

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)

2018

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

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

A For the 2018 calendar year, or tax year beginning 10/01, 2018, and ending 09/30, 2019	
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	C Name of organization SMITHSONIAN INSTITUTION Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1000 JEFFERSON DRIVE S W City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20560
	D Employer identification number 53-0206027 E Telephone number (202) 633-1000
	G Gross receipts \$ 2,126,263,058 H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527
	J Website: WWW.SI.EDU F Name and address of principal officer: LONNIE G. BUNCH III SAME AS C ABOVE H(c) Group exemption number ▶
K Form of organization: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ L Year of formation: 1846 M State of legal domicile:	

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: "INCREASE AND DIFFUSION OF KNOWLEDGE" IS THE MISSION SET FORTH BY JAMES SMITHSON.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	17
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	7,364
	6 Total number of volunteers (estimate if necessary)	6	20,480
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	11,921,770
b Net unrelated business taxable income from Form 990-T, line 38	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,192,108,664	1,292,933,360
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	108,484,309	102,158,984
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	97,969,819	145,117,341
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	67,490,434	60,914,541
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,466,053,226	1,601,124,226
	14 Benefits paid to or for members (Part IX, column (A), line 4)	18,341,360	19,838,829
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	697,949,743	720,516,048
	16a Professional fundraising fees (Part IX, column (A), line 11e)	3,481,298	2,163,545
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 40,060,900		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	671,044,996	675,509,990
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,390,817,397	1,418,028,412
19 Revenue less expenses. Subtract line 18 from line 12	75,235,829	183,095,814	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	5,149,066,602	5,420,805,051
	22 Net assets or fund balances. Subtract line 21 from line 20	988,024,547	1,086,522,866
		4,161,042,055	4,334,282,185

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

Sign Here	Signature of officer	Date <u>8/12/2020</u>
	MIKE MCCARTHY, UNDER SECRETARY FOR ADMINISTRATION Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name MARGARET A. BRADSHAW	Preparer's signature 	Date 8/12/2020	Check <input type="checkbox"/> if self-employed	PTIN P00501222
	Firm's name ▶ KPMG LLP	Firm's EIN ▶	13-5565207		
	Firm's address ▶ 8350 BROAD ST., MCLEAN, VA 22102	Phone no.	(703) 286-8000		

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

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form **990** (2018)

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

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

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

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. Smithsonian Institution	Taxpayer identification number (TIN) 53-0206027
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1000 Jefferson Drive, S.W.	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Washington, DC 20560	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ▶ Martha Newton

Telephone No. ▶ 202 633-7167 Fax No. ▶ 202 312-1992

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

1 I request an automatic 6-month extension of time until August 15, 20 20, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year 20 ____ or

▶ tax year beginning October 1, 20 18, and ending September 30, 20 19 .

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

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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 \$ 542,263,235 including grants of \$ 17,341,245) (Revenue \$ 44,346,966)
RESEARCH AND COLLECTIONS (SEE SCHEDULE O)

(CONTINUED ON SCHEDULE O)

4b (Code:) (Expenses \$ 467,064,509 including grants of \$ 2,497,585) (Revenue \$ 46,253,688)
EDUCATION, PUBLIC PROGRAMS AND EXHIBITIONS (SEE SCHEDULE O)

(CONTINUED ON SCHEDULE O)

4c (Code:) (Expenses \$ 71,052,788 including grants of \$ 0) (Revenue \$ 55,792,894)
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 ▶ 1,080,380,532

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 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"/>
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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"/>
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e 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"/>
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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"/>
13 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"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20 a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input type="checkbox"/>	<input type="checkbox"/>
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<input checked="" type="checkbox"/>	

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

		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	7,364		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	✓		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	✓		
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b	✓		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	✓		
b	If "Yes," enter the name of the foreign country: AM, GB, PM See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓	
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	✓		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	✓		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		✓	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		✓	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	✓		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓	
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15		✓	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		✓	

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
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		<input checked="" type="checkbox"/>
3	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"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<input checked="" type="checkbox"/>	
7b	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"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	<input checked="" type="checkbox"/>	
8b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses 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
10a		<input checked="" type="checkbox"/>
10b		
11a	<input checked="" type="checkbox"/>	
11b		
12a	<input checked="" type="checkbox"/>	
12b	<input checked="" type="checkbox"/>	
12c	<input checked="" type="checkbox"/>	
13	<input checked="" type="checkbox"/>	
14	<input checked="" type="checkbox"/>	
15a	<input checked="" type="checkbox"/>	
15b	<input checked="" type="checkbox"/>	
16a	<input checked="" type="checkbox"/>	
16b	<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 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain 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 ►
OFFICE OF FINANCE & ACCOUNTING, PO BOX 37012, WASHINGTON, DC 20013-7012, (202) 633-7167, 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 G. ROBERTS, JR. REGENT	0.5	✓						0	0	0
(2) HONORABLE MICHAEL R. PENCE REGENT	0.5	✓						0	0	0
(3) HONORABLE PATRICK J LEAHY REGENT	2.0	✓						0	0	0
(4) HONORABLE DORIS MATSUI REGENT	2.0	✓						0	0	0
(5) HONORABLE DAVID PERDUE REGENT	2.0	✓						0	0	0
(6) HONORABLE JOHN BOOZMAN REGENT	2.0	✓						0	0	0
(7) HONORABLE JOHN SHIMKUS REGENT	2.0	✓						0	0	0
(8) HONORABLE LUCILLE ROYBAL-ALLARD REGENT	2.0	✓						0	0	0
(9) MR STEVE CASE REGENT	10.0	✓						0	0	0
(10) DR RISA J LAVIZZO-MOUREY REGENT	2.0	✓						0	0	0
(11) MR JOHN FAHEY REGENT	2.0	✓						0	0	0
(12) MR ROGER W FERGUSON, JR. REGENT	2.0	✓						0	0	0
(13) MR MICHAEL GOVAN REGENT	2.0	✓						0	0	0
(14) MR MICHAEL M LYNTON 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 DAVID M RUBENSTEIN REGENT	7.0	<input checked="" type="checkbox"/>						0	0	0
(16) HONORABLE TOM COLE REGENT (UNTIL 1/3/2019)	2.0	<input checked="" type="checkbox"/>						0	0	0
(17) HONORABLE SAM JOHNSON REGENT (UNTIL 1/3/2019)	2.0	<input checked="" type="checkbox"/>						0	0	0
(18) HONORABLE BARBARA BARRETT REGENT	2.0	<input checked="" type="checkbox"/>						0	0	0
(19) HONORABLE JOHN W MCCARTER REGENT	2.0	<input checked="" type="checkbox"/>						0	0	0
(20) DAVID SKORTON SECRETARY	50.0			<input checked="" type="checkbox"/>				902,487	0	63,547
(21) CATHY HELM INSPECTOR GENERAL	50.0			<input checked="" type="checkbox"/>				211,240	0	21,950
(22) JUDITH LEONARD GENERAL COUNSEL	50.0			<input checked="" type="checkbox"/>				221,827	0	38,598
(23) PORTER WILKINSON CHIEF OF STAFF - REGENTS	50.0			<input checked="" type="checkbox"/>				161,280	0	19,699
(24) ALBERT HORVATH UNDER SECRETARY FINANCE & ADMINISTRATION/COO	50.0			<input checked="" type="checkbox"/>				469,619	0	60,101
(25) (SEE STATEMENT)										
1b Sub-total								1,966,453	0	203,895
c Total from continuation sheets to Part VII, Section A								8,288,658	0	1,231,671
d Total (add lines 1b and 1c)								10,255,111	0	1,435,566

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 **▶** 1,686

	Yes	No
3 Did the organization list any former 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"/>
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	<input checked="" type="checkbox"/>	<input 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	21,542,044
HENSEL PHELPS CONSTRUCTION COMPANY, 4437 BROOKFIELD CORPORATE DRIVE, CHANTILLY, VA 20151-1691	CONSTRUCTION	20,364,500
GRUNLEY CONSTRUCTION COMPANY, INC, 888 17TH STREET NW, SUITE 500, WASHINGTON, DC 20006	CONSTRUCTION	14,369,685
DESIGN AND PRODUCTION INC, 7110 RAINWATER PLACE, LORTON, VA 22079-1521	EXHIBIT PROJECT MANAGEMENT	11,259,961
NORTHROP GRUMMAN SYSTEMS CORPORATION, 4807 STONECROFT BLVD, CHANTILLY, VA 20151	CHANDRA OBSERVATORY SVCS	8,744,884

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 **▶** 528

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	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns 1a	33,163				
	b Membership dues 1b	22,680,424				
	c Fundraising events 1c	4,069,356				
	d Related organizations 1d	410,154				
	e Government grants (contributions)					
	f All other contributions, gifts, grants, and similar amounts not included above 1f	156,261,582				
	g Noncash contributions included in lines 1a-1f: \$	21,010,084				
	h Total. Add lines 1a-1f ▶	1,292,933,360				
Program Service Revenue	Business Code					
	2a VISITORS/MEMBERS/EMPLO	90	48,065,871	28,397,509	19,668,362	
	b SUBSCRIPTIONS - MAGAZINE	51	29,347,553	29,347,553		
	c TOURS/CLASSES	90	13,525,099	13,337,119	187,980	
	d THEATER INCOME	51	8,384,159	8,214,070	170,089	
	e TRAVELING EXHIBITIONS	71	2,736,302	2,736,302		
	f All other program service revenue .	54	100,000	0	100,000	
g Total. Add lines 2a-2f ▶		102,158,984				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		21,914,843		21,914,843	
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶		16,631,885		16,631,885	
	6a Gross rents	(i) Real	1,964,283			
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)	1,964,283	0		
	d Net rental income or (loss) ▶		1,964,283		1,964,283	
	7a Gross amount from sales of assets other than inventory	(i) Securities	596,458,352	25,526,844		
		(ii) Other				
		b Less: cost or other basis and sales expenses	483,150,624	15,632,073		
		c Gain or (loss)	113,307,728	9,894,771		
	d Net gain or (loss) ▶		123,202,498	9,894,771		113,307,727
	8a Gross income from fundraising events (not including \$ 4,069,356 of contributions reported on line 1c). See Part IV, line 18 a		1,170,139			
		b Less: direct expenses b	3,086,330			
c Net income or (loss) from fundraising events . ▶			(1,916,191)		(1,916,191)	
9a Gross income from gaming activities. See Part IV, line 19 a						
	b Less: direct expenses b					
	c Net income or (loss) from gaming activities . . ▶					
10a Gross sales of inventory, less returns and allowances a		58,403,032				
	b Less: cost of goods sold b	23,269,805				
	c Net income or (loss) from sales of inventory . . ▶		35,133,227	32,729,459	2,403,768	
Miscellaneous Revenue		Business Code				
11a MAGAZINE/WEBSITE ADVER	54	9,059,933		9,059,933		
b INSURANCE CLAIM REIMBURSEMENTS	52	41,404	41,404			
c _____						
d All other revenue		0	0	0	0	
e Total. Add lines 11a-11d ▶		9,101,337				
12 Total revenue. See instructions ▶		1,601,124,226	124,698,187	11,921,770	171,570,909	

Part IX Statement of Functional Expenses

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

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	273,492	273,492		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	14,138,181	14,138,181		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	5,427,156	5,427,156		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	6,728,395	1,238,567	4,710,205	779,623
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	2,338,189	2,116,108	222,081	
7 Other salaries and wages	540,977,659	384,445,154	136,676,135	19,856,370
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	73,875,664	53,290,485	17,854,962	2,730,217
9 Other employee benefits	59,574,567	44,136,327	13,343,520	2,094,720
10 Payroll taxes	37,021,574	26,557,832	8,736,565	1,727,177
11 Fees for services (non-employees):				
a Management				
b Legal	859,148	466,471	389,925	2,752
c Accounting	1,004,871		1,001,657	3,214
d Lobbying				
e Professional fundraising services. See Part IV, line 17	2,163,545			2,163,545
f Investment management fees	1,600,000		1,600,000	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	136,558,002	108,611,749	24,421,182	3,525,071
12 Advertising and promotion	4,484,546	3,955,123	324,737	204,686
13 Office expenses	54,986,601	43,754,756	9,908,878	1,322,967
14 Information technology	46,602,525	13,086,119	31,575,259	1,941,147
15 Royalties	247,533	247,533		
16 Occupancy	162,504,807	121,808,055	38,780,902	1,915,850
17 Travel	15,575,037	12,121,277	2,166,015	1,287,745
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5,395,765	4,058,543	1,251,548	85,674
20 Interest	2,555,273	2,555,273		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	158,218,876	131,326,353	26,665,251	227,272
23 Insurance	1,534,171	781,126	753,013	32
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM PRODUCTION	36,188,964	34,849,990	1,159,712	179,262
b RESEARCH/SUBCONTRACT	31,927,476	31,927,177	299	
c COLLECTIONS/EQUIPMENT	14,889,812	11,721,024	3,155,212	13,576
d OVERHEAD COST RECOVERY ON GRANTS	(84,104)	27,025,974	(27,110,078)	
e All other expenses	460,687	460,687	0	0
25 Total functional expenses. Add lines 1 through 24e	1,418,028,412	1,080,380,532	297,586,980	40,060,900
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	606,462,280	1	785,278,263
	2 Savings and temporary cash investments	16,564,977	2	102,505,316
	3 Pledges and grants receivable, net	214,400,623	3	167,269,340
	4 Accounts receivable, net	39,668,462	4	41,524,908
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 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		6	0
	7 Notes and loans receivable, net	0	7	
	8 Inventories for sale or use	13,030,668	8	13,049,036
	9 Prepaid expenses and deferred charges	15,244,878	9	8,663,813
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	4,918,242,249		
	b Less: accumulated depreciation	2,477,337,541	10c	2,440,904,708
	11 Investments—publicly traded securities	398,905,028	11	355,316,881
	12 Investments—other securities. See Part IV, line 11	1,465,126,904	12	1,488,449,184
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	
	15 Other assets. See Part IV, line 11	32,518,335	15	17,843,602
16 Total assets. Add lines 1 through 15 (must equal line 34)	5,149,066,602	16	5,420,805,051	
Liabilities	17 Accounts payable and accrued expenses	261,647,609	17	338,075,552
	18 Grants payable	0	18	
	19 Deferred revenue	528,536,807	19	590,595,329
	20 Tax-exempt bond liabilities	98,039,527	20	96,409,381
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	
	22 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		22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	
	24 Unsecured notes and loans payable to unrelated third parties	50,000,000	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	49,800,604	25	61,442,604
	26 Total liabilities. Add lines 17 through 25	988,024,547	26	1,086,522,866
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,842,282,757	27	2,964,141,988
	28 Temporarily restricted net assets	772,552,683	28	794,234,295
	29 Permanently restricted net assets	546,206,615	29	575,905,902
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	0	30	
	31 Paid-in or capital surplus, or land, building, or equipment fund	0	31	
	32 Retained earnings, endowment, accumulated income, or other funds	0	32	
33 Total net assets or fund balances	4,161,042,055	33	4,334,282,185	
34 Total liabilities and net assets/fund balances	5,149,066,602	34	5,420,805,051	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,601,124,226
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,418,028,412
3	Revenue less expenses. Subtract line 2 from line 1	3	183,095,814
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,161,042,055
5	Net unrealized gains (losses) on investments	5	(8,058,856)
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	(1,796,828)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	4,334,282,185

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	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	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"/>	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	<input checked="" type="checkbox"/>	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	<input checked="" type="checkbox"/>	
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"/>	

(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) MR LONNIE G BUNCH, III SECRETARY OF THE SMITHSONIAN	50.0			✓			356,958	0	59,837	
(26) MICHAEL MCCARTHY ACTING UNDER SECRETARY FINANCE & ADMINISTRATION/COO	50.0			✓			190,151	0	58,403	
(27) AMY CHEN CHIEF INVESTMENT OFFICER	50.0				✓		639,327	0	39,483	
(28) CHRISTOPHER LIEDEL PRESIDENT - SMITHSONIAN ENTERPRISES	50.0				✓		549,500	0	36,883	
(29) ERA MARSHALL DIRECTOR - EQUAL EMPLOYMENT & MINORITY AFFAIRS	50.0				✓		198,629	0	20,153	
(30) NANCY BECHTOL DIRECTOR - FACILITIES	50.0				✓		209,984	0	30,412	
(31) DENNIS KELLY INTERIM PRESIDENT - SMITHSONIAN ENTERPRISES	50.0				✓		284,869	0	56,015	
(32) ZULLY DORR ACTING DIRECTOR FOR ADVANCEMENT	50.0				✓		232,800	0	49,468	
(33) JOHN DAVIS PROVOST/UNDER SECRETARY FOR MUSEUM AND RESEARCH	50.0				✓		410,847	0	58,950	
(34) CAROLYN MARTIN ACTING ASSISTANT SECRETARY - COMMUNICATION & EXTERNAL AFFAIRS	50.0				✓		182,655	0	43,886	
(35) CHARLES ALCOCK DIRECTOR, HARVARD SMITHSONIAN CENTER FOR ASROPHYSICS	50.0				✓		387,351	0	21,998	
(36) CAROL LEBLANC PRESIDENT SMITHSONIAN ENTERPRISES	50.0				✓		400,948	0	60,376	
(37) JULISSA MARENCO ASSISTANT SECRETARY FOR COMMUNICATIONS AND EXTERNAL AFFAIRS AND CHIEF MARKETING OFFICER	50.0				✓		193,914	0	44,064	
(38) ROBERT SPILLER ASSISTANT SECRETARY FOR ADVANCEMENT	50.0				✓		386,916	0	65,648	
(39) MICHAEL CARUSO EDITOR IN CHIEF - SMITHSONIAN MAGAZINE	50.0					✓	422,559	0	74,074	

(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			
(40) EDWARD R. HOWELL ----- SENIOR VICE PRESIDENT RETAIL GROUP - SMITHSONIAN ENTERPRISES	50.0 -----					✓		468,564	0	60,445
(41) RICHARD KURIN ----- ACTING PROVOST/UNDER SECRETARY FOR MUSEUM AND RESEARCH	50.0 -----					✓		351,928	0	61,165
(42) MELISSA CHIU ----- DIRECTOR - HIRSHHORN MUSEUM	50.0 -----					✓		446,407	0	70,639
(43) JEFFREY SMITH ----- INVESTMENT OFFICER	50.0 -----					✓		469,332	0	57,379
(44) DAVID VOYLES ----- DIRECTOR - PLANNING, MANAGEMENT & BUDGET	50.0 -----						✓	197,658	0	17,265
(45) DERON BURBA ----- CHIEF INFORMATION OFFICER	50.0 -----						✓	209,944	0	53,819
(46) JEAN GARVIN ----- DIRECTOR - FINANCE & ACCOUNTING	50.0 -----						✓	202,139	0	46,254
(47) JOHN LAPIANA ----- ACTING ASSISTANT SECRETARY - COMMUNICATION & EXTERNAL AFFAIRS	50.0 -----						✓	172,558	0	38,204
(48) PATRICIA BARTLETT ----- ASSOCIATE PROVOST FOR EDUCATION & ACCESS	50.0 -----						✓	231,701	0	41,278
(49) KENNETH JOHNSON ----- ASSOCIATE DIRECTOR - PLANNING, MANAGEMENT & BUDGET	50.0 -----						✓	199,225	0	9,735
(50) W. JOHN KRESS ----- RESEARCH BOTANIST	50.0 -----						✓	172,558	0	30,349
(51) WALTRUNETTE GARDNER ----- ACTING DIRECTOR - OFFICE OF HUMAN RESOURCES	50.0 -----						✓	119,236	0	25,489

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 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 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box 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)						
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,097,910,208	1,221,449,061	1,174,926,626	1,192,108,664	1,292,933,360	5,979,327,919
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	1,097,910,208	1,221,449,061	1,174,926,626	1,192,108,664	1,292,933,360	5,979,327,919
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0
6 Public support. Subtract line 5 from line 4						5,979,327,919

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	1,097,910,208	1,221,449,061	1,174,926,626	1,192,108,664	1,292,933,360	5,979,327,919
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	26,621,870	28,671,980	36,693,083	40,028,926	40,511,011	172,526,870
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0	0	0
11 Total support. Add lines 7 through 10						6,151,854,789
12 Gross receipts from related activities, etc. (see instructions)					12	866,133,753
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	97.20 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	97.23 %
16a 33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. 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	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 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
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c 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>	11c	

Section B. Type I Supporting Organizations

	Yes	No
1 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>	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	2	

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C—Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Schedule A (Form 990 or 990-EZ) 2018

Schedule of Contributors

2018

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

Name of the organization SMITHSONIAN INSTITUTION	Employer identification number 53-0206027
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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 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 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).

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ 973,282,132	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

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

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

2018

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 1-4 for values, 5-6 for Yes/No questions.

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

Form with multiple rows for questions 1-9 regarding conservation easements, including a table for 'Held at the End of the Tax Year' with rows 2a-2d.

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 with rows 1a-2 for questions regarding collections of art and historical treasures, including revenue and asset reporting.

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

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,645,269,208	1,502,159,340	1,368,754,997	1,288,235,067	1,299,208,124
b Contributions	36,000,996	52,445,032	42,062,815	52,940,072	49,265,188
c Net investment earnings, gains, and losses	113,052,434	167,085,531	166,875,266	99,512,052	2,426,301
d Grants or scholarships					
e Other expenditures for facilities and programs	75,789,588	72,853,244	71,427,379	67,486,808	59,663,483
f Administrative expenses	5,284,510	3,567,451	4,106,359	4,445,386	3,001,063
g End of year balance	1,713,248,540	1,645,269,208	1,502,159,340	1,368,754,997	1,288,235,067

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

- a** Board designated or quasi-endowment **▶ 41.84 %**
- b** Permanent endowment **▶ 31.62 %**
- c** Temporarily restricted endowment **▶ 26.54 %**

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
(i) unrelated organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(ii) related organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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
1a Land		12,582,149		12,582,149
b Buildings		3,907,374,736	2,053,196,458	1,854,178,278
c Leasehold improvements		143,372,372	97,257,616	46,114,756
d Equipment		440,347,258	326,883,467	113,463,791
e Other		414,565,734		414,565,734
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,440,904,708

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	370,439,292	END OF YEAR MARKET VALUE
(B) MARKETABLE ALTERNATIVES	276,545,892	END OF YEAR MARKET VALUE
(C) PRIVATE EQUITY & VENTURE CAPITAL	576,863,269	END OF YEAR MARKET VALUE
(D) NATURAL RESOURCES	101,016,028	END OF YEAR MARKET VALUE
(E) REAL ESTATE	134,782,956	END OF YEAR MARKET VALUE
(F) FIXED INCOME	28,801,747	END OF YEAR MARKET VALUE
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	1,488,449,184	

Part VIII Investments—Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (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)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) ENVIRONMENTAL REMEDIATION OBLIGATION	61,442,604	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	61,442,604	

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	(a) Description	(b) Amount
	DEFERRED GAIN ON BUILDING	3,905,586
	CHANGES IN NET ASSETS OF RELATD ORGANIZATIONS	- 104,822
	CHANGE IN MINORITY INTEREST SNI/SI NETWORK LLC	1,211,540
	IMPUTED BENEFIT REVENUE	86,280,834
	BAD DEBT EXPENSE NETTED AGAINST CONTRIBUTION REVENUE	- 383,600
SCHEDULE D, PART XI, LINE 4(B) - OTHER REVENUE	(a) Description	(b) Amount
	DIRECT EXPENSES - FUNDRAISING	- 3,086,330
	DIRECT EXPENSES - COST OF GOODS SOLD	- 23,269,805
SCHEDULE D, PART XII, LINE 2(D) - OTHER EXPENSES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	(a) Description	(b) Amount
	DIRECT EXPENSES - FUNDRAISING	3,086,330
	DIRECT EXPENSES - COST OF GOOD SOLD	23,269,805
	IMPUTED BENEFIT COSTS	86,280,834
SCHEDULE D, PART XII, LINE 4(B) - OTHER EXPENSES	(a) Description	(b) Amount
	BAD DEBT EXPENSE	383,600

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

2018

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 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
(1) CENTRAL AMERICA AND THE CARIBBEAN	0	0	ACADEMIC APPOINTMENT STIPENDS		2,683,191
(2) EAST ASIA AND THE PACIFIC	0	0	ACADEMIC APPOINTMENT STIPENDS		746,415
(3) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	ACADEMIC APPOINTMENT STIPENDS		951,146
(4) NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	ACADEMIC APPOINTMENT STIPENDS		424,356
(5) RUSSIA AND NEIGHBORING STATES	0	0	ACADEMIC APPOINTMENT STIPENDS		89,167
(6) SOUTH AMERICA	0	0	ACADEMIC APPOINTMENT STIPENDS		482,909
(7) SOUTH ASIA	0	0	ACADEMIC APPOINTMENT STIPENDS		42,972
(8) SUB-SAHARAN AFRICA	0	0	ACADEMIC APPOINTMENT STIPENDS		7,000
(9) CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		853,834,282
(10) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	INVESTMENTS		95,676,894
(11) NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	INVESTMENTS		8,317,768
(12) SUB-SAHARAN AFRICA	0	0	INVESTMENTS		26,623,973
(13) CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	TRAVEL RELATED TO RESEARCH, CONFERENCES AND TRAINING	762,880
(14) EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	TRAVEL RELATED TO RESEARCH, CONFERENCES AND TRAINING	1,237,525
(15) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	PROGRAM SERVICES	TRAVEL RELATED TO RESEARCH, CONFERENCES AND TRAINING	2,534,513
(16) MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	TRAVEL RELATED TO RESEARCH, CONFERENCES AND TRAINING	187,271
(17) (SEE STATEMENT)					
3a Subtotal	0	0			994,602,262
b Total from continuation sheets to Part I	12	622			27,726,662
c Totals (add lines 3a and 3b)	12	622			1,022,328,924

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	298	2,683,191	DIRECT DEPOSIT & CHECKS			
(2) ACADEMIC APPOINTMENT STIPENDS	EAST ASIA AND THE PACIFIC	42	746,415	DIRECT DEPOSIT & CHECKS			
(3) ACADEMIC APPOINTMENT STIPENDS	EUROPE (INCLUDING ICELAND AND GREENLAND)	57	923,368	DIRECT DEPOSIT & CHECKS			
(4) ACADEMIC APPOINTMENT STIPENDS	NORTH AMERICA (CANADA & MEXICO ONLY)	20	424,356	DIRECT DEPOSIT & CHECKS			
(5) ACADEMIC APPOINTMENT STIPENDS	RUSSIA AND NEIGHBORING STATES	5	89,167	DIRECT DEPOSIT & CHECKS			
(6) ACADEMIC APPOINTMENT STIPENDS	SOUTH AMERICA	29	482,909	DIRECT DEPOSIT & CHECKS			
(7) ACADEMIC APPOINTMENT STIPENDS	SOUTH ASIA	5	42,972	DIRECT DEPOSIT & CHECKS			
(8) ACADEMIC APPOINTMENT STIPENDS	SUB-SAHARAN AFRICA	1	7,000	DIRECT DEPOSIT & CHECKS			
(9)							
(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) NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	PROGRAM SERVICES	TRAVEL RELATED TO RESEARCH, CONFERENCES AND TRAINING	368,256
(18) RUSSIA AND NEIGHBORING STATES	0	0	PROGRAM SERVICES	TRAVEL RELATED TO RESEARCH, CONFERENCES AND TRAINING	48,093
(19) SOUTH AMERICA	0	0	PROGRAM SERVICES	TRAVEL RELATED TO RESEARCH, CONFERENCES AND TRAINING	464,847
(20) SOUTH ASIA	0	0	PROGRAM SERVICES	TRAVEL RELATED TO RESEARCH, CONFERENCES AND TRAINING	147,634
(21) SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	TRAVEL RELATED TO RESEARCH, CONFERENCES AND TRAINING	469,987
(22) CENTRAL AMERICA AND THE CARIBBEAN	8	587	PROGRAM SERVICES	RESEARCH FACILITIES	24,211,906
(23) EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	TROPICAL RESEARCH; FOREST AND WILDLIFE	342,344
(24) EUROPE (INCLUDING ICELAND AND GREENLAND)	1	4	PROGRAM SERVICES	SCIENTIFIC RESEARCH	285,164
(25) RUSSIA AND NEIGHBORING STATES	1	15	PROGRAM SERVICES	JOINT PROGRAM WITH USAID FOR COMMUNITY BASED TOURISM DEVELOPMENT IN ARMENIA	555,783
(26) SOUTH AMERICA	1	9	PROGRAM SERVICES	TROPICAL RESEARCH; FOREST AND WILDLIFE	500,034
(27) SOUTH ASIA	0	0	PROGRAM SERVICES	TROPICAL RESEARCH, FOREST AND WILDLIFE	49,096
(28) SUB-SAHARAN AFRICA	1	7	PROGRAM SERVICES	TROPICAL RESEARCH, FOREST AND WILDLIFE	283,518

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 & 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</p>	<p>CENTRAL AMERICA AND THE CARIBBEAN: ACCRUAL EAST ASIA AND THE PACIFIC: ACCRUAL EUROPE (INCLUDING ICELAND AND GREENLAND): ACCRUAL NORTH AMERICA (CANADA & MEXICO ONLY): ACCRUAL RUSSIA: ACCRUAL SOUTH AMERICA: ACCRUAL SOUTH ASIA: ACCRUAL SUB-SAHARAN AFRICA: ACCRUAL</p>

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

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2018

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

Employer identification number

SMITHSONIAN INSTITUTION

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		✓		2,352,476	
2 COMMUNITY COUNSELLING SERVICE CO., LLC, 3349 HIGHWAY 138, WALL, NJ 07719	FUNDRAISING CONSULTANT		✓		561,048	
3 SD&A TELESERVICES, INC, 101 CONTINENTAL BLVD, EL SEGUNDO, CA 90245-4515	TELEMARKETING SERVICES		✓		80,893	
4 BLACKBAUD, INC, PO BOX 930256, ATLANTA, GA 31193-0256	FUNDRAISING CONSULTANT		✓		73,680	
5 DONOR SERVICES GROUP, LLC, 1200 WILSHIRE BLVD, LOS ANGELES, CA 90017	TELEMARKETING SERVICES		✓		65,604	
6 SOCIAL CAPITAL INC, 980 N. MICHIGAN AVE, STE 1610, CHICAGO, IL 60611-7928	FUNDRAISING CONSULTANT		✓		53,625	
7 OLOGIE LLC, 447 E MAIN ST, COLUMBUS, OH 43215	FUNDRAISING CONSULTANT		✓		30,204	
8 PUBLIC INTEREST COMMUNICATION, INC, 7700 LEESBURG PIKE, STE 416, FALLS CHURCH, VA 22043	TELEMARKETING SERVICES		✓		10,836	
9						
10						
Total				0	3,228,366	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
		HIRSHHORN MUSEUM GALA (event type)	NATIONAL DESIGN AWARDS GALA (event type)	12 (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	1,130,804	968,293	3,140,398	5,239,495
	2 Less: Contributions	1,032,684	863,033	2,173,639	4,069,356
	3 Gross income (line 1 minus line 2)	98,120	105,260	966,759	1,170,139
Direct Expenses	4 Cash prizes				0
	5 Noncash prizes				0
	6 Rent/facility costs	77,815	7,847	42,134	127,796
	7 Food and beverages	33,592	107,830	585,973	727,395
	8 Entertainment			5,247	5,247
	9 Other direct expenses	508,664	456,730	1,260,498	2,225,892
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				3,086,330
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				(1,916,191)	

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

9 Enter the state(s) in which the organization conducts gaming activities: _____

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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 \$2,457,145 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

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

SMITHSONIAN INSTITUTION

Employer identification number

53-0206027

Part I General Information on Grants and Assistance

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

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

(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) (SEE STATEMENT)	53-0205889	501(C)(3)	6,000				ACADEMIC APPT. STIPEND
(2) APOLLO THEATRE FOUNDATION, INC 253 W 125TH ST, NEW YORK, NY 10027	13-3630066	501(C)(3)	11,075				ACADEMIC APPT. STIPEND
(3) BETHUNE-COOKMAN UNIVERSITY 640 DR MARY MCLEOD BLVD, DAYTONA BEACH, FL	59-0704726	501(C)(3)	19,100				ACADEMIC APPT. STIPEND
(4) CORNELL UNIVERSITY 377 PINE TREE ROAD, ITHACA, NY 14850	15-0532082	501(C)(3)	20,000				ACADEMIC APPT. STIPEND
(5) PRES & FELLOWS OF HARVARD COLLEGE 1033 MASS AVE, CAMBRIDGE, MA 02138	04-2103580	501(C)(3)	35,870				ACADEMIC APPT. STIPEND
(6) INDIANA UNIVERSITY 400 E 77TH ST, BLOOMINGTON, IN 47405-3024	35-6001673	115	39,471				ACADEMIC APPT. STIPEND
(7) NORTHWESTERN UNIVERSITY 633 CLARK ST, EVANSTON, IL 60208	36-2167817	501(C)(3)	14,300				ACADEMIC APPT. STIPEND
(8) UNIVERSITY OF CALIFORNIA - SANTA BARBARA SANTA BARBARA, CA 93106	95-6006145	115	35,000				ACADEMIC APPT. STIPEND
(9) UNIVERSITY OF MARYLAND AT COLLEGE PARK 2119 MAIN ADMIN BLDG, COLLEGE PARK, MD 20742	52-6002033	115	45,186				ACADEMIC APPT. STIPEND
(10) (SEE STATEMENT)	95-1642394	501(C)(3)	26,460				ACADEMIC APPT. STIPEND
(11) UNIVERSITY OF WISCONSIN - MADISON 21 N. PARK ST, MADISON, WI	39-6006492	115	9,630				ACADEMIC APPT. STIPEND
(12) YALE UNIVERSITY PO BOX 208229, NEW HAVEN, CT 06520-8229	06-0646973	501(C)(3)	9,000				ACADEMIC APPT. STIPEND
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table							▶ 12
3 Enter total number of other organizations listed in the line 1 table							▶ 0

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

Cat. No. 50055P

Schedule I (Form 990) (2018)

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>
<p>SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT</p>	<p>AMERICAN ALLIANCE OF MUSEUMS 2451 CRYSTAL DR, STE 1005, ARLINGTON, VA 22202</p>
<p>SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT</p>	<p>UNIVERSITY OF SOUTHERN CALIFORNIA UNIV PARK CAMPUS 3551, TROUSDALE PARKWAY, STE 160, LOS ANGELES, CA 90089</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 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number

53-0206027

Part I Questions Regarding Compensation

	Yes	No
<p>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.</p> <p><input checked="" type="checkbox"/> First-class or charter travel <input type="checkbox"/> Housing allowance or residence for personal use</p> <p><input type="checkbox"/> Travel for companions <input type="checkbox"/> Payments for business use of personal residence</p> <p><input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Health or social club dues or initiation fees</p> <p><input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)</p>		
<p>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</p>	✓	
<p>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?</p>	✓	
<p>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.</p> <p><input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Written employment contract</p> <p><input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Compensation survey or study</p> <p><input type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Approval by the board or compensation committee</p>		
<p>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:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p>		✓
		✓
		✓
<p>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</p>		
<p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>		✓
		✓
<p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>		✓
		✓
<p>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</p>		✓
<p>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</p>		✓
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>		

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				
(SEE STATEMENT)	(i)							
1	(ii)							
	(i)							
2	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(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					
(1) DAVID SKORTON SECRETARY	(i)	876,948	20,000	5,539	40,315	23,232	966,034	0
	(ii)	0	0	0	0	0	0	0
(2) CATHY HELM INSPECTOR GENERAL	(i)	211,240	0	0	0	21,950	233,190	0
	(ii)	0	0	0	0	0	0	0
(3) JUDITH LEONARD GENERAL COUNSEL	(i)	209,349	10,000	2,478	28,530	10,068	260,425	0
	(ii)	0	0	0	0	0	0	0
(4) PORTER WILKINSON CHIEF OF STAFF - REGENTS	(i)	151,137	10,000	143	18,345	1,354	180,979	0
	(ii)	0	0	0	0	0	0	0
(5) ALBERT HORVATH UNDER SECRETARY FINANCE & ADMINISTRATION/COO	(i)	447,557	20,000	2,062	40,315	19,786	529,720	0
	(ii)	0	0	0	0	0	0	0
(6) MR LONNIE G BUNCH, III SECRETARY OF THE SMITHSONIAN	(i)	337,485	15,000	4,473	40,329	19,508	416,795	0
	(ii)	0	0	0	0	0	0	0
(7) MICHAEL MCCARTHY ACTING UNDER SECRETARY FINANCE & ADMINISTRATION/COO	(i)	184,742	5,000	409	25,944	32,459	248,554	0
	(ii)	0	0	0	0	0	0	0
(8) AMY CHEN CHIEF INVESTMENT OFFICER	(i)	282,065	355,425	1,837	37,993	1,490	678,810	0
	(ii)	0	0	0	0	0	0	0
(9) CHRISTOPHER LIEDEL PRESIDENT - SMITHSONIAN ENTERPRISES	(i)	360,615	187,300	1,585	23,330	13,553	586,383	0
	(ii)	0	0	0	0	0	0	0
(10) ERA MARSHALL DIRECTOR - EQUAL EMPLOYMENT & MINORITY AFFAIRS	(i)	188,629	10,000	0	0	20,153	218,782	0
	(ii)	0	0	0	0	0	0	0
(11) NANCY BECHTOL DIRECTOR - FACILITIES	(i)	205,754	3,000	1,230	27,587	2,825	240,396	0
	(ii)	0	0	0	0	0	0	0
(12) DENNIS KELLY INTERIM PRESIDENT - SMITHSONIAN ENTERPRISES	(i)	276,261	5,000	3,608	40,330	15,685	340,884	0
	(ii)	0	0	0	0	0	0	0
(13) ZULLY DORR ACTING DIRECTOR FOR ADVANCEMENT	(i)	217,800	15,000	0	30,364	19,104	282,268	0
	(ii)	0	0	0	0	0	0	0
(14) JOHN DAVIS PROVOST/UNDER SECRETARY FOR MUSEUM AND RESEARCH	(i)	408,972	0	1,875	40,330	18,620	469,797	0
	(ii)	0	0	0	0	0	0	0
(15) CAROLYN MARTIN ACTING ASSISTANT SECRETARY - COMMUNICATION & EXTERNAL AFFAIRS	(i)	169,179	12,500	976	22,079	21,807	226,541	0
	(ii)	0	0	0	0	0	0	0
(16) CHARLES ALCOCK DIRECTOR, HARVARD SMITHSONIAN CENTER FOR ASROPHYSICS	(i)	382,551	3,000	1,800	21,257	741	409,349	0
	(ii)	0	0	0	0	0	0	0
(17) CAROL LEBLANC PRESIDENT SMITHSONIAN ENTERPRISES	(i)	274,923	125,390	635	40,330	20,046	461,324	0
	(ii)	0	0	0	0	0	0	0
(18) JULISSA MARENCO ASSISTANT SECRETARY FOR COMMUNICATIONS	(i)	163,748	30,000	166	21,591	22,473	237,978	0
	(ii)	0	0	0	0	0	0	0

(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				
AND EXTERNAL AFFAIRS AND CHIEF MARKETING OFFICER							
(19) ROBERT SPILLER ASSISTANT SECRETARY FOR ADVANCEMENT	(i) 305,458 (ii) 0	80,000 0	1,458 0	39,027 0	26,621 0	452,564 0	0 0
(20) MICHAEL CARUSO EDITOR IN CHIEF - SMITHSONIAN MAGAZINE	(i) 347,731 (ii) 0	73,226 0	1,602 0	40,330 0	33,744 0	496,633 0	0 0
(21) EDWARD R. HOWELL SENIOR VICE PRESIDENT RETAIL GROUP - SMITHSONIAN ENTERPRISES	(i) 300,828 (ii) 0	161,393 0	6,343 0	40,330 0	20,115 0	529,009 0	0 0
(22) RICHARD KURIN ACTING PROVOST/UNDER SECRETARY FOR MUSEUM AND RESEARCH	(i) 337,473 (ii) 0	10,000 0	4,455 0	46,360 0	14,805 0	413,093 0	0 0
(23) MELISSA CHIU DIRECTOR - HIRSHHORN MUSEUM	(i) 425,711 (ii) 0	20,000 0	696 0	40,315 0	30,324 0	517,046 0	0 0
(24) JEFFREY SMITH INVESTMENT OFFICER	(i) 197,143 (ii) 0	272,001 0	188 0	27,661 0	29,718 0	526,711 0	0 0
(25) DAVID VOYLES DIRECTOR - PLANNING, MANAGEMENT & BUDGET	(i) 192,658 (ii) 0	5,000 0	0 0	7,325 0	9,940 0	214,923 0	0 0
(26) DERON BURBA CHIEF INFORMATION OFFICER	(i) 204,495 (ii) 0	5,000 0	449 0	28,557 0	25,262 0	263,763 0	0 0
(27) JEAN GARVIN DIRECTOR - FINANCE & ACCOUNTING	(i) 198,416 (ii) 0	2,500 0	1,223 0	27,192 0	19,062 0	248,393 0	0 0
(28) JOHN LAPIANA ACTING ASSISTANT SECRETARY - COMMUNICATION & EXTERNAL AFFAIRS	(i) 156,729 (ii) 0	15,000 0	829 0	28,234 0	9,970 0	210,762 0	0 0
(29) PATRICIA BARTLETT ASSOCIATE PROVOST FOR EDUCATION & ACCESS	(i) 208,539 (ii) 0	20,681 0	2,481 0	28,557 0	12,721 0	272,979 0	0 0
(30) KENNETH JOHNSON ASSOCIATE DIRECTOR - PLANNING, MANAGEMENT & BUDGET	(i) 194,225 (ii) 0	5,000 0	0 0	9,351 0	384 0	208,960 0	0 0
(31) W. JOHN KRESS RESEARCH BOTANIST	(i) 172,058 (ii) 0	500 0	0 0	8,636 0	21,713 0	202,907 0	0 0
(32) WALTRUNETTE GARDNER ACTING DIRECTOR - OFFICE OF HUMAN RESOURCES	(i) 119,236 (ii) 0	0 0	0 0	7,968 0	17,521 0	144,725 0	0 0

Return Reference - Identifier	Explanation			
SCHEDULE J, PART II - COMPENSATION FROM AN UNRELATED ORGANIZATION OR INDIVIDUAL	Name	Compensation from Unrelated Organization	Name of Unrelated Organization	Type of Compensation
	CHARLES ALCOCK	213,473	HARVARD UNIVERSITY	

Part III

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

Return Reference - Identifier	Explanation
SCHEDULE J, PART I, LINE 1A - FIRST CLASS TRAVEL	<p>CHARTERED TRAVEL FOR BONA-FIND BUSINESS PURPOSES WAS AUTHORIZED FOR TWO KEY EMPLOYEES WHEN THE CIRCUMSTANCES OF THEIR TRAVEL MET THE REQUIREMENTS OF THE SMITHSONIAN'S POLICY FOR SUCH TRAVEL. FIRST CLASS TRAVEL WAS APPROVED IN EACH INSTANCE BY THAT INDIVIDUAL'S DESIGNATED "APPROVING OFFICIAL" FOR TRAVEL.</p> <p>THE SMITHSONIAN'S TRAVEL POLICY IS GUIDED BY THE FEDERAL TRAVEL REGULATIONS AS SUPPLEMENTED BY THE SMITHSONIAN'S TRAVEL HANDBOOK. THE ACCOUNTABLE PLAN FOR TRAVEL REIMBURSEMENTS MAINTAINED BY THE SMITHSONIAN MEETS IRS REQUIREMENTS, THEREFORE NO PORTION OF THIS TRAVEL WAS TREATED AS TAXABLE COMPENSATION.</p>

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

SMITHSONIAN INSTITUTION

Employer identification number

53-0206027

Part I Bond Issues

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

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	0		12,545,800					
2	Amount of bonds legally defeased	0		0					
3	Total proceeds of issue	77,545,000		33,825,749					
4	Gross proceeds in reserve funds	0		0					
5	Capitalized interest from proceeds	0		0					
6	Proceeds in refunding escrows	0		0					
7	Issuance costs from proceeds	530,475		612,994					
8	Credit enhancement from proceeds	6,161		0					
9	Working capital expenditures from proceeds	0		0					
10	Capital expenditures from proceeds	77,008,364		0					
11	Other spent proceeds	0		33,212,755					
12	Other unspent proceeds	0		0					
13	Year of substantial completion	2003		2010					
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		✓	✓					
15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		✓		✓				
16	Has the final allocation of proceeds been made?	✓		✓					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	✓		✓					

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

Cat. No. 50193E

Schedule K (Form 990) 2018

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		✓		✓				
2 Are there any lease arrangements that may result in private business use of bond-financed property?		✓		✓				
3a Are there any management or service contracts that may result in private business use of bond-financed property?		✓	✓					
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?			✓					
c Are there any research agreements that may result in private business use of bond-financed property?		✓		✓				
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . ▶		0.00 %		0.00 %		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . ▶		0.00 %		6.86 %		%		%
6 Total of lines 4 and 5		0.00 %		6.86 %		%		%
7 Does the bond issue meet the private security or payment test?		✓		✓				
8a 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 If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of				%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	✓		✓					

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		✓		✓				
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		✓		✓				
b Exception to rebate?	✓		✓					
c No rebate due?		✓		✓				
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	✓			✓				

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 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

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

SMITHSONIAN INSTITUTION

Employer identification number

53-0206027

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art	✓	4,375		NONE
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	✓	269	18,918,833	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	✓	6,451		NONE
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts	✓	2,190		NONE
23 Scientific specimens	✓	85,674		NONE
24 Archeological artifacts	✓	3		NONE
25 Other ▶ (<u>GOODS</u>)	✓	34	2,091,251	MARKET VALUE
26 Other ▶ (<u>ARCHIVAL CF/LF</u>)	✓	938		NONE
27 Other ▶ (<u>ARCHIVAL ITEMS</u>)	✓	59,686		NONE
28 Other ▶ (<u>ARCHIVAL GB</u>)	✓	10,440		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** 70

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

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
<p>SCHEDULE M, PART I, LINE 32B - THIRD PARTIES USED TO SOLICIT, PROCESS, OR SELL NONCASH CONTRIBUTIONS</p>	<p>ITEMS ARE SOLD THROUGH COMMERCIAL GALLERIES AND AUCTIONS HOUSES. INDIVIDUALS AND FIRMS ARE HIRED ON A CONTRACTUAL BASIS TO PROCESS ACQUISITIONS.</p> <p>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.</p>
<p>SCHEDULE M, PART I, LINE 33 -</p>	<p>IN ACCORDANCE WITH PROFESSIONAL PRACTICE, AS ALLOWED BY SFAS 116, THE SMITHSONIAN DOES NOT ASSIGN VALUE TO COLLECTION ITEMS ACQUIRED BY DONATION.</p>

**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 for the latest information.

OMB No. 1545-0047

2018

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 NEARLY 155 MILLION OBJECTS (ART, ARTIFACTS AND SCIENTIFIC SPECIMENS) ARE THE HEART OF THE INSTITUTION. RESEARCH, PUBLIC PROGRAMS AND EXHIBITIONS ARE BASED ON THESE COLLECTIONS, WHICH ADDITIONALLY INCLUDE MORE THAN 32 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>THE CENTER FOR ASTROPHYSICS HARVARD & SMITHSONIAN, PLAYED A CENTRAL ROLE IN CAPTURING THE FIRST-EVER IMAGE OF A BLACK HOLE IN APRIL. THE CENTER LED AN INTERNATIONAL COLLABORATION OF HUNDREDS OF SCIENTISTS LINKING EIGHT TELESCOPES ACROSS FOUR CONTINENTS TO CAPTURE THE IMAGE THAT WILL HELP SCIENTISTS ANSWER FUNDAMENTAL QUESTIONS ABOUT HOW THE UNIVERSE WORKS.</p> <p>A GUAM KINGFISHER WAS BORN AT THE SMITHSONIAN CONSERVATION BIOLOGY INSTITUTE (SCBI) IN APRIL 2019. GUAM KINGFISHERS ARE EXTINCT IN THE WILD, WITH ONLY ABOUT 140 LIVING IN HUMAN CARE, MAKING THEM ONE OF THE MOST ENDANGERED BIRD SPECIES ON THE PLANET. THE SPECIES IS NOTORIOUSLY DIFFICULT TO BREED, AND WAS TAKEN FROM THE WILD INTO HUMAN CARE IN THE 1980S. SCBI HAS HATCHED 20 CHICKS SINCE 1985 AS PART OF THE GUAM KINGFISHER SPECIES SURVIVAL PLAN.</p> <p>RESEARCHERS FROM THE NATIONAL MUSEUM OF NATURAL HISTORY TRIPLED THE NUMBER OF KNOWN SPECIES OF ELECTRIC EELS. A STUDY OF THE AMAZON BASIN REVEALED THAT ELECTRIC EELS BELONG TO THREE DIFFERENT SPECIES THAT EVOLVED FROM A SHARED ANCESTOR. SCIENTISTS HAD PREVIOUSLY BELIEVED THAT THE EELS ALL BELONGED TO A SINGLE SPECIES. THE NATIONAL MUSEUM OF AMERICAN HISTORY AND THE SMITHSONIAN'S DIGITIZATION PROGRAM OFFICE DIGITIZED 18,000 POLITICAL AND MILITARY POSTERS, MAKING THEM ACCESSIBLE FOR THE FIRST TIME TO THE PUBLIC ONLINE.</p>
FORM 990, PART III, LINE 4B - PROGRAM SERVICE DESCRIPTION	<p>EDUCATION, PUBLIC PROGRAMS AND EXHIBITIONS:</p> <p>THE NATIONAL MUSEUM OF AMERICAN HISTORY AND THE SMITHSONIAN LATINO CENTER ANNOUNCED THE FIRST PHYSICAL GALLERY SPACE DEDICATED TO CELEBRATING THE U.S. LATINO EXPERIENCE. THE MOLINA FAMILY LATINO GALLERY WILL OPEN IN 2021 IN THE NATIONAL MUSEUM OF AMERICAN HISTORY. IT WILL FEATURE 4,500 SQUARE FEET OF BILINGUAL STORIES FOR ALL AUDIENCES THROUGH ROTATING EXHIBITIONS.</p> <p>THE NATIONAL PORTRAIT GALLERY OPENED "VOTES FOR WOMEN: A PORTRAIT OF PERSISTENCE" IN MARCH 2019. THE EXHIBITION EXAMINES THE HISTORY OF WOMEN'S SUFFRAGE IN THE U.S. THROUGH MORE THAN 120 PORTRAITS AND OBJECTS, THE EXHIBITION OUTLINES THE MORE THAN 80-YEAR MOVEMENT FOR WOMEN TO OBTAIN THE RIGHT TO VOTE. THE EXHIBITION WAS THE FIRST TO BE FUNDED BY THE SMITHSONIAN AMERICAN WOMEN'S HISTORY INITIATIVE, WHICH STRIVES TO BE THE NATION'S MOST COMPREHENSIVE UNDERTAKING TO DOCUMENT, RESEARCH, COLLECT, DISPLAY AND SHARE THE STORIES OF WOMEN IN AMERICA.</p> <p>THE NATIONAL MUSEUM OF NATURAL HISTORY OPENED A NEW HALL OF FOSSILS. AFTER FIVE YEARS OF PLANNING AND CONSTRUCTION. "THE DAVID H. KOCH HALL OF FOSSILS-DEEP TIME," OPENED IN JUNE 2019, TELLS THE STORY OF 3.7 BILLION YEARS OF LIFE ON EARTH, HIGHLIGHTING THE CONNECTIONS AMONG ECOSYSTEMS, CLIMATE, GEOLOGICAL FORCES AND EVOLUTION, THROUGH MORE THAN 700 FOSSIL SPECIMENS. THE EXHIBITION HELPS VISITORS UNDERSTAND THAT THE CHOICES THEY MAKE TODAY WILL HAVE AN IMPACT ON THE FUTURE.</p> <p>THE NATIONAL AIR AND SPACE MUSEUM LED THE NATIONAL CELEBRATION OF THE 50TH ANNIVERSARY OF THE APOLLO 11 MOON LANDING IN 1969. TO COMMEMORATE THE ANNIVERSARY, THE MUSEUM AND NASA PARTNERED TO PRESENT THE APOLLO 50 FESTIVAL FOR THREE DAYS ON THE NATIONAL MALL. THE CENTERPIECE OF THE FESTIVAL WAS A FULL-MOTION PROJECTION MAPPING ON THE WASHINGTON MONUMENT. OVER HALF A MILLION PEOPLE VISITED THE NATIONAL MALL TO SEE THE 17-MINUTE SHOW THAT USED ARCHIVAL FOOTAGE TO RECREATE THE LAUNCH OF APOLLO 11 AND TELL THE STORY OF THE FIRST MOON LANDING. THE MUSEUM ALSO PUT NEIL ARMSTRONG'S APOLLO 11 SPACE SUIT ON DISPLAY, AFTER HAVING BEEN OFF DISPLAY FOR 13 YEARS OF CONSERVATION.</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. 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. 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 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 ON MARS. THE "MARS EXPERIENCE" WAS PRODUCED AND DONATED TO THE SMITHSONIAN INSTITUTION BY LOCKHEED MARTIN.
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 & 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 OFFICERS OR KEY 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="462 1522 1307 1554">(a) Description</th> <th data-bbox="1307 1522 1516 1554">(b) Amount</th> </tr> </thead> <tbody> <tr> <td data-bbox="462 1554 1307 1585">CHANGE IN RELATED PARTY NET ASSETS</td> <td data-bbox="1307 1554 1516 1585">- 104,822</td> </tr> <tr> <td data-bbox="462 1585 1307 1617">DEFERRED GAIN ON BUILDING</td> <td data-bbox="1307 1585 1516 1617">3,905,586</td> </tr> <tr> <td data-bbox="462 1617 1307 1648">CHANGE IN MINORITY INTEREST - SNI-SI NETWORKS LLC</td> <td data-bbox="1307 1617 1516 1648">1,211,540</td> </tr> <tr> <td data-bbox="462 1648 1307 1680">CUMULATIVE EFFECT OF ACCOUNTING CHANGE</td> <td data-bbox="1307 1648 1516 1680">- 6,841,275</td> </tr> <tr> <td data-bbox="462 1680 1307 1711">ADJUSTMENT TO OPENING BALANCE</td> <td data-bbox="1307 1680 1516 1711">32,143</td> </tr> </tbody> </table>	(a) Description	(b) Amount	CHANGE IN RELATED PARTY NET ASSETS	- 104,822	DEFERRED GAIN ON BUILDING	3,905,586	CHANGE IN MINORITY INTEREST - SNI-SI NETWORKS LLC	1,211,540	CUMULATIVE EFFECT OF ACCOUNTING CHANGE	- 6,841,275	ADJUSTMENT TO OPENING BALANCE	32,143
(a) Description	(b) Amount												
CHANGE IN RELATED PARTY NET ASSETS	- 104,822												
DEFERRED GAIN ON BUILDING	3,905,586												
CHANGE IN MINORITY INTEREST - SNI-SI NETWORKS LLC	1,211,540												
CUMULATIVE EFFECT OF ACCOUNTING CHANGE	- 6,841,275												
ADJUSTMENT TO OPENING BALANCE	32,143												
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 for instructions and the latest information.

OMB No. 1545-0047

2018

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.

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

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		✓
b Gift, grant, or capital contribution to related organization(s)		✓
c Gift, grant, or capital contribution from related organization(s)	✓	
d Loans or loan guarantees to or for related organization(s)		✓
e Loans or loan guarantees by related organization(s)		✓
f Dividends from related organization(s)		✓
g Sale of assets to related organization(s)		✓
h Purchase of assets from related organization(s)		✓
i Exchange of assets with related organization(s)		✓
j Lease of facilities, equipment, or other assets to related organization(s)		✓
k Lease of facilities, equipment, or other assets from related organization(s)		✓
l Performance of services or membership or fundraising solicitations for related organization(s)		✓
m Performance of services or membership or fundraising solicitations by related organization(s)		✓
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		✓
o Sharing of paid employees with related organization(s)		✓
p Reimbursement paid to related organization(s) for expenses		✓
q Reimbursement paid by related organization(s) for expenses		✓
r Other transfer of cash or property to related organization(s)		✓
s 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
BLACKBIRD 1846 ENERGY FUND, LP	S	1,754,936	FMV
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512–514)	(e) Are all partners 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	3,388,511	16,378,064		✓	(1,074,582)		✓	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 REMAINDER TRUSTS (2) 1000 JEFFERSON DRIVE, S.W., WASHINGTON, DC 20560	CHARITABLE REMAINDER TRUST	DC	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 REMAINDER TRUSTS (1) 1000 JEFFERSON DRIVE, S.W., WASHINGTON, DC 20560	CHARITABLE 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 (3) 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	1,156,586	2,446,375	100.00	✓	
(7) FUNDAMENTAL CREDIT OPPORTUNITIES OFFSHORE LTD. PO BOX 309, UGLAND HOUSE, GRAND CAYMAN, KY1-1104, CJ	INVESTMENTS	CAYMAN ISLANDS	NA	C CORPORATION	1,022,568	27,668,818	65.97	✓	

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2018, or tax year beginning 10/01, 2018, and ending 09/30, 2019

2018

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)

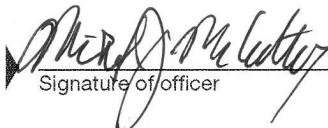
Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, 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	1,601,124,226
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 2018 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.

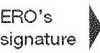
Sign Here  Signature of officer

8/12/2020 Date

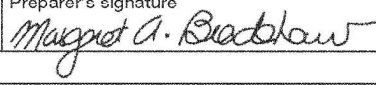
UNDER SECRETARY FOR ADMINISTRATION Title

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.

ERO's Use Only	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.

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature 	Date	Check if self-employed <input type="checkbox"/>	PTIN
	MARGARET A. BRADSHAW		8/12/2020		P00501222
	Firm's name ▶ KPMG LLP				Firm's EIN ▶ 13-5565207
	Firm's address ▶ 8350 BROAD ST., MCLEAN, VA 22102				Phone no. (703) 286-8000