND COLLECTIONS (SEE SCHEDULE O)

(CONTINUED ON SCHEDULE O)

**4b** (Code: ) (Expenses \$ 478,000,259 including grants of \$ 2,236,308 ) (Revenue \$ 55,298,805 )  
EDUCATION, PUBLIC PROGRAMS AND EXHIBITIONS (SEE SCHEDULE O)

(CONTINUED ON SCHEDULE O)

**4c** (Code: ) (Expenses \$ 75,335,149 including grants of \$ 0 ) (Revenue \$ 58,307,632 )  
MEMBERSHIP (SEE SCHEDULE O)

(CONTINUED ON SCHEDULE O)

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

**4e** Total program service expenses ▶ 1,079,462,384

**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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>12 a</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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>14 a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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 (see instructions) . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**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>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		
<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>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>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>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>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		✓
<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>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		✓
<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>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>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>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>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>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>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>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>	✓	
<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>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>		✓
<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>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>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>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	✓	
<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>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>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>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.	✓	

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 [X]

Table with columns for question number, question text, and Yes/No checkboxes. Includes sub-questions 1a-1c, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, and 14a-14b. Some cells contain numerical values like 3,666, 0, 7,165, and 'AM, GB, PM'.

**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 . . . . .		
	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>1b</b>	Enter the number of voting members included in line 1a, above, who are independent . . . . .		
<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? . . . . .		<input checked="" type="checkbox"/>
<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? . . . . .		<input checked="" type="checkbox"/>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		<input checked="" type="checkbox"/>
<b>6</b>	Did the organization have members or stockholders? . . . . .		<input checked="" type="checkbox"/>
<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? . . . . .	<input checked="" type="checkbox"/>	
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .		<input checked="" type="checkbox"/>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>8b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	<input checked="" type="checkbox"/>	
<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? If "Yes," provide the names and addresses in Schedule O . . . . .		<input checked="" type="checkbox"/>

**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? . . . . .		<input checked="" type="checkbox"/>
<b>10b</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>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
<b>11b</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? If "No," go to line 13 . . . . .	<input checked="" type="checkbox"/>	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	<input checked="" type="checkbox"/>	
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .	<input checked="" type="checkbox"/>	
<b>14</b>	Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
<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>15a</b>	The organization's CEO, Executive Director, or top management official . . . . .	<input checked="" type="checkbox"/>	
<b>15b</b>	Other officers or key employees of the organization . . . . .	<input checked="" type="checkbox"/>	
	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? . . . . .	<input checked="" type="checkbox"/>	
<b>16b</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? . . . . .	<input checked="" type="checkbox"/>	

**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

**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 JOHN BOOZMAN REGENT	2.0	✓					0	0	0	
(4) HONORABLE PATRICK J LEAHY REGENT	2.0	✓					0	0	0	
(5) HONORABLE DAVID PERDUE 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 DORIS MATSUI REGENT	2.0	✓					0	0	0	
(9) MS BARBARA BARRETT REGENT	2.0	✓					0	0	0	
(10) MR STEVE CASE REGENT	6.0	✓					0	0	0	
(11) MR JOHN FAHEY REGENT	2.0	✓					0	0	0	
(12) MR ROGER FERGUSON REGENT	2.0	✓					0	0	0	
(13) MR MICHAEL GOVAN REGENT	2.0	✓					0	0	0	
(14) DR RISA LAVIZZO-MOUREY REGENT	2.0	✓					0	0	0	

**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 M LYNTON REGENT	2.0	<input checked="" type="checkbox"/>						0	0	0
(16) MR JOHN MCCARTER REGENT	6.0	<input checked="" type="checkbox"/>						0	0	0
(17) MR DAVID RUBENSTEIN REGENT	10.0	<input checked="" type="checkbox"/>						0	0	0
(18) DAVID SKORTON SECRETARY	50.0			<input checked="" type="checkbox"/>				844,804	0	51,541
(19) CATHY HELM INSPECTOR GENERAL	50.0			<input checked="" type="checkbox"/>				182,994	0	20,941
(20) ALBERT HORVATH UNDER SECRETARY FINANCE & ADMINISTRATION/COO	50.0			<input checked="" type="checkbox"/>				429,029	0	59,530
(21) JUDITH LEONARD GENERAL COUNSEL	50.0			<input checked="" type="checkbox"/>				204,209	0	38,440
(22) PORTER WILKINSON CHIEF OF STAFF - REGENTS	50.0			<input checked="" type="checkbox"/>				192,295	0	29,971
(23) PATRICIA BARTLETT ASSOCIATE PROVOST FOR EDUCATION & ACCESS	50.0					<input checked="" type="checkbox"/>		197,169	0	40,044
(24) NANCY BECHTOL DIRECTOR - FACILITIES	50.0					<input checked="" type="checkbox"/>		198,033	0	28,502
(25) (SEE STATEMENT)										
<b>1b Sub-total</b>								2,248,533	0	268,969
<b>c Total from continuation sheets to Part VII, Section A</b>								6,286,833	0	971,522
<b>d Total (add lines 1b and 1c)</b>								8,535,366	0	1,240,491

**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 **▶** 1,563

	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>	<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>	<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>	<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
UNIVERSAL PROTECTION SERVICE, 1551 N. TUSTIN AVE, SUITE 650, SANTA ANA, CA 92705-8664	SECURITY	16,684,548
GRUNLEY CONSTRUCTION COMPANY, INC, 888 17TH STREET NW, SUITE 500, WASHINGTON, DC 20006	CONSTRUCTION	16,578,379
QUINN EVANS ARCHITECTS, INC, 2121 WARD PLACE NW #4, WASHINGTON, DC 20037	CONSTRUCTION	15,712,303
HSU DEVELOPMENT CO, 1335 ROCKVILLE PIKE, ROCKVILLE, MD 20852-1462	CONSTRUCTION	12,843,898
NORTHROP GRUMMAN SYSTEMS CORPORATION, ONE SPACE PARK, BLDG. R9/2456, REDONDO BEACH, CA 90278	CHANDA X-RAY CENTER SERVICES	10,960,800

**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 **▶** 467



**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 . . . . .	<b>1a</b> 42,060				
	<b>b</b> Membership dues . . . . .	<b>1b</b> 22,156,533				
	<b>c</b> Fundraising events . . . . .	<b>1c</b> 5,297,666				
	<b>d</b> Related organizations . . . . .	<b>1d</b> 460,292				
	<b>e</b> Government grants (contributions)	<b>1e</b> 1,004,370,793				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 159,781,320				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$	21,073,380				
	<b>h Total.</b> Add lines 1a-1f . . . . . ▶	1,192,108,664				
<b>Program Service Revenue</b>	<b>Business Code</b>					
	<b>2a</b> VISITORS/MEMBERS/EMPLO	900099	50,557,976	28,900,749	21,657,227	
	<b>b</b> SUBSCRIPTIONS - MAGAZINE	511120	31,436,882	31,436,882		
	<b>c</b> TOURS/CLASSES	900099	12,977,727	12,807,483	170,244	
	<b>d</b> THEATER INCOME	512131	9,463,254	6,793,372	2,669,882	
	<b>e</b> TRAVELING EXHIBITIONS	712110	3,948,470	3,948,470		
	<b>f</b> All other program service revenue .	900099	100,000	0	100,000	
	<b>g Total.</b> Add lines 2a-2f . . . . . ▶		108,484,309			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		23,932,124		23,932,124	
	<b>4</b> Income from investment of tax-exempt bond proceeds ▶					
	<b>5</b> Royalties . . . . . ▶		16,096,802		16,096,802	
	<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				
		<b>b</b> Less: cost or other basis and sales expenses . . . . .	592,155,363	14,186,324		
		<b>c</b> Gain or (loss) . . . . .	60,785,603	13,252,092		
	<b>d</b> Net gain or (loss) . . . . . ▶		74,037,695	13,252,092	60,785,603	
	<b>8a</b> Gross income from fundraising events (not including \$ 5,297,666 of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b> 1,576,509				
		<b>b</b> Less: direct expenses . . . . .	<b>b</b> 3,544,548			
		<b>c</b> Net income or (loss) from fundraising events . ▶		(1,968,039)		(1,968,039)
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>				
		<b>b</b> Less: direct expenses . . . . .	<b>b</b>			
<b>c</b> Net income or (loss) from gaming activities . . ▶						
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b> 68,002,886					
	<b>b</b> Less: cost of goods sold . . . . .	<b>b</b> 26,115,805				
	<b>c</b> Net income or (loss) from sales of inventory . . ▶		41,887,081	38,354,176	3,532,905	
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11a</b> MAGAZINE/WEBSITE ADVER	541800	9,831,948		9,831,948		
<b>b</b> INSURANCE CLAIM REIMBURSEMENTS	524298	1,642,642	1,642,642			
<b>c</b>						
<b>d</b> All other revenue . . . . .		0	0	0		
<b>e Total.</b> Add lines 11a-11d . . . . . ▶		11,474,590				
<b>12 Total revenue.</b> See instructions. . . . . ▶		1,466,053,226	137,135,866	16,304,979	120,503,717	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	161,765	161,765		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	11,590,626	11,590,626		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	6,588,969	6,588,969		
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	8,450,170	2,489,707	5,402,205	558,258
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	3,899,268	3,684,992	214,276	
<b>7</b> Other salaries and wages . . . . .	523,978,611	376,624,138	126,471,638	20,882,835
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	72,127,674	52,167,919	17,164,457	2,795,298
<b>9</b> Other employee benefits . . . . .	53,177,562	39,006,922	12,656,745	1,513,895
<b>10</b> Payroll taxes . . . . .	36,316,458	26,089,885	8,443,205	1,783,368
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	592,587	426,973	155,848	9,766
<b>c</b> Accounting . . . . .	701,445		701,445	
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .	3,481,298			3,481,298
<b>f</b> Investment management fees . . . . .	1,935,609		1,935,609	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	131,580,012	104,522,070	22,439,155	4,618,787
<b>12</b> Advertising and promotion . . . . .	5,365,438	4,808,817	454,558	102,063
<b>13</b> Office expenses . . . . .	52,294,399	41,593,942	9,609,028	1,091,429
<b>14</b> Information technology . . . . .	46,626,999	14,557,740	31,340,818	728,441
<b>15</b> Royalties . . . . .	201,700	201,400		300
<b>16</b> Occupancy . . . . .	138,672,039	117,681,045	19,185,127	1,805,867
<b>17</b> Travel . . . . .	15,925,936	12,792,235	2,058,647	1,075,054
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	4,980,521	3,663,236	1,152,285	165,000
<b>20</b> Interest . . . . .	4,244,677	4,244,677		
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	163,323,613	136,625,549	26,459,587	238,477
<b>23</b> Insurance . . . . .	1,557,440	851,833	703,175	2,432
<b>24</b> 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.)				
<b>a</b> PROGRAM PRODUCTION . . . . .	46,169,857	40,468,914	5,413,634	287,309
<b>b</b> RESEARCH/SUBCONTRACT . . . . .	33,473,912	33,480,198	(6,286)	
<b>c</b> COLLECTIONS/EQUIPMENT . . . . .	23,398,812	22,542,569	796,072	60,171
<b>d</b> OVERHEAD COST RECOVERY ON GRANTS . . . . .	0	22,596,263	(22,596,263)	0
<b>e</b> All other expenses . . . . .	0	0	0	0
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	1,390,817,397	1,079,462,384	270,154,965	41,200,048
<b>26</b> <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 type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	12,413,258	9,455,439		2,957,819

**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 . . . . .	440,423,714	<b>1</b>	606,462,280
	<b>2</b> Savings and temporary cash investments . . . . .	15,120,167	<b>2</b>	16,564,977
	<b>3</b> Pledges and grants receivable, net . . . . .	243,071,341	<b>3</b>	214,400,623
	<b>4</b> Accounts receivable, net . . . . .	39,110,157	<b>4</b>	39,668,462
	<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 . . . . .	13,502,687	<b>8</b>	13,030,668
	<b>9</b> Prepaid expenses and deferred charges . . . . .	17,578,541	<b>9</b>	15,244,878
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 4,662,544,622		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 2,315,400,175	2,342,232,105	<b>10c</b> 2,347,144,447
	<b>11</b> Investments—publicly traded securities . . . . .	463,022,103	<b>11</b>	398,905,028
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	1,274,787,874	<b>12</b>	1,465,126,904
	<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 . . . . .	40,966,272	<b>15</b>	32,518,335
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	4,889,814,961	<b>16</b>	5,149,066,602	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	296,140,780	<b>17</b>	261,647,609
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	360,175,278	<b>19</b>	528,536,807
	<b>20</b> Tax-exempt bond liabilities . . . . .	99,653,229	<b>20</b>	98,039,527
	<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>	50,000,000
	<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 . . . . .	49,919,604	<b>25</b>	49,800,604
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	905,888,891	<b>26</b>	988,024,547
<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 . . . . .	2,766,324,476	<b>27</b>	2,842,282,757
	<b>28</b> Temporarily restricted net assets . . . . .	692,042,888	<b>28</b>	772,552,683
	<b>29</b> Permanently restricted net assets . . . . .	525,558,706	<b>29</b>	546,206,615
	<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 . . . . .	3,983,926,070	<b>33</b>	4,161,042,055
<b>34</b> Total liabilities and net assets/fund balances . . . . .	4,889,814,961	<b>34</b>	5,149,066,602	

**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>	1,466,053,226
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,390,817,397
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	75,235,829
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	3,983,926,070
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	94,412,255
<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>	7,467,901
<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>	4,161,042,055

**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		<input checked="" type="checkbox"/>
<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 type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	<input checked="" type="checkbox"/>	
<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.	<input checked="" type="checkbox"/>	
<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? . . . . .	<input checked="" type="checkbox"/>	
<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.	<input checked="" type="checkbox"/>	

**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) DERON BURBA ----- CHIEF INFORMATION OFFICER	50.0 -----				✓		197,441	0	53,393	
(26) AMY CHEN ----- CHIEF INVESTMENT OFFICER	50.0 -----				✓		433,417	0	38,913	
(27) VIRGINIA CLARK ----- ASSISTANT SECRETARY FOR ADVANCEMENT	50.0 -----				✓		247,056	0	25,939	
(28) BRUCE DAUER ----- VICE PRESIDENT FINANCE/ADM - SMITHSONIAN ENTERPRISES	50.0 -----				✓		231,321	0	26,582	
(29) JOHN DAVIS ----- PROVOST/UNDER SECRETARY FOR MUSEUM AND RESEARCH	50.0 -----				✓		225,270	0	22,432	
(30) ZULLY DORR ----- ACTING ASSISTANT DIRECTOR FOR ADVANCEMENT	50.0 -----				✓		208,931	0	48,676	
(31) JAMES DOUGLAS ----- DIRECTOR - OFFICE OF HUMAN RESOURCES	50.0 -----				✓		192,575	0	16,008	
(32) WALTRUNETTE GARDNER ----- ACTING DIRECTOR - OFFICE OF HUMAN RESOURCES	50.0 -----				✓		158,397	0	26,342	
(33) JEAN GARVIN ----- DIRECTOR - FINANCE & ACCOUNTING	50.0 -----				✓		189,876	0	47,154	
(34) DENNIS KELLY ----- INTERIM PRESIDENT - SMITHSONIAN ENTERPRISES	50.0 -----				✓		301,467	0	59,395	
(35) RICHARD KURIN ----- ACTING PROVOST/UNDER SECRETARY FOR MUSEUM AND RESEARCH	50.0 -----				✓		344,495	0	60,301	
(36) JOHN LAPIANA ----- ACTING ASSISTANT SECRETARY - COMMUNICATION & EXTERNAL AFFAIRS	50.0 -----				✓		208,297	0	38,189	
(37) CHRISTOPHER LIEDEL ----- PRESIDENT - SMITHSONIAN ENTERPRISES	50.0 -----				✓		583,687	0	71,736	
(38) ERA MARSHALL ----- DIRECTOR - EQUAL EMPLOYMENT & MINORITY AFFAIRS	50.0 -----				✓		183,345	0	18,582	
(39) CAROLYN MARTIN ----- ACTING ASSISTANT SECRETARY - COMMUNICATION & EXTERNAL AFFAIRS	50.0 -----				✓		158,776	0	53,366	
(40) DAVID VOYLES ----- DIRECTOR - PLANNING, MANAGEMENT & BUDGET	50.0 -----				✓		187,768	0	16,170	

(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			
(41) MARK BAUMAN ----- SENIOR VICE PRESIDENT MEDIA - SMITHSONIAN ENTERPRISES	50.0 -----					✓		359,638	0	38,286
(42) MICHAEL CARUSO ----- EDITOR IN CHIEF - SMITHSONIAN MAGAZINE	50.0 -----					✓		403,004	0	72,858
(43) MELISSA CHIU ----- DIRECTOR - HIRSHHORN MUSEUM	50.0 -----					✓		405,815	0	68,238
(44) EDWARD R. HOWELL ----- SENIOR VICE PRESIDENT RETAIL GROUP - SMITHSONIAN ENTERPRISES	50.0 -----					✓		371,323	0	60,725
(45) AMY WILKENS ----- CHIEF REVENUE OFFICER - SMITHSONIAN ENTERPRISES	50.0 -----					✓		341,416	0	70,150
(46) KENNETH JOHNSON ----- FORMER ACTING DIRECTOR - PLANNING, MANAGEMENT & BUDGET	50.0 -----						✓	186,211	0	9,524
(47) JOHN KRESS ----- FORMER INTERIM UNDER SECRETARY - SCIENCE	50.0 -----						✓	167,307	0	28,563

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization <b>SMITHSONIAN INSTITUTION</b>	Employer identification number <b>53-0206027</b>
--	---

**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>						

**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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	1,190,256,002	1,097,910,208	1,221,449,061	1,174,926,626	1,192,108,664	5,876,650,561
<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 . . . . .	1,190,256,002	1,097,910,208	1,221,449,061	1,174,926,626	1,192,108,664	5,876,650,561
<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						5,876,650,561

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>7</b> Amounts from line 4 . . . . .	1,190,256,002	1,097,910,208	1,221,449,061	1,174,926,626	1,192,108,664	5,876,650,561
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	35,313,796	26,621,870	28,671,980	36,693,083	40,028,926	167,329,655
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	0	0	0	0	0	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						6,043,980,216
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	858,697,901
<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 2017 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	97.23 %
<b>15</b> Public support percentage from 2016 Schedule A, Part II, line 14 . . . . .	<b>15</b>	97.52 %
<b>16a 33 1/3% support test—2017.</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—2016.</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—2017.</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—2016.</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"/>		



**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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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> . . . . <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15 . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2017</b> (line 10c, column (f) divided by line 13, column (f)) . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2016</b> Schedule A, Part III, line 17 . . . .	<b>18</b>	%
<b>19a 33 1/3% support tests—2017.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>		
<b>b 33 1/3% support tests—2016.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . <input type="checkbox"/>		

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

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

	Yes	No
<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>11a</b>	
<b>b</b> A family member of a person described in (a) above?	<b>11b</b>	
<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>	<b>11c</b>	

**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>1</b>	
<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>	<b>2</b>	

**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>	<b>1</b>	

**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>1</b>	
<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>2</b>	
<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>	<b>3</b>	

**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 (see instructions).			
<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 (see instructions).			
<b>2</b> Activities Test. <b>Answer (a) and (b) below.</b>		Yes	No
<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>2a</b>		
<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>2b</b>		
<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>3a</b>		
<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>	<b>3b</b>		

**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.

<b>Section A - Adjusted Net Income</b>		(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>		
<b>Section B - Minimum Asset Amount</b>		(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>		
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<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>		
<b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

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

Section D - Distributions	Current Year
<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 2017 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-2017	(iii) Distributable Amount for 2017
<b>1</b> Distributable amount for 2017 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2017			
<b>a</b>			
<b>b</b> From 2013 . . . . .			
<b>c</b> From 2014 . . . . .			
<b>d</b> From 2015 . . . . .			
<b>e</b> From 2016 . . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2017 distributable amount			
<b>i</b> Carryover from 2012 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2017 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2017 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2018.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2013 . . . . .			
<b>b</b> Excess from 2014 . . . . .			
<b>c</b> Excess from 2015 . . . . .			
<b>d</b> Excess from 2016 . . . . .			
<b>e</b> Excess from 2017 . . . . .			

**Schedule of Contributors**

**2017**

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

<b>Name of the organization</b> SMITHSONIAN INSTITUTION	<b>Employer identification number</b> 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<sup>1</sup>/<sub>3</sub>% 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).

<b>Name of organization</b> SMITHSONIAN INSTITUTION	<b>Employer identification number</b> 53-0206027
--	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ ----- 870,413,370	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> SMITHSONIAN INSTITUTION	<b>Employer identification number</b> 53-0206027
--	---

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

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



<b>Name of organization</b> SMITHSONIAN INSTITUTION	<b>Employer identification number</b> 53-0206027
--	---

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2017

Open to Public Inspection

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and questions about donor advisement.

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

Form for Part II Conservation Easements. Includes questions about purpose of easements, number of easements, acreage, and monitoring expenses. Includes a table for 'Held at the End of the Tax Year'.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and assets for financial gain.

**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	1,502,159,340	1,368,754,997	1,288,235,067	1,299,208,124	1,191,094,313
<b>b</b> Contributions	52,445,032	42,062,815	52,940,072	49,265,188	37,894,600
<b>c</b> Net investment earnings, gains, and losses	167,085,531	166,875,266	99,512,052	2,426,301	130,483,529
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs	72,853,244	71,427,379	67,486,808	59,663,483	57,266,941
<b>f</b> Administrative expenses	3,567,451	4,106,359	4,445,386	3,001,063	2,997,377
<b>g</b> End of year balance	1,645,269,208	1,502,159,340	1,368,754,997	1,288,235,067	1,299,208,124

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

- a** Board designated or quasi-endowment **▶** 44.05 %
- b** Permanent endowment **▶** 31.06 %
- c** Temporarily restricted endowment **▶** 24.89 %

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		3,655,490,559	1,923,200,433	1,732,290,126
<b>c</b> Leasehold improvements		140,580,352	88,477,892	52,102,460
<b>d</b> Equipment		406,345,005	303,721,850	102,623,155
<b>e</b> Other		447,546,557		447,546,557
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,347,144,447

**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	399,372,014	END OF YEAR MARKET VALUE
(B) MARKETABLE ALTERNATIVES	312,839,354	END OF YEAR MARKET VALUE
(C) PRIVATE EQUITY & VENTURE CAPITAL	476,080,884	END OF YEAR MARKET VALUE
(D) NATURAL RESOURCES	110,726,498	END OF YEAR MARKET VALUE
(E) REAL ESTATE	140,840,255	END OF YEAR MARKET VALUE
(F) FIXED INCOME	25,267,899	END OF YEAR MARKET VALUE
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►	<b>1,465,126,904</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	49,800,604
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	<b>49,800,604</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



**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) Description</b>	<b>(b) Amount</b>
	DEFERRED GAIN ON BUILDING	3,908,588
	CHANGES IN NET ASSETS OF RELATED ORGANIZATIONS	615,814
	CHANGE IN MINORITY INTEREST SNI/SI NETWORK LLC	2,921,838
	IMPUTED BENEFIT REVENUE	71,331,313
	BAD DEBT EXPENSE/INCREASE IN ALLOWANCE FOR BAD DEBTS NETTED AGAINST CONTRIBUTION REVENUE ON AUDITED FINANCIAL STATEMENTS	- 1,786,742
SCHEDULE D, PART XI, LINE 4(B) - OTHER REVENUE	<b>(a) Description</b>	<b>(b) Amount</b>
	DIRECT EXPENSES - FUNDRAISING	- 3,544,548
	DIRECT EXPENSES - COST OF GOODS SOLD	- 26,115,805
SCHEDULE D, PART XII, LINE 2(D) - OTHER EXPENSES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	<b>(a) Description</b>	<b>(b) Amount</b>
	DIRECT EXPENSES - FUNDRAISING	3,544,548
	DIRECT EXPENSES - COST OF GOODS SOLD	26,115,805
	IMPUTED BENEFIT COSTS	71,331,313
	ENVIRONMENTAL REMEDIATION LIABILITY ADJUSTMENT	- 21,661
SCHEDULE D, PART XII, LINE 4(B) - OTHER EXPENSES	<b>(a) Description</b>	<b>(b) Amount</b>
	BAD DEBT EXPENSE/INCREASE IN ALLOWANCE FOR UNCOLLECTIBLE PLEDGES NETTED AGAINST CONTRIBUTION REVENUE ON AUDITED FINANCIAL STATEMENTS	1,786,742

## 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.

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

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

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization

SMITHSONIAN INSTITUTION

Employer identification number

53-0206027

**Part I 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		2,334,292
<b>(2)</b> EAST ASIA AND THE PACIFIC	0	0	ACADEMIC APPOINTMENT STIPENDS		826,203
<b>(3)</b> EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	ACADEMIC APPOINTMENT STIPENDS		2,247,078
<b>(4)</b> MIDDLE EAST AND NORTH AFRICA	0	0	ACADEMIC APPOINTMENT STIPENDS		98,759
<b>(5)</b> NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	ACADEMIC APPOINTMENT STIPENDS		344,364
<b>(6)</b> RUSSIA AND NEIGHBORING STATES	0	0	ACADEMIC APPOINTMENT STIPENDS		64,800
<b>(7)</b> SOUTH AMERICA	0	0	ACADEMIC APPOINTMENT STIPENDS		514,926
<b>(8)</b> SOUTH ASIA	0	0	ACADEMIC APPOINTMENT STIPENDS		58,872
<b>(9)</b> SUB-SAHARAN AFRICA	0	0	ACADEMIC APPOINTMENT STIPENDS		99,675
<b>(10)</b> CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		845,532,368
<b>(11)</b> EAST ASIA AND THE PACIFIC	0	0	INVESTMENTS		5,647,526
<b>(12)</b> EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	INVESTMENTS		86,040,266
<b>(13)</b> NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	INVESTMENTS		15,580,926
<b>(14)</b> SUB-SAHARAN AFRICA	0	0	INVESTMENTS		17,698,737
<b>(15)</b> CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	TRAVEL RELATED TO RESEARCH, CONFERENCES AND TRAINING	607,365
<b>(16)</b> EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	TRAVEL RELATED TO RESEARCH, CONFERENCES AND TRAINING	1,183,896
<b>(17)</b> (SEE STATEMENT)					
<b>3a</b> Sub-total . . . . .	0	0			978,880,053
<b>b</b> Total from continuation sheets to Part I . . . . .	11	583			31,129,274
<b>c Totals</b> (add lines 3a and 3b)	11	583			1,010,009,327



**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.

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
<b>(1)</b>			EUROPE (INCLUDING ICELAND AND GREENLAND)	ACADEMIC APPOINTMENT STIPENDS	85,222	DIRECT DEPOSIT AND CHECKS			
<b>(2)</b>			EUROPE (INCLUDING ICELAND AND GREENLAND)	ACADEMIC APPOINTMENT STIPENDS	106,841	DIRECT DEPOSIT AND CHECKS			
<b>(3)</b>									
<b>(4)</b>									
<b>(5)</b>									
<b>(6)</b>									
<b>(7)</b>									
<b>(8)</b>									
<b>(9)</b>									
<b>(10)</b>									
<b>(11)</b>									
<b>(12)</b>									
<b>(13)</b>									
<b>(14)</b>									
<b>(15)</b>									
<b>(16)</b>									

**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 . . . . . **▶** 2

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

**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	272	2,334,292	DIRECT DEPOSIT AND CHECKS			
(2) ACADEMIC APPOINTMENT STIPENDS	EAST ASIA AND THE PACIFIC	32	826,203	DIRECT DEPOSIT AND CHECK			
(3) ACADEMIC APPOINTMENT STIPENDS	EUROPE (INCLUDING ICELAND AND GREENLAND)	87	2,055,015	DIRECT DEPOSIT AND CHECK			
(4) ACADEMIC APPOINTMENT STIPENDS	MIDDLE EAST AND NORTH AFRICA	4	98,759	DIRECT DEPOSIT AND CHECK			
(5) ACADEMIC APPOINTMENT STIPENDS	NORTH AMERICA (CANADA & MEXICO ONLY)	26	344,364	DIRECT DEPOSIT AND CHECK			
(6) ACADEMIC APPOINTMENT STIPENDS	RUSSIA AND NEIGHBORING STATES	2	64,800	DIRECT DEPOSIT AND CHECK			
(7) ACADEMIC APPOINTMENT STIPENDS	SOUTH AMERICA	35	514,926	DIRECT DEPOSIT AND CHECK			
(8) ACADEMIC APPOINTMENT STIPENDS	SOUTH ASIA	3	58,872	DIRECT DEPOSIT AND CHECK			
(9) ACADEMIC APPOINTMENT STIPENDS	SUB-SAHARAN AFRICA	3	99,675	DIRECT DEPOSIT AND CHECK			
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

**Part IV Foreign Forms**

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

**Part 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) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	PROGRAM SERVICES	TRAVEL RELATED TO RESEARCH, CONFERENCES AND TRAINING	2,045,023
(18) MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	TRAVEL RELATED TO RESEARCH, CONFERENCES AND TRAINING	128,103
(19) NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	PROGRAM SERVICES	TRAVEL RELATED TO RESEARCH, CONFERENCES AND TRAINING	534,693
(20) RUSSIA AND NEIGHBORING STATES	0	0	PROGRAM SERVICES	TRAVEL RELATED TO RESEARCH, CONFERENCES AND TRAINING	96,376
(21) SOUTH AMERICA	0	0	PROGRAM SERVICES	TRAVEL RELATED TO RESEARCH, CONFERENCES AND TRAINING	454,286
(22) SOUTH ASIA	0	0	PROGRAM SERVICES	TRAVEL RELATED TO RESEARCH, CONFERENCES AND TRAINING	100,474
(23) SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	TRAVEL RELATED TO RESEARCH, CONFERENCES AND TRAINING	479,711
(24) CENTRAL AMERICA AND THE CARIBBEAN	7	542	PROGRAM SERVICES	RESEARCH FACILITIES	25,419,144
(25) EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	TROPICAL RESEARCH; FOREST AND WILDLIFE	306,038
(26) EUROPE (INCLUDING ICELAND AND GREENLAND)	1	5	PROGRAM SERVICES	SCIENTIFIC RESEARCH	528,681
(27) RUSSIA AND NEIGHBORING STATES	1	15	PROGRAM SERVICES	JOINT PROGRAM WITH USAID FOR COMMUNITY BASED TOURISM DEVELOPMENT IN ARMENIA	449,596
(28) SOUTH AMERICA	1	6	PROGRAM SERVICES	TROPICAL RESEARCH; FOREST AND WILDLIFE	158,392
(29) SOUTH ASIA	0	0	PROGRAM SERVICES	TROPICAL RESEARCH, FOREST AND WILDLIFE	66,405
(30) SUB-SAHARAN AFRICA	1	15	PROGRAM SERVICES	TROPICAL RESEARCH, FOREST AND WILDLIFE	362,352

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
<p>SCHEDULE F, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS</p>	<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>
<p>SCHEDULE F, PART I, LINE 3 - ACADEMIC APPOINTMENTS (STIPENDS)</p>	<p>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.</p>
<p>SCHEDULE F, PART I, LINE 3 - FOREIGN TRAVEL</p>	<p>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.</p>
<p>SCHEDULE F, PART I, LINE 3 - INVESTMENTS</p>	<p>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.</p>
<p>SCHEDULE F, PART I, LINE 3 - METHOD TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS</p>	<p>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 &amp; MEXICO ONLY): ACCRUAL            RUSSIA AND NEIGHBORING STATES: ACCRUAL            SOUTH AMERICA: ACCRUAL            SOUTH ASIA: ACCRUAL            SUB-SAHARAN AFRICA: ACCRUAL</p>
<p>SCHEDULE F, PART II, LINE 1 - METHOD TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS</p>	<p>EUROPE (INCLUDING ICELAND AND GREENLAND): ACCRUAL</p>
<p>SCHEDULE F, PART III - METHOD TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS</p>	<p>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 &amp; MEXICO ONLY): ACCRUAL            RUSSIA AND NEIGHBORING STATES: ACCRUAL            SOUTH AMERICA: ACCRUAL            SOUTH ASIA: ACCRUAL            SUB-SAHARAN AFRICA: ACCRUAL</p>

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest instructions.

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

Name of the organization

SMITHSONIAN INSTITUTION

Employer identification number

53-0206027

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a**  Mail solicitations
  - b**  Internet and email solicitations
  - c**  Phone solicitations
  - d**  In-person solicitations
  - e**  Solicitation of non-government grants
  - f**  Solicitation of government grants
  - g**  Special fundraising events
- 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			
1	AVALON CONSULTING GROUP, INC., 805 15TH STREET NW, WASHINGTON, DC 20005	DIRECT MKTG/CONSULTANT		<input checked="" type="checkbox"/>		2,450,415	
2	COMMUNITY COUNSELLING SERVICE CO., LLC, 3349 HIGHWAY 138, WALL, NJ 07719	FUNDRAISING CONSULTANT		<input checked="" type="checkbox"/>		373,201	
3	OLOGIE LLC, 447 E MAIN ST, COLUMBUS, OH 43215	FUNDRAISING CONSULTANT		<input checked="" type="checkbox"/>		368,119	
4	BLACKBAUD, INC, PO BOX 930256, ATLANTA, GA 31193-0256	FUNDRAISING CONSULTANT		<input checked="" type="checkbox"/>		154,116	
5	SD&A TELESERVICES, INC, 101 CONTINENTAL BLVD, EL SEGUNDO, CA 90245-4515	TELEMARKETING SERVICES		<input checked="" type="checkbox"/>		78,376	
6	DONOR SERVICES GROUP, LLC, 1200 WILSHIRE BLVD, LOS ANGELES, CA 90017	TELEMARKETING SERVICES		<input checked="" type="checkbox"/>		53,624	
7	MARTS & LUNDY INC, 1200 WALL ST W, LYNDHURST, NJ 07071-3680	FUNDRAISING CONSULTANT		<input checked="" type="checkbox"/>		5,900	
8							
9							
10							
<b>Total</b>					0	3,483,751	0

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

-----

-----

-----

-----

-----

-----

-----

-----

-----

-----

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		HIRSHORN MUSEUM GALA (event type)	AMERICAN PORTRAIT GALA (event type)	17 (total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	1,162,003	1,032,663	4,679,509	6,874,175
	<b>2</b> Less: Contributions . . . . .	1,056,386	966,183	3,275,097	5,297,666
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	105,617	66,480	1,404,412	1,576,509
Direct Expenses	<b>4</b> Cash prizes . . . . .				0
	<b>5</b> Noncash prizes . . . . .				0
	<b>6</b> Rent/facility costs . . . . .	(5,790)	15,003	141,767	150,980
	<b>7</b> Food and beverages . . . . .	95,585	178,991	696,847	971,423
	<b>8</b> Entertainment . . . . .	3,047		18,639	21,686
	<b>9</b> Other direct expenses . . . . .	421,614	307,167	1,671,678	2,400,459
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				3,544,548
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				(1,968,039)

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	<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 . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	<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: \_\_\_\_\_

\_\_\_\_\_





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
<p>SCHEDULE G, PART I, LINE 2B -</p>	<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 \$2,518,169 ARE NOT REPORTED IN PART I. THIS AMOUNT IS FOR REIMBURSEMENTS RELATED TO EXPENSES FOR POSTAGE, PRINTING AND MAILING LISTS.</p>
<p>SCHEDULE G, PART I, LINE 3 -</p>	<p>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.</p>

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

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

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

**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
(1) ARIZONA STATE UNIVERSITY 300 E LEMON ST, TEMPE, AZ 85287	86-0196696	115	8,000				ACADEMIC APPT. STIPEND
(2) GEORGE WASHINGTON UNIVERSITY 45155 RESEARCH PL., ASHBURN, VA 20147-4198	53-0196584	501(C)(3)	10,000				ACADEMIC APPT. STIPEND
(3) PRES & FELLOWS OF HARVARD COLLEGE 1033 MASS AVE., CAMBRIDGE, MA 02138	04-2103580	501(C)(3)	85,008				ACADEMIC APPT. STIPEND
(4) INDIANA UNIVERSITY 400 E 7TH ST., BLOOMINGTON, IN 47405-3024	35-6001673	115	14,977				ACADEMIC APPT. STIPEND
(5) UNIVERSITY OF UTAH 201 S PRES. CIRCLE, SALT LAKE CITY, UT 84112	87-6000525	115	10,000				ACADEMIC APPT. STIPEND
(6) UNIVERSITY OF WISCONSIN-MADISON 21N. PARK STREET, MADISON, WI 53715-1218	39-6006492	115	5,650				ACADEMIC APPT. STIPEND
(7) UTAH STATE UNIVERSITY 1590 OLD MAN HILL. RM 64, LOGAN, UT 84322-1415	87-6000528	115	8,000				ACADEMIC APPT. STIPEND
(8) W. VIRGINIA UNIV. RESEARCH CORP. CHESTNUT RIDGE RD, MORGANTOWN, WV 26506	55-0665758	501(C)(3)	20,130				ACADEMIC APPT. STIPEND
(9)							
(10)							
(11)							
(12)							

**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

**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	1,033	11,590,626			
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)

-----  
-----  
-----  
-----  
-----  
-----  
-----  
-----  
-----  
-----  
-----  
-----  
-----  
-----  
-----  
-----  
-----  
-----  
-----

Return Reference - Identifier	Explanation
<p>SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.</p>	<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>

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

SMITHSONIAN INSTITUTION

**Compensation Information**

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

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

Employer identification number

53-0206027

**Part I Questions Regarding Compensation**

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

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

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

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

**3** Indicate which, if any, of the following the 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              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations                | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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

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

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

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

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

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

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

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

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

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

	Yes	No
<b>1b</b>	✓	
<b>2</b>	✓	
<b>4a</b>	✓	
<b>4b</b>		✓
<b>4c</b>		✓
<b>5a</b>		✓
<b>5b</b>		✓
<b>6a</b>		✓
<b>6b</b>		✓
<b>7</b>		✓
<b>8</b>		✓
<b>9</b>		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	DAVID SKORTON SECRETARY	(i) 819,470	20,000	5,334	40,560	10,981	896,345	0
	(ii)	0	0	0	0	0	0	0
2	CATHY HELM INSPECTOR GENERAL	(i) 182,994	0	0	0	20,941	203,935	0
	(ii)	0	0	0	0	0	0	0
3	ALBERT HORVATH UNDER SECRETARY FINANCE & ADMINISTRATION/COO	(i) 417,223	10,000	1,806	40,560	18,970	488,559	0
	(ii)	0	0	0	0	0	0	0
4	JUDITH LEONARD GENERAL COUNSEL	(i) 196,899	5,000	2,310	28,766	9,674	242,649	0
	(ii)	0	0	0	0	0	0	0
5	PORTER WILKINSON CHIEF OF STAFF - REGENTS	(i) 182,132	10,000	163	26,307	3,664	222,266	0
	(ii)	0	0	0	0	0	0	0
6	PATRICIA BARTLETT ASSOCIATE PROVOST FOR EDUCATION & ACCESS	(i) 189,950	5,000	2,219	27,781	12,263	237,213	0
	(ii)	0	0	0	0	0	0	0
7	NANCY BECHTOL DIRECTOR - FACILITIES	(i) 194,282	3,000	751	27,688	814	226,535	0
	(ii)	0	0	0	0	0	0	0
8	DERON BURBA CHIEF INFORMATION OFFICER	(i) 194,017	3,000	424	29,105	24,288	250,834	0
	(ii)	0	0	0	0	0	0	0
9	AMY CHEN CHIEF INVESTMENT OFFICER	(i) 263,889	167,843	1,685	37,813	1,100	472,330	0
	(ii)	0	0	0	0	0	0	0
10	VIRGINIA CLARK ASSISTANT SECRETARY FOR ADVANCEMENT	(i) 215,184	30,000	1,872	18,692	7,247	272,995	0
	(ii)	0	0	0	0	0	0	0
11	BRUCE DAUER VICE PRESIDENT FINANCE/ADM - SMITHSONIAN ENTERPRISES	(i) 164,477	64,606	2,238	22,005	4,577	257,903	0
	(ii)	0	0	0	0	0	0	0
12	JOHN DAVIS PROVOST/UNDER SECRETARY FOR MUSEUM AND RESEARCH	(i) 134,575	90,000	695	15,535	6,897	247,702	0
	(ii)	0	0	0	0	0	0	0
13	ZULLY DORR ACTING ASSISTANT DIRECTOR FOR ADVANCEMENT	(i) 203,581	5,000	350	30,349	18,327	257,607	0
	(ii)	0	0	0	0	0	0	0
14	JAMES DOUGLAS DIRECTOR - OFFICE OF HUMAN RESOURCES	(i) 188,795	2,500	1,280	13,766	2,242	208,583	0
	(ii)	0	0	0	0	0	0	0
15	WALTRUNETTE GARDNER ACTING DIRECTOR - OFFICE OF HUMAN RESOURCES	(i) 155,397	3,000	0	8,053	18,289	184,739	0
	(ii)	0	0	0	0	0	0	0
16	(SEE STATEMENT)	(i)						
	(ii)							

## 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) JEAN GARVIN DIRECTOR - FINANCE & ACCOUNTING	(i)	186,230	2,500	1,146	27,612	19,542	237,030	0
	(ii)	0	0	0	0	0	0	0
(17) DENNIS KELLY INTERIM PRESIDENT - SMITHSONIAN ENTERPRISES	(i)	295,461	4,000	2,006	40,560	18,835	360,862	0
	(ii)	0	0	0	0	0	0	0
(18) RICHARD KURIN ACTING PROVOST/UNDER SECRETARY FOR MUSEUM AND RESEARCH	(i)	330,126	10,000	4,369	45,510	14,791	404,796	0
	(ii)	0	0	0	0	0	0	0
(19) JOHN LAPIANA ACTING ASSISTANT SECRETARY - COMMUNICATION & EXTERNAL AFFAIRS	(i)	197,520	10,000	777	28,611	9,578	246,486	0
	(ii)	0	0	0	0	0	0	0
(20) CHRISTOPHER LIEDEL PRESIDENT - SMITHSONIAN ENTERPRISES	(i)	440,390	141,211	2,086	39,540	32,196	655,423	0
	(ii)	0	0	0	0	0	0	0
(21) ERA MARSHALL DIRECTOR - EQUAL EMPLOYMENT & MINORITY AFFAIRS	(i)	178,345	5,000	0	0	18,582	201,927	0
	(ii)	0	0	0	0	0	0	0
(22) CAROLYN MARTIN ACTING ASSISTANT SECRETARY - COMMUNICATION & EXTERNAL AFFAIRS	(i)	152,852	5,000	924	22,795	30,571	212,142	0
	(ii)	0	0	0	0	0	0	0
(23) DAVID VOYLES DIRECTOR - PLANNING, MANAGEMENT & BUDGET	(i)	182,768	5,000	0	7,011	9,159	203,938	0
	(ii)	0	0	0	0	0	0	0
(24) MARK BAUMAN SENIOR VICE PRESIDENT MEDIA - SMITHSONIAN ENTERPRISES	(i)	259,756	68,789	31,093	35,817	2,469	397,924	0
	(ii)	0	0	0	0	0	0	0
(25) MICHAEL CARUSO EDITOR IN CHIEF - SMITHSONIAN MAGAZINE	(i)	323,573	77,940	1,491	39,540	33,318	475,862	0
	(ii)	0	0	0	0	0	0	0
(26) MELISSA CHIU DIRECTOR - HIRSHHORN MUSEUM	(i)	402,167	3,000	648	40,560	27,678	474,053	0
	(ii)	0	0	0	0	0	0	0
(27) EDWARD R. HOWELL SENIOR VICE PRESIDENT RETAIL GROUP - SMITHSONIAN ENTERPRISES	(i)	280,434	87,245	3,644	39,540	21,185	432,048	0
	(ii)	0	0	0	0	0	0	0
(28) AMY WILKENS CHIEF REVENUE OFFICER - SMITHSONIAN ENTERPRISES	(i)	265,254	74,974	1,188	39,540	30,610	411,566	0
	(ii)	0	0	0	0	0	0	0
(29) KENNETH JOHNSON FORMER ACTING DIRECTOR - PLANNING, MANAGEMENT & BUDGET	(i)	183,211	3,000	0	9,160	364	195,735	0
	(ii)	0	0	0	0	0	0	0
(30) JOHN KRESS FORMER INTERIM UNDER SECRETARY - SCIENCE	(i)	164,307	3,000	0	8,544	20,019	195,870	0
	(ii)	0	0	0	0	0	0	0

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
<p>SCHEDULE J, PART I, LINE 1A - FIRST CLASS TRAVEL</p>	<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>
<p>SCHEDULE J, PART I, LINE 1A - TRAVEL FOR COMPANIONS</p>	<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 2017, SIX DOMESTIC TRIPS AND ONE INTERNATIONAL TRIP 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>
<p>SCHEDULE J, PART I, LINE 4A - SEVERANCE OR CHANGE-OF-CONTROL PAYMENT</p>	<p>MARK BAUMAN, SENIOR VICE PRESIDENT OF SMITHSONIAN MEDIA, RECEIVED SEVERANCE OF \$30,006 DURING CALENDAR YEAR 2017 ON TERMS CONSISTENT WITH STANDARDS IN THE INDUSTRY.</p>



**SCHEDULE K  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information on Tax-Exempt Bonds**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

**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		10,975,000					
<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? . . . . .		✓		✓				

**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 %		9.95 %		%		%
<b>6</b> Total of lines 4 and 5 . . . . .		0.00 %		9.95 %		%		%
<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? . . . . .								



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	<p>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.</p> <p>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).</p>

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

Name of the organization

SMITHSONIAN INSTITUTION

Employer identification number

53-0206027

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .	✓	2,892		NONE
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .	✓	20		NONE
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .	✓	1	1,300,000	MARKET VALUE
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	✓	276	18,284,799	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 . . . . .	✓	10,036		NONE
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .	✓	4,365		NONE
23 Scientific specimens . . . . .	✓	75,961		NONE
24 Archeological artifacts . . . . .	✓	78		NONE
25 Other ▶ ( <u>GOODS</u> ) . . . . .	✓	24	1,488,581	MARKET VALUE
26 Other ▶ ( <u>ARCHIVAL CF/LF</u> ) . . . . .	✓	1,153		NONE
27 Other ▶ ( <u>ARCHIVAL ITEMS</u> ) . . . . .	✓	9,205		NONE
28 Other ▶ ( <u>ARCHIVAL GB</u> ) . . . . .	✓	321		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
----	--	----	----

	Yes	No
30a		✓
31	✓	
32a	✓	
33		

**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: SEVEN AT 20%, ONE AT 50%, TWELVE AT 50%.
SCHEDULE M, PART I, LINE 6 - CARS AND OTHER VEHICLES	THE INSTITUTION RECEIVED THE "MARS EXPERIENCE" BUS. USING A TRADITIONAL SCHOOL BUS OUTFITTED WITH AUDIO AND VISUAL TECHNOLOGY, THE INTERACTIVE EXPERIENCE VIRTUALLY TRANSPORTS VISITORS TO THE RED PLANET AND GIVES THEM A CHANCE TO SEE WHAT IT MIGHT BE LIKE TO BE ON MARS. THE "MARS EXPERIENCE" WAS PRODUCED AND DONATED TO THE SMITHSONIAN INSTITUTION BY LOCKHEED MARTIN.
SCHEDULE M, PART I, LINE 32B - THIRD PARTIES USED TO SOLICIT, PROCESS, OR SELL NONCASH CONTRIBUTIONS	ITEMS ARE SOLD THROUGH COMMERCIAL GALLERIES AND AUCTIONS HOUSES. INDIVIDUALS AND FIRMS ARE HIRED ON A CONTRACTUAL BASIS TO PROCESS ACQUISITIONS.  ALTHOUGH THE SMITHSONIAN ACQUIRES COLLECTION WITH THE GOOD FAITH INTENTION OF RETAINING THEM FOR AN INDEFINITE PERIOD OF TIME, PRUDENT COLLECTIONS MANAGEMENT INCLUDES JUDICIOUS CONSIDERATION OF APPROPRIATE DEACCESSIONING AND DISPOSAL TO REFINE AND IMPROVE THE QUALITY AND RELEVANCE OF THE COLLECTIONS WITH RESPECT TO THE SMITHSONIAN'S MISSION AND PURPOSE. WHEN OBJECTS ARE DEACCESSIONED FOR DISPOSAL BY SALE, THE SMITHSONIAN CONTRACTS WITH COMMERCIAL GALLERIES OR AUCTION HOUSES TO SELL THE OBJECTS IN ORDER TO ASSURE THE BEST RETURN FROM THE SALE.
SCHEDULE M, 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.

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

Department of Treasury Internal  
Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

- ▶ Attach to Form 990 or 990-EZ.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

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'S COLLECTIONS OF APPROXIMATELY 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 29 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>FOR THE FIRST TIME IN NINE YEARS, PRIMATE STAFF AT THE SMITHSONIAN'S NATIONAL ZOO AND CONSERVATION BIOLOGY INSTITUTE CELEBRATED THE BIRTH OF A MALE WESTERN LOWLAND GORILLA. THE PARENTS RECEIVED A RECOMMENDATION TO BREED FROM THE ASSOCIATION OF ZOOS AND AQUARIUMS' SPECIES SURVIVAL PLAN (SSP). NATIVE TO AFRICA, WESTERN LOWLAND GORILLAS LIVE ARE CONSIDERED CRITICALLY ENDANGERED BY THE INTERNATIONAL UNION FOR CONSERVATION OF NATURE DUE TO DISEASE AND POACHING.</p> <p>THE SMITHSONIAN CONSERVATION BIOLOGY INSTITUTE AND ITS PARTNERS WERE THE FIRST TO DETERMINE HOW CONSERVATIONISTS CAN USE CRYOPRESERVED SPERM TO REAR CORAL IN MUCH HIGHER NUMBERS FOR LARGE-SCALE RESTORATIONS EFFORTS. THE STUDY EXAMINED TECHNIQUES FOR CONSERVING THE ACROPORA GROUP OF CORAL, ONE OF THE MOST WIDESPREAD AND THREATENED GROUPS OF CORAL.</p> <p>THE NATIONAL PORTRAIT GALLERY ADDED COMMISSIONED PORTRAITS OF FORMER PRESIDENT BARACK OBAMA AND FIRST LADY MICHELLE OBAMA TO ITS PERMANENT COLLECTION. AT THE END OF EACH PRESIDENCY, THE MUSEUM COMMISSIONS ONE OFFICIAL PORTRAIT FOR EACH OF THE PRESIDENT AND THE FIRST LADY. THESE PORTRAITS BY KEHINDE WILEY AND AMY SHERALD WERE THE FIRST TO BE PAINTED BY AFRICAN AMERICAN ARTISTS. THE FORMER PRESIDENT AND FIRST LADY, TOGETHER WITH THE TWO ARTISTS, UNVEILED THE PORTRAITS AT A CEREMONY IN FEBRUARY 2018. THE PORTRAITS HAVE ATTRACTED GREAT ATTENTION, AND THE NATIONAL PORTRAIT GALLERY HAD A RECORD BREAKING 2.3 MILLION VISITS IN 2018, ABOUT A MILLION MORE THAN THE PREVIOUS YEAR.</p> <p>THE NATIONAL MUSEUM OF AMERICAN HISTORY ADDED TO ITS POLITICAL HISTORY COLLECTION ITEMS FROM THE 2007 CEREMONY SWEARING IN NANCY PELOSI AS THE FIRST WOMAN SPEAKER OF THE U.S. HOUSE OF REPRESENTATIVES.</p>
FORM 990, PART III, LINE 4B - PROGRAM SERVICE DESCRIPTION	<p>EDUCATION, PUBLIC PROGRAMS AND EXHIBITIONS:</p> <p>THE NATIONAL MUSEUM OF THE AMERICAN INDIAN OPENED "AMERICANS," AN EXHIBITION EXPLORING THE MANY WAYS AMERICAN INDIAN IMAGES, NAMES AND STORIES HAVE BEEN PART OF THE NATION'S HISTORY, IDENTITY AND POPULAR CULTURE SINCE BEFORE THE COUNTRY BEGAN. THE EXHIBITION ASSERTS THAT SUCH IMAGES AND STORIES ARE A POWERFUL WAY TO UNDERSTAND A COUNTRY FOREVER FASCINATED, CONFLICTED AND SHAPED BY ITS RELATIONSHIP WITH AMERICAN INDIANS.</p> <p>THE SMITHSONIAN AMERICAN ART MUSEUM PRESENTED "NO SPECTATORS: THE ART OF BURNING MAN" AT ITS RENWICK GALLERY FROM MARCH-SEPTEMBER 2018. AN ANNUAL GATHERING OF MORE THAN 70,000 PEOPLE, BURNING MAN IS ONE OF THE MOST INFLUENTIAL EVENTS IN CONTEMPORARY ART AT CULTURE. THIS WAS THE FIRST MAJOR EXHIBITION TO PRESENT THE LARGE-SCALE, PARTICIPATORY WORK THAT IS THE HALLMARK OF THIS ANNUAL GATHERING, EXPLORING BURNING MAN'S PHILOSOPHIES OF RADICAL SELF-EXPRESSION, COMMUNITY PARTICIPATION, REJECTION OF COMMODIFICATION AND REVERENCE FOR THE HANDMADE.</p> <p>IN JUNE 2018 THE HIRSHHORN MUSEUM AND SCULPTURE GARDEN LAUNCHED THE HIRSHHORN EYE, A MOBILE IN-GALLERY ART GUIDE THAT USES MACHINE LEARNING TO DELIVER EXCLUSIVE VIDEO CONTENT TO ANY SMARTPHONE. WITH THE HIRSHHORN EYE, VISITORS CAN SCAN ARTWORKS IN THE MUSEUM TO UNLOCK ARTIST INTERVIEWS AND INSIGHTS, ALLOWING MUSEUMGOERS TO CONNECT WITH THE ART IN NEW WAYS.</p> <p>THE NATIONAL MUSEUM OF AFRICAN AMERICAN HISTORY AND CULTURE OPENED "WATCHING OPRAH: THE OPRAH WINFREY SHOW AND AMERICAN CULTURE," IN JUNE 2018. THE SECOND EXHIBITION TO BE FEATURED IN THE MUSEUM'S SPECIAL EXHIBITIONS GALLERY, THE EXHIBITION USES THE STORY OF OPRAH WINFREY AND HER 25-YEAR DAYTIME TALK SHOW AS A LENS TO EXPLORE CONTEMPORARY AMERICAN HISTORY AND CULTURE, ESPECIALLY ISSUES OF POWER, GENDER AND THE MEDIA.</p>

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4C - PROGRAM SERVICE DESCRIPTION	<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 AN IN-DEPTH COVERAGE OF HISTORY, SCIENCE, NATURE, THE ARTS AND WORLD CULTURES. SMITHSONIAN MAGAZINE ALSO HOSTS THE ANNUAL INGENUITY AWARDS, HONORING THE BEST AND 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 DEEP PHILANTHROPIC CONNECTION TO THE SMITHSONIAN. FRIENDS RECEIVE SMITHSONIAN MAGAZINE, PLUS THEY ARE INVITED TO VARIOUS EVENTS AND ARE GIVEN THE OPPORTUNITY TO LEARN ABOUT AND SUPPORT THE INSTITUTION'S EXHIBITIONS AND RESEARCH.</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>
FORM 990, PART IV - LINE 12B AUDITED FINANCIAL STATEMENTS	THE SMITHSONIAN'S AUDITED FINANCIAL STATEMENTS ARE INCLUDED IN THE UNITED STATES GOVERNMENT'S CONSOLIDATED AUDITED FINANCIAL STATEMENTS.
FORM 990, PART V, LINE 7H -	THE SMITHSONIAN INSTITUTION RECEIVED A DONATION OF TWO HISTORICAL AIRPLANES. 1098-C'S WERE ISSUED FOR THESE DONATIONS. THE PLANES WERE ACCESSIONED INTO THE NATIONAL AIR AND SPACE MUSEUM COLLECTION. CONSISTENT WITH THE SMITHSONIAN'S POLICY ON ACCESSIONING OBJECTS INTO ITS COLLECTIONS, THE PLANES WERE ACQUIRED WITH THE INTENTION OF MAINTAINING THEM FOR PUBLIC EDUCATION AND RESEARCH FOR AN INDEFINITE PERIOD OF TIME.
FORM 990, PART VI, LINE 1A - DELEGATE BROAD AUTHORITY TO A COMMITTEE	<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>
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 OPERATING 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>



Return Reference - Identifier	Explanation										
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.										
FORM 990, PART VIII, LINE 11B -	INSURANCE FUNDS WERE RECEIVED FOR REIMBURSEMENT AND SUPPORT FOR FUTURE CONSERVATION, RESULTING FROM A FIRE SPRINKLER MALFUNCTION IN JULY 2017 IN A LEASED COLLECTION STORAGE FACILITY.										
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	<table border="1"> <thead> <tr> <th data-bbox="454 1516 1302 1556">(a) Description</th> <th data-bbox="1302 1516 1520 1556">(b) Amount</th> </tr> </thead> <tbody> <tr> <td data-bbox="454 1556 1302 1587">CHANGE IN RELATED PARTY NET ASSETS</td> <td data-bbox="1302 1556 1520 1587">615,814</td> </tr> <tr> <td data-bbox="454 1587 1302 1619">DEFERRED GAIN ON BUILDING</td> <td data-bbox="1302 1587 1520 1619">3,908,588</td> </tr> <tr> <td data-bbox="454 1619 1302 1650">CHANGE IN MINORITY INTEREST - SNI-SI NETWORKS LLC</td> <td data-bbox="1302 1619 1520 1650">2,921,838</td> </tr> <tr> <td data-bbox="454 1650 1302 1682">ENVIRONMENTAL REMEDIATION OBLIGATION FASB ASC 410-20</td> <td data-bbox="1302 1650 1520 1682">21,661</td> </tr> </tbody> </table>	(a) Description	(b) Amount	CHANGE IN RELATED PARTY NET ASSETS	615,814	DEFERRED GAIN ON BUILDING	3,908,588	CHANGE IN MINORITY INTEREST - SNI-SI NETWORKS LLC	2,921,838	ENVIRONMENTAL REMEDIATION OBLIGATION FASB ASC 410-20	21,661
(a) Description	(b) Amount										
CHANGE IN RELATED PARTY NET ASSETS	615,814										
DEFERRED GAIN ON BUILDING	3,908,588										
CHANGE IN MINORITY INTEREST - SNI-SI NETWORKS LLC	2,921,838										
ENVIRONMENTAL REMEDIATION OBLIGATION FASB ASC 410-20	21,661										
FORM 990, PART XII, LINE 2B -	THE SMITHSONIAN INSTITUTION IS SEPARATELY AUDITED. THE SMITHSONIAN INSTITUTION'S AUDITED FINANCIAL STATEMENTS ARE INCLUDED IN THE UNITED STATES GOVERNMENT'S CONSOLIDATED AUDITED FINANCIAL STATEMENTS.										

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

SMITHSONIAN INSTITUTION

**Related Organizations and Unrelated Partnerships**

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

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)		SMITHSONIAN INSTITUTION	✓	
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

**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) (SEE STATEMENT)												
(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) (SEE STATEMENT)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

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

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

**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
REVETAS SIV I LP	R	1,653,100	FAIR MARKET VALUE
(1) BLACKBIRD 1846 ENERGY FUND LP	S	4,200,187	FAIR MARKET VALUE
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512–514)	(e) Are all partners 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) .....													

**Part III**

**Identification of Related Organizations Taxable as a Partnership** (continued)

(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) BLACKBIRD 1846 ENERGY FUND, LP (47-3887280) 10000 MEMORIAL DRIVE, SUITE 550, HOUSTON, TX 77024	INVESTMENTS	DE	BLACKBIRD 1846 ENERGY FUND GP, LP	EXCLUDED	(1,581,518)	33,644,054		✓	(708,624)		✓	100.00

**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	✓	
(2) CHARITABLE REMAINDER TRUSTS (2) 1000 JEFFERSON DRIVE, S.W., WASHINGTON, DC 20560	CHARITABLE REMAINDER TRUST	MA	N/A	TRUST			N/A	✓	
(3) CHARITABLE REMIANDER TRUSTS (1) 1000 JEFFERSON DRIVE, S.W., WASHINGTON, DC 20560	CHRITABLE REMAINDER TRUST	MI	N/A	TRUST			N/A	✓	
(4) CHARITABLE REMAINDER TRUSTS (5) 1000 JEFFERSON DRIVE, S.W., WASHINGTON, DC 20560	CHARITABLE REMAINDER TRUST	NY	N/A	TRUST			N/A	✓	
(5) CHARITABLE REMAINDER TRUSTS (4) 1000 JEFFERSON DRIVE, S.W., WASHINGTON, DC 20560	CHARITABLE REMAINDER TRUST	VA	N/A	TRUST			N/A	✓	
(6) REVETAS SIV I LP 1 ROYAL PLAZA, ROYAL AVENUE, ST. PETER PORT, GY1 2HL, GK	INVESTMENTS	GUERNSEY	REVETAS GP II LIMITED	C CORPORATION	REVETAS SIV I L.P. WAS INCORPORATED 10/3/17, IT WILL GENERATE ITS INITIAL FINANCIAL STATEMENT AT 12/31/2018	N/A	100.00	✓	

**Part VII****Supplemental Information.** Provide additional information for responses to questions on Schedule R (see instructions).

Return Reference - Identifier	Explanation
SCHEDULE R, PART V, LINE 1R -	DURING FY2018, THE SMITHSONIAN INVESTED IN REVETAS SIV I LP
SCHEDULE R, PART V, LINE 1S -	DURING FY2018, CAPITAL WAS RETURNED FROM INVESTMENT IN BLACKBIRD 1846 ENERGY FUND LP



**Exempt Organization Declaration and Signature for Electronic Filing**

For calendar year 2017, or tax year beginning OCTOBER 1, 2017, and ending SEPT 30, 20 18

**2017**

Department of the Treasury  
Internal Revenue Service

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

Name of exempt organization

**SMITHSONIAN INSTITUTION**

Employer identification number

**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.

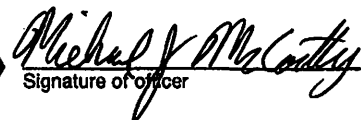
1a	Form 990 check here	<input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>1,466,053,226</u>
2a	Form 990-EZ check here	<input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	<input type="checkbox"/>	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 2017 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.~~

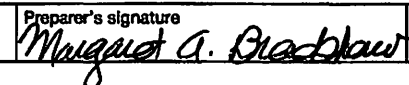
Sign Here  | 7/24/19 | **ACTING CHIEF OPERATING OFFICER**  
Signature of officer | Date | Title

**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		<u>7/22/19</u>		P00501222
	Firm's name	Firm's EIN		Phone no.	
	KPMG, LLP	13-5565207		703-286-8000	
	Firm's address	1676 INTERNATIONAL DRIVE, MCLEAN, VA 22102			