

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

Department of the Treasury
Internal Revenue Service

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

A For the 2008 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization FRIENDS OF THE NATIONAL ZOO		D Employer identification number 52-0853312
		Doing Business As		E Telephone number 202.633.4275
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite PO BOX 37102 MRC 5504	G Gross receipts \$ 22,221,147.	
		City or town, state or country, and ZIP + 4 WASHINGTON, DC 20013-7012		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
F Name and address of principal officer: ROBERT J. LAMB SAME AS C ABOVE				
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: ▶ WWW.FONZ.ORG				
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1965	M State of legal domicile: DC

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE FRIENDS OF THE NATIONAL ZOO, OR FONZ, IS A NONPROFIT CORPORATION OF INDIVIDUALS, FAMILIES AND		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	25
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	
	5 Total number of employees (Part V, line 2a)	5	637
	6 Total number of volunteers (estimate if necessary)	6	1896
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	200,189.
b Net unrelated business taxable income from Form 990-T, line 34	7b	34,840.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	7,185,489.	6,618,174.
	9 Program service revenue (Part VIII, line 2g)	3,264,300.	3,536,491.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	294,775.	231,196.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,102,771.	6,117,926.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	16,847,335.	16,503,787.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	846,335.	1,746,070.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	8,306,198.	7,981,463.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 860,826.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	7,354,766.	7,562,706.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	16,507,299.	17,290,239.	
19 Revenue less expenses. Subtract line 18 from line 12	340,036.	-786,452.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year 13,930,638.	End of Year 11,933,961.
	21 Total liabilities (Part X, line 26)	1,079,234.	903,330.
	22 Net assets or fund balances. Subtract line 21 from line 20	12,851,404.	11,030,631.

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
	▶ ROBERT J. LAMB, EXECUTIVE DIRECTOR Type or print name and title	
Paid Preparer's Use Only	Preparer's signature	Date
	Firm's name (or yours if self-employed), address, and ZIP + 4 JOHNSON LAMBERT & CO LLP 700 SPRING FOREST ROAD, SUITE 115 RALEIGH, NC 27609	Check if self-employed <input type="checkbox"/> Preparer's identifying number (see instructions) EIN ▶ Phone no. ▶ 919-719-6400

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

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission: NONE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code:) (Expenses \$ including grants of \$ 1,746,070.) (Revenue \$) ZOO GRANTS: IN 2008, FONZ PROVIDED \$1,746,070 FOR ZOO GRANTS. THE DIRECTOR, NZP, A SMITHSONIAN INSTITUTION EMPLOYEE, DESIGNATED THE USE OF THESE FUNDS FOR CONSERVATION, RESEARCH AND EDUCATIONAL PROGRAMS. SOME FONZ GRANTS WERE USED TO ALLOW SCIENTISTS TO CARRY OUT THE PRELIMINARY RESEARCH NECESSARY TO REQUEST LONGER-TERM FUNDING FROM OTHER AGENCIES. FONZ GRANTS HELP SUPPORT THE SCIENTIFIC TRAINING OF UNDERGRADUATE, GRADUATE AND POSTGRADUATE STUDENTS, WORKING ON RESEARCH PROJECTS AT THE NZP.

4b (Code:) (Expenses \$ 971,252. including grants of \$) (Revenue \$ 53,140.) VOLUNTEER AND EDUCATIONAL SERVICES: IN 2008, FONZ RECRUITED, TRAINED, AND MANAGED MORE THAN 1,896 VOLUNTEERS WHO SUPPORT THE EDUCATION, RESEARCH, AND CONSERVATION MISSIONS OF THE NATIONAL ZOO. TO THE MAJORITY OF VISITORS, THESE VOLUNTEERS REPRESENT THE ZOO (MOST NZP STAFF MEMBERS WORK BEHIND THE SCENES MAKING THE EXHIBITS POSSIBLE AND CARING FOR THE ANIMALS). FONZ VOLUNTEERS PERFORM A NUMBER OF VALUABLE FUNCTIONS AND PROVIDE FLEXIBILITY IN MEETING CHANGING VISITOR NEEDS.

THE FONZ DEPARTMENT OF EDUCATION AND VOLUNTEER SERVICES RECRUITS, TRAINS, AND MANAGES VOLUNTEERS INVOLVED IN THE ACTIVITIES DESCRIBED BELOW. IN 2008, 100,446 HOURS OF EFFORT WERE CONTRIBUTED. ZOO OFFICIALS ESTIMATE THAT 53 FULL-TIME EMPLOYEES WOULD BE REQUIRED TO

4c (Code:) (Expenses \$ 1,603,120. including grants of \$) (Revenue \$ 2,896,128.) MEMBERSHIP AND EDUCATION PROGRAMS: IN 2008, FONZ PROVIDED FEE-BASED FORMAL EDUCATION PROGRAMS THAT REACHED MORE THAN 21,000 PEOPLE. MEMBERSHIP PROGRAMS ARE DEVELOPED TO ACQUIRE AND RETAIN MEMBERS FOR THE PURPOSES OF INCREASING PUBLIC AWARENESS OF AND SUPPORT FOR THE NATIONAL ZOO. MEMBERSHIP ACTIVITIES PROVIDE QUALITY WILDLIFE AND CONSERVATION EDUCATION THROUGH CLASSES, SUMMER CAMPS, SPECIAL EVENTS, PUBLICATIONS, AND ECO-TOURISM PROGRAMS. KEY PROGRAMS ARE:

- CLASSES: FONZ CLASSES ARE INTERACTIVE, IN-DEPTH PROGRAMS THAT FOCUS ON ANIMAL CARE, CONSERVATION BIOLOGY, AND ZOOLOGICAL RESEARCH. CLASSES ARE OFFERED BOTH WEEKDAYS AND WEEKENDS OVER A 10-MONTH PERIOD. PROGRAMS START AT AGE TWO AND ARE OFFERED THROUGH AGE 13. THREE HUNDRED CLASSES

4d Other program services. (Describe in Schedule O.) (Expenses \$ 11,710,337. including grants of \$) (Revenue \$ 19,046,567.)

4e Total program service expenses \$ 14,284,709. (Must equal Part IX, Line 25, column (B).)

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>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
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>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any accounts where 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>		X
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>		X
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>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
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>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
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>		X
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>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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>		X
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>		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a 60		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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 637		
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 this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
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)?		X
b	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter: N/A		
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: N/A		
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?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A		
	12b		

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

		Yes	No
1a	Enter the number of voting members of the governing body 1a 25		
b	Enter the number of voting members that are independent 1b 0		
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?		X
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?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9a	Does the organization have local chapters, branches, or affiliates?		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11	Is there any officer, director or 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		X

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a	The organization's CEO, Executive Director, or top management official?	X	
b	Other officers or key employees of the organization?	X	
	Describe the process in Schedule O. (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► NONE
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ►
 FRIENDS OF THE NATIONAL ZOO - 202.633.4275
 PO BOX 37012 MRC 5504, WASHINGTON, DC 20013-7012

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• 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 the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(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			
GREGORY MELANSON DIRECTOR	1.00	X						0.	0.	0.
THOMAS B. ARUNDEL DIRECTOR	1.00	X						0.	0.	0.
MARCIE BANE DIRECTOR	1.00	X						0.	0.	0.
MIOSHI MOSES DIRECTOR	1.00	X						0.	0.	0.
JEAN-MARIE FERNANDEZ DIRECTOR	1.00	X						0.	0.	0.
KEITH J. GREENE DIRECTOR	1.00	X						0.	0.	0.
DEBORAH KNUCKEY DIRECTOR	1.00	X						0.	0.	0.
JEFFERY LANDE DIRECTOR	1.00	X						0.	0.	0.
TIMOTHY LYNCH DIRECTOR	1.00	X						0.	0.	0.
VICKY MARCHAND DIRECTOR	1.00	X						0.	0.	0.
ALISON MCNALLY DIRECTOR	1.00	X						0.	0.	0.
PETER MICHAELS DIRECTOR	1.00	X						0.	0.	0.
ANNE NICOLL O'ROURKE DIRECTOR	1.00	X						0.	0.	0.
JOHN F. RING DIRECTOR	1.00	X						0.	0.	0.
ANDREW M. SHORE DIRECTOR	1.00	X						0.	0.	0.
SHEILA D. STINSON DIRECTOR	1.00	X						0.	0.	0.
BRENDAN SULLIVAN DIRECTOR	1.00	X						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	(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			
GRACE Y. TOH DIRECTOR	1.00	X						0.	0.	0.
JAMES C. WEINBERG DIRECTOR	1.00	X						0.	0.	0.
ERIC DOUGLAS WEISS DIRECTOR	1.00	X						0.	0.	0.
ROBERT J. LAMB EXECUTIVE DIRECTOR	40.00	X			X			179,503.	0.	8,975.
ANNE SALLADIN DIRECTOR	1.00	X						0.	0.	0.
ROBYN S. KRAVIT PRESIDENT	1.00			X				0.	0.	0.
JAMES F. HINCHMAN VICE PRESIDENT	1.00			X				0.	0.	0.
CHRISTOPHER CAPUANO TREASURER	1.00			X				0.	0.	0.
SUE RUFF SECRETARY	1.00			X				0.	0.	0.
JAMES M. SCHROEDER SENIOR ADVISOR	40.00				X			0.	0.	0.
1b Total								1,060,595.	0.	53,030.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization 7

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization 0

Part VIII		Statement of Revenue		(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b	1,867,921.				
	c	Fundraising events	1c	1,973,024.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,777,229.				
	g	Noncash contributions included in lines 1a-1f: \$		504,558.				
	h	Total. Add lines 1a-1f		6,618,174.				
	Program Service Revenue	2 a	PARKING REVENUES	Business Code	2,576,407.			2,576,407.
b		MEMBER CLASSES AND ACT	611600	517,433.	517,433.			
c		MAP SALES	453220	281,992.			281,992.	
d		GROUP TOUR REVENUES	561520	70,045.			70,045.	
e		EDUCATION PROGRAM RECE	611600	52,920.	52,920.			
f		All other program service revenue	511120	37,694.	37,694.			
g		Total. Add lines 2a-2f		3,536,491.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		129,971.			129,971.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties		37,460.			37,460.	
	6 a	Gross Rents	(i) Real	(ii) Personal				
		b	Less: rental expenses					
		c	Rental income or (loss)					
		d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b	Less: cost or other basis and sales expenses		1,931,659.			
		c	Gain or (loss)		101,225.			
		d	Net gain or (loss)		101,225.			101,225.
	8 a	Gross income from fundraising events (not including \$ 1,378,534. of contributions reported on line 1c). See Part IV, line 18	a	355,965.				
		b	Less: direct expenses	b	692,104.			
		c	Net income or (loss) from fundraising events		-336,139.			-336,139.
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
b		Less: direct expenses	b					
c		Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	a	9,190,191.					
	b	Less: cost of goods sold	b	3,093,597.				
	c	Net income or (loss) from sales of inventory		6,096,594.		200,189.	5,896,405.	
Miscellaneous Revenue		Business Code						
11 a	PICNICS AND PARTIES			198,703.			198,703.	
	b	OTHER MEMBER & VISTOR		96,632.			96,632.	
	c	MISCELLANEOUS INCOME		19,326.			19,326.	
	d	All other revenue		5,350.			5,350.	
	e	Total. Add lines 11a-11d		320,011.				
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		16,503,787.	608,047.	200,189.	9,077,377.		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U.S. See Part IV, line 21	1,746,070.	1,746,070.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	6,760,058.	4,806,626.	1,238,825.	714,607.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	191,771.	137,671.	36,379.	17,721.
9 Other employee benefits	480,933.	345,259.	91,233.	44,441.
10 Payroll taxes	548,701.	393,909.	104,088.	50,704.
11 Fees for services (non-employees):				
a Management				
b Legal	18,559.		18,559.	
c Accounting	103,786.		103,786.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	247,146.	142,243.	97,006.	7,897.
12 Advertising and promotion	234,730.	223,148.		11,582.
13 Office expenses	965,405.	818,214.	146,672.	519.
14 Information technology				
15 Royalties				
16 Occupancy	121,936.	106,077.	15,859.	
17 Travel	72,065.	43,469.	25,731.	2,865.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	519,739.	459,738.	56,613.	3,388.
23 Insurance	254,540.	117,496.	137,044.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a RESTRICTED FUND EXPENSE	3,700,859.	3,700,859.		
b FEES TO SMITHSONIAN INS	344,198.	344,198.		
c MEMBERSHIP ACTIVITIES	335,921.	335,921.		
d PICNICS AND PARTIES EXP	260,445.	260,445.		
e MISCELLANEOUS	209,070.	132,480.	69,008.	7,582.
f All other expenses	174,307.	170,886.	3,901.	-480.
25 Total functional expenses. Add lines 1 through 24f	17,290,239.	14,284,709.	2,144,704.	860,826.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	154,443.	1	368,070.
	2 Savings and temporary cash investments	2,057,602.	2	4,607,568.
	3 Pledges and grants receivable, net	3,196,898.	3	1,275,603.
	4 Accounts receivable, net	327,440.	4	166,588.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	638,971.	8	841,643.
	9 Prepaid expenses and deferred charges	71,143.	9	86,618.
	10a Land, buildings, and equipment: cost basis ... 10a 6,298,220.			
	b Less: accumulated depreciation. Complete Part VI of Schedule D ... 10b 4,320,022.	2,356,008.	10c	1,978,198.
	11 Investments - publicly traded securities	5,128,133.	11	2,609,673.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	13,930,638.	16	11,933,961.	
Liabilities	17 Accounts payable and accrued expenses	1,027,706.	17	858,295.
	18 Grants payable		18	
	19 Deferred revenue	51,528.	19	45,035.
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	1,079,234.	26	903,330.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	3,327,810.	27	2,693,347.
	28 Temporarily restricted net assets	9,303,594.	28	8,092,284.
	29 Permanently restricted net assets	220,000.	29	245,000.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	12,851,404.	33	11,030,631.
34 Total liabilities and net assets/fund balances	13,930,638.	34	11,933,961.	

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?	X	
c If "Yes" to lines 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?	X	
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?		X
b If "Yes," did the organization undergo the required audit or audits?		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization FRIENDS OF THE NATIONAL ZOO	Employer identification number 52-0853312
----------------------------------------------------------------	-----------------------------------------------------

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: (Please check only **one** organization.)

- 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.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 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 organization that normally receives: (1) more than 33 1/3% 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 33 1/3% 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 the Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11 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 that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 - 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
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 2008 (line 6, column (f) divided by line 11, column (f))	14		%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15		%
16a 33 1/3% support test - 2008. 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 type="checkbox"/>	
b 33 1/3% support test - 2007. 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 - 2008. 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 IV 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 - 2007. 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 IV 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 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,206,531.	4,467,563.	7,028,522.	7,185,489.	6,974,139.	29,862,244.
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	6,896,854.	7,689,818.	9,841,419.	9,138,592.	9,190,191.	42,756,874.
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 - 5	11,103,385.	12,157,381.	16,869,941.	16,324,081.	16,164,330.	72,619,118.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons			100,000.	1,005,000.		1,105,000.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000	2,031,409.	614,872.	617,182.	390,855.		3,654,318.
c Add lines 7a and 7b	2,031,409.	614,872.	717,182.	1,395,855.		4,759,318.
8 Public support (Subtract line 7c from line 6.)						67,859,800.

Section B. Total Support

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	11,103,385.	12,157,381.	16,869,941.	16,324,081.	16,164,330.	72,619,118.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	84,388.	83,748.	129,744.	146,465.	129,971.	574,316.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	84,388.	83,748.	129,744.	146,465.	129,971.	574,316.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	172,899.	270,526.	328,813.	183,843.		956,081.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						74,149,515.

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**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	91.52 %
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	91.77 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	.77 %
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	.84 %

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2008

Name of the organization

FRIENDS OF THE NATIONAL ZOO

Employer identification number

52-0853312

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 organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

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

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

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization FRIENDS OF THE NATIONAL ZOO	Employer identification number 52-0853312
----------------------------------------------------------------	---------------------------------------------------------

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	AWA FAMILY FUND 13873 PARK CENTER ROAD, SUITE 301 HERNDON, VA 20171	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	BOOZ ALLEN & HAMILTON 8283 GREENSBORO DRIVE MCLEAN, VA 22102	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	CHEVY CHASE BANK, FSB 7501 WISCONSIN AVE, 10TH FLOOR BETHESDA, MD 20814	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	KELLY CLINTON 8700 BURNING TREE RD BETHESDA, MD 20817	\$ 26,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	COMCAST CABLE COMMUNICATIONS 11800 TECH ROAD SILVER SPRING, MD 20904	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	CONSERVATION INTERNATIONAL 1919 M STREET NW, SUITE 600 WASHINGTON, DC 20036	\$ 69,898.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization FRIENDS OF THE NATIONAL ZOO	Employer identification number 52-0853312
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	DECADE LEAD ANNUITY TRUST 700 BRICKELL AVENUE MIAMI, FL 33131	\$ 29,787.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	DIG COMMUNICATION LLC 549 WEST RANDOLPH SUITE 201 CHICAGO, IL 60661	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	EARTH SHARE 7735 OLD GEORGETOWN ROAD, #900 BETHESDA, MD 20814	\$ 10,816.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	ELDON CROWELL 2101 CONNECTICUT AVE NW WASHINGTON, DC 20008	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	ERIC HOROWITZ 2617 NISQUALLY COURT SILVER SPRING, MD 20906	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	FUJIFILM HOLDINGS AMERICA CORPORATION 200 SUMMIT LAKE DRIVE, SECOND FLOOR VALHALLA, NY 10595	\$ 876,303.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization FRIENDS OF THE NATIONAL ZOO	Employer identification number 52-0853312
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	GEICO ONE GEICO PLAZA WASHINGTON, DC 20076	\$ 55,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	GIANT FOOD 6300 SHERIFF ROAD, DEPT. 592 LANDOVER, MD 20785	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	LOUISE BEAL 7102 MEADOW LANE CHEVY CHASE, MD 20815-5014	\$ 5,048.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	MARA STROCK 6710 SUNSET WOODS COURT BURKE, VA 22015	\$ 65,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	MARS FAMILY 405 BUCKWHEAT CIRCLE JACKSON, WY 83001	\$ 1,238,350.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18	MORGAN STANLEY 1775 EYE STREET NW, SUITE 200 WASHINGTON, DC 20006	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization FRIENDS OF THE NATIONAL ZOO	Employer identification number 52-0853312
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19	NAOMI & NEHEMIAH COHEN FOUNDATION P.O. BOX 30100 BETHESDA, MD 20824	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20	NFWF FWS 1133 15TH STREET, SUITE 1100 WASHINGTON, DC 20005	\$ 101,450.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21	PEPSCO 701 NINTH STREET NW WASHINGTON, DC 20068	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22	RONALD ROSENFELD 111 EAST MELROSE STREET CHEVY CHASE, MD 20815-3303	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23	ROSENTHAL JAGUAR 1592 SPRINGHILL ROAD VIENNA, VA 22182	\$ 32,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24	SHARED EARTH FOUNDATION 113 HOFFMAN LANE CHESTERTOWN, MD 21620	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization FRIENDS OF THE NATIONAL ZOO	Employer identification number 52-0853312
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
25	SUNTRUST BANK, MID ATLANTIC <hr/> 4020 UNIVERSITY DRIVE, MAIL CODE ALX 6104 <hr/> FAIRFAX, VA 22030	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26	THE CHUBB CORPORATION <hr/> 15 MOUNTAIN VIEW ROAD, PO BOX 1615 <hr/> WARREN, NJ 07061	\$ 80,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27	THE GORDON F. LINKE AND JOSCELYN B. LINKE FOUNDATION <hr/> 5115 CAMMACK DRIVE <hr/> BETHESDA, MD 20816	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28	THE HEALY FOUNDATION <hr/> 9108 NORTH BRANCH DRIVE <hr/> BETHESDA, MD 20817	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29	THE NATURE CONSERVANCY <hr/> 4545 NORTH FAIRFAX DRIVE, SUITE 100 <hr/> ARLINGTON, VA 22203	\$ 16,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
30	USDA FOREST SERVICE <hr/> 3101 PARK CENTER DR, RM 228 <hr/> ALEXANDRIA, VA 22302	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization FRIENDS OF THE NATIONAL ZOO	Employer identification number 52-0853312
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
31	VERIZON WIRELESS 7600 MONTPELIER ROAD LAUREL, MD 20723	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
32	WHOLE FOODS 6015 EXECUTIVE BLVD. ROCKVILLE, MD 20852	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
33	WILLIAM MCCLURE 701 13TH ST NW STE A WASHINGTON, DC 20005	\$ 361,629.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
34	GREENBRIER INVESTMENTS 10086 CHARLES TOWN ROAD RANSON, WV 25438-5574	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
35	HASBRO, INC. 1027 NEWPORT AVENUE P.O. BOX 1059 PAWTUCKET, RI 02862-1059	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
36	KAZUHARU ISHIDA 1111 25TH ST NW #820 WASHINGTON, DC 20037	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization FRIENDS OF THE NATIONAL ZOO	Employer identification number 52-0853312
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
37	DEFENDERS OF WILDLIFE 1130 17ST STREET NW WASHINGTON, DC 20036-4604	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
38	WASHINGTONPOST.COM 1150 15TH ST NEW 8TH FL CORPORATE WASHINGTON, DC 20071-0002	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
39	LEE KUM KEE USA, INC. 14841 DON JULIAN RD CITY OF INDUSTRY, CA 91746	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
40	MICHAEL M. SVEDA 15012 GOOD MEADOW COURT NORTH POTOMAC, MD 20878-2401	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
41	FERRIS FAMILY FUND 1700 PENNSYLVANIA AVENUE NW WASHINGTON, DC 20006-4707	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
42	FEDEX CORPORATE 1790 KIRBY PKWY - 5TH FLOOR MEMPHIS, TN 38138	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization FRIENDS OF THE NATIONAL ZOO	Employer identification number 52-0853312
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
43	UNIVERSITY OF NEW ORLEANS 2000 LAKESHORE DRIVE NEW ORLEANS, LA 70148	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
44	MARY C. EWING 203 LONG NECK POINT RD DARIEN, CT 06820	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
45	STEVEN A. ELMENDORF 2301 CONNECTICUT AVE NW #7B WASHINGTON, DC 20008-1730	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
46	OMNI HOTEL 2500 CALVERT STREET NW WASHINGTON, DC 20008	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
47	ANNE T. SHULTZ 3 PURSUIT #14B ALISO VIEJO, CA 92656-4213	\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
48	RITE AID 30 HNTER LANE CAMP HILL, PA 17105	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization FRIENDS OF THE NATIONAL ZOO	Employer identification number 52-0853312
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
49	NATIONAL TROPICAL BOTANICAL GARDENS 3530 PAPALINA RD KALAHEO, HI 96741	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
50	FBB CAPITAL PARTNERS 4520 EAST-WEST HWY SUITE 450 BETHESDA, MD 20814	\$ 6,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
51	PAUL W. DHYSE 542 BROADWATER RD ARNOLD, MD 21012-1430	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
52	EDWARD BURKA 5903 MOUNT EAGLE DRIVE #1608 ALEXANDRIA, VA 22303-2533	\$ 55,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
53	THE WILLIAM H. DONNER FUND 60 E 42ND ST ROOM 1651 NEW YORK, NY 10165-1612	\$ 80,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
54	THE NORTHERN TRUST OF FLORIDA 700 BRICKELL AVENUE MIAMI, FL 33131	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
55	ROBERTA DOMBROSKI 701 S. BARTON ST ARLINGTON, VA 22204-2140	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
56	HARD ROCK CAFE 999 E ST. NW WASHINGTON, DC 20004	\$ 6,240.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
57	THE BOBOLINK FOUNDATION C/O PAULSON 154 W DUNDEE RD BARRINGTON, IL 60010	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
58	LANCE FUNSTON 1150 FIRST AVENUE, SUITE 501 KING OF PRUSSIA, PA 19406	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
59	SPRINT FOUNDATION 6620 SPRINT PARKWAY OVERLAND PARK, KS 66251	\$ 1,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
60	ANTHONY V. LUPO 1050 CONNECTICUT AVE NW WASHINGTON, DC 20036-5339	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization FRIENDS OF THE NATIONAL ZOO	Employer identification number 52-0853312
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
61	MAGALEN BRYANT <hr/> P.O. BOX 247 <hr/> MIDDLEBURG, VA 20118-0247 <hr/>	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
62	SHELDON T. KATZ <hr/> P.O. BOX 4337 <hr/> SILVER SPRING, MD 20914-4337 <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
63	JOSEPH REGENSTEIN <hr/> P.O. BOX 774000 PMB 381 <hr/> STEAMBOAT SPRINGS, CO 80477 <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
64	MARS PETCARE, USA <hr/> 315 COOL SPRINGS BLVD <hr/> FRANKLIN, TN 37067 <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
65	WILLIAM BROWN <hr/> 133 FORT NIGHTLY BLVD <hr/> HERNDON, VA 20170 <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
66	COCA COLA <hr/> 9770 PATUXENT WOODS DRIVE <hr/> COLUMBIA, MD 21046 <hr/>	\$ 120,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization FRIENDS OF THE NATIONAL ZOO	Employer identification number 52-0853312
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
67	ANNE NICOLE O'ROURKE 13TH STREET, SE WASHINGTON, DC 20003	\$ 10,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
68	KATHY RUTTENBERG P.O. BOX 670 BEARSVILLE, NY 12409	\$ 5,003.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
69	GREATER WASHINGTON FASHION CHAMBER 1629 K STREET SUITE 300 WASHINGTON, DC 20006	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
70	MARK HUMPHREY 20601 CORNSTALK TERRACE, SUITE 101 ASHBURN, VA 20147	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
71	JOHN ASPINALL FOUNDATION 750 LAUSANNE ROAD LOS ANGELES, CA 90077	\$ 14,975.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
72	M.D. ANDERSON FUND P.O. BOX 2598 HOUSTON, TX 77252-8037	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
73	RAJANI TIGER FERRANTE P.O. BOX 31210 MYRTLE BEACH, SC 29588	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
74	JAMES E.F. WILLARD ANONYMOUS WASHINGTON, DC 20013	\$ 36,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
75	KELLY CLINTON 8700 BURNING TREE RD BETHESDA, MD 20817	\$ 6,577.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
76	KELLY CLINTON 8700 BURNING TREE RD BETHESDA, MD 20817	\$ 6,652.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
77	WILLIAM MCCLURE 701 13TH ST NW STE A WASHINGTON, DC 20005	\$ 100,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
78	JAMES SCHROEDER 3821 NORTH WOODROW ST ARLINGTON, VA 22207	\$ 3,572.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
79	KATHRYN MORGAN <hr/> 9506 CHATTERLEIGH DR <hr/> RICHMOND, VA 23238 <hr/>	\$ <u>1,048.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization FRIENDS OF THE NATIONAL ZOO	Employer identification number 52-0853312
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Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
15	155 SHARES STOCK _____ _____ _____	\$ 5,048.	05/15/08
33	6087 SHARES OF STOCK _____ _____ _____	\$ 361,629.	03/15/08
68	52 SHARES OF STOCK _____ _____ _____	\$ 5,003.	07/15/08
75	85 SHARES OF STOCK _____ _____ _____	\$ 6,577.	05/15/08
76	74 SHARES OF STOCK _____ _____ _____	\$ 6,652.	02/15/08
77	4525 SHARES OF STOCK _____ _____ _____	\$ 100,000.	01/15/08

Name of organization FRIENDS OF THE NATIONAL ZOO	Employer identification number 52-0853312
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Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
78	70 SHARES OF STOCK _____ _____ _____	\$ 3,572.	04/15/08
79	27 SHARES OF STOCK _____ _____ _____	\$ 1,048.	08/15/08
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

FRIENDS OF THE NATIONAL ZOO

Employer identification number

52-0853312

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area

Protection of natural habitat Preservation of certified historic structure

Preservation of open space

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

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

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

Yes No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ _____

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

Yes No

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

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

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

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- (ii) Assets included in Form 990, Part X ▶ \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- b Assets included in Form 990, Part X ▶ \$ _____

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

- 3** Using the organization's 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 XIV.
- 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 Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to 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 XIV and complete the following table:
- | | Amount |
|----------------------------------------------|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b** If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to 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	9,604,358.				
b Contributions	2,433,785.				
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs	3,700,859.				
f Administrative expenses					
g End of year balance	8,337,284.				

- 2** Provide the estimated percentage of the year end balance held as:
- a** Board designated or quasi-endowment ▶ 97.06 %
 - b** Permanent endowment ▶ 2.94 %
 - c** Term endowment ▶ _____ %
- 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 | 3a(i) | X |
| (ii) related organizations | 3a(ii) | X |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		6,298,220.	4,320,022.	1,978,198.
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				1,978,198.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	16,503,787.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	17,290,239.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-786,452.
4	Net unrealized gains (losses) on investments	4	-1,034,319.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-2.
9	Total adjustments (net). Add lines 4-8	9	-1,034,321.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-1,820,773.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	19,255,169.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-1,034,319.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	-1,034,319.
3	Subtract line 2e from line 1	3	20,289,488.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	-3,785,701.
c	Add lines 4a and 4b	4c	-3,785,701.
5	Total revenue. Add lines 3 and 4c . (This should equal Form 990, Part I, line 12.)	5	16,503,787.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	21,075,940.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	3,785,701.
e	Add lines 2a through 2d	2e	3,785,701.
3	Subtract line 2e from line 1	3	17,290,239.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This should equal Form 990, Part I, line 18.)	5	17,290,239.

Part XIV Supplemental Information

Complete this part to 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; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

ROUNDING

PART XII, LINE 4B - OTHER ADJUSTMENTS:

COST OF GOODS SOLD, NETTED AGAINST REVENUE

SPECIAL EVENT EXPENSES, NETTED AGAINST REVENUE

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))
		ZOOFARI (event type)	ZOOLIGHTS (event type)	⁴ (total number)	
Revenue	1 Gross receipts	607,696.	506,237.	620,566.	1,734,499.
	2 Less: Charitable contributions	539,546.	355,577.	483,411.	1,378,534.
	3 Gross revenue (line 1 minus line 2)	68,150.	150,660.	137,155.	355,965.
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses	219,107.	263,612.	209,385.	692,104.
	8 Direct expense summary. Add lines 4 through 7 in column (d)				(692,104.)
	9 Net income summary. Combine lines 3 and 8 in column (d)				-336,139.

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

		(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 Non-cash 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. Combine lines 1 and 7 in column (d)					

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If "No," Explain: _____ _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," Explain: _____ _____		
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

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

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

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

c If "Yes," enter name and address:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

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

	Yes	No
13a		
13b		
14		
15a		
15b		
15c		
16		
17a		
17b		

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the U.S.**

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.
▶ Attach to Form 990.**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

FRIENDS OF THE NATIONAL ZOO

Employer identification number

52-0853312

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 Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ...

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OFFICE OF THE DIRECTOR, NATIONAL ZOOLOGICAL PARK, SMITHSONIAN INSTITUTION - 3001 CONNECTICUT AVENUE NW - WASHINGTON, DC 20008	53-0206027		1,746,069.	0.			TO PROVIDE FUNDS FOR CONSERVATION, RESEARCH AND EDUCATIONAL PROGRAMS AT THE NATIONAL

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

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

Schedule I (Form 990) 2008

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 1: FONZ REQUIRES APPROVED FORM B'S AND BACK-UP

BEFORE DISBURSING GRANT FUNDS. FONZ ALSO REQUIRES A REPORT AT YEAR END

DETAILING HOW THE MONEY WAS SPENT.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

OFFICE OF THE DIRECTOR, NATIONAL ZOOLOGICAL PARK, SMITHSONIAN INSTITUTION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FUNDS FOR CONSERVATION,

RESEARCH AND EDUCATIONAL PROGRAMS AT THE NATIONAL ZOOLOGICAL PARK IN

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Name of the organization

FRIENDS OF THE NATIONAL ZOO

Employer identification number

52-0853312

Part I Questions Regarding Compensation

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

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

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

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

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

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

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

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

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

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

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

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

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

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

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

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

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

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) 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 compensation					
ROBERT J. LAMB	(i)	179,503.	0.	0.	8,975.	0.	188,478.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
FRAN BERNSTEIN	(i)	152,103.	0.	0.	7,605.	0.	159,708.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

NonCash Contributions

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 29 or 30.**

▶ **Attach to Form 990.**

Name of the organization **FRIENDS OF THE NATIONAL ZOO** Employer identification number **52-0853312**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art				
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				
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				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (VOLUNTEER HOU)	X	100,048	2,089,318	AVERAGE HOURLY GS-7 ST
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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 Acknowledgment **29**

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

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

FRIENDS OF THE NATIONAL ZOO

Employer identification number

52-0853312

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ORGANIZATIONS INTERESTED IN HELPING MAINTAIN THE STATUS OF THE

SMITHSONIAN INSTITUTION'S NATIONAL ZOOLOGICAL PARK AS ONE OF THE

WORLD'S GREAT ZOOS. FONZ, FOUNDED IN 1958, OPERATES EXCLUSIVELY FOR

EDUCATIONAL AND CHARITABLE PURPOSES IN SUPPORT OF THE ZOO. FONZ

GENERATES FUNDS TO ACCOMPLISH THESE GOALS FROM ITS MEMBERSHIP, FROM ITS

CONTRACT TO OPERATE THE CONCESSIONS AT THE NATIONAL ZOO, AND FROM

FUND-RAISING EFFORTS.

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

ACCOMPLISH JOBS NOW PERFORMED BY FONZ VOLUNTEERS. THE VALUE OF THIS

WORK WAS \$2,089,318 USING THE SMITHSONIAN INSTITUTION METHOD OF

ESTIMATING VOLUNTEER VALUE. KEY CONTINUING VOLUNTEER PROGRAMS ARE:

- ZOO GUIDE PROGRAM: THIS PROGRAM PROVIDES A WIDE VARIETY OF

INFORMATION AND ASSISTANCE TO THE ZOOGOER. VOLUNTEERS ARE GIVEN BASIC

TRAINING IN ANIMAL AND ZOO INFORMATION. ON A ROTATING BASIS, THEY

STAFF PUBLIC AREAS AND CONDUCT SCHEDULED TOURS FOR GROUPS.

- HOW DO YOU ZOO? THIS EXHIBIT OPENED IN 1999. IT WAS DEVELOPED FOR

CHILDREN AGES 5 TO 10 TO LEARN ABOUT ANIMAL CARE BY ROLE-PLAYING JOBS

IN A MAKE-BELIEVE ZOO. VOLUNTEERS ASSIST SCHEDULED GROUPS AND THE

GENERAL PUBLIC IN THEIR EXPLORATION OF THE WORK DONE BY ZOO EMPLOYEES

IN THE ANIMAL HOUSES, HOSPITAL AND COMMISSARY.

- GOLDEN LION TAMARIN MONITOR PROGRAM: THE GOLDEN LION TAMARIN

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Schedule O (Form 990) 2008

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

FRIENDS OF THE NATIONAL ZOO

Employer identification number

52-0853312

VOLUNTEERS MONITOR THE FREE-RANGING MONKEYS, KEEP ZOO VISITORS AT A

DISTANCE FROM THE ANIMALS, AND TALK TO THE VISITORS ABOUT THE

ENDANGERED STATUS OF THE TAMARINS AND THE IMPORTANCE AND URGENCY OF

RAINFOREST CONSERVATION.

- BEHAVIOR WATCH PROGRAM: THE STUDY OF ANIMAL BEHAVIOR IS ONE OF THE

MOST VITAL AREAS OF RESEARCH AT THE ZOO. FONZ VOLUNTEERS ASSIST

RESEARCHERS BY COLLECTING THOUSANDS OF HOURS OF DATA ON A VARIETY OF

SPECIES FROM GIANT PANDAS TO KORI BUSTARDS. BEHAVIOR WATCHERS USE A

CHECK SHEET TO RECORD THE ANIMALS' ACTIVITIES.

- EXHIBIT INTERPRETER PROGRAM: VOLUNTEERS IN THIS PROGRAM ASSIST THE

PUBLIC BY EXPLAINING EXHIBITS, NATURAL HISTORY, AND CONSERVATION

ISSUES, ANSWERING QUESTIONS, HELPING WITH INTERACTIVE EDUCATION

MATERIALS, AND CONDUCTING FEEDING DEMONSTRATIONS AT THE BIRD HOUSE,

CHEETAH CONSERVATION STATION, LARGE MAMMAL HOUSE, GREAT APE HOUSE,

REPTILE DISCOVERY CENTER, INVERTEBRATES, THINK TANK, BEAVER VALLEY,

SMALL MAMMAL HOUSE AND GIANT PANDA EXHIBIT.

- HORTICULTURE PROGRAM: HORTICULTURE VOLUNTEERS ASSIST THE ZOO

GARDENERS IN PLANTING AND MAINTAINING SELECTED AREAS THROUGHOUT THE

PARK.

- ECO-EXPLORERS: ECO-EXPLORERS IS A TEEN TRAVEL PROGRAM CATERING TO THE

NEEDS AND INTERESTS OF YOUNG NATURALISTS. THE TRIPS INTRODUCE TEEN

EXPLORERS TO CURRENT RESEARCH AND CONSERVATION EFFORTS TO PROTECT THE

DIVERSITY OF LIFE ON EARTH. RECENT TRIP DESTINATIONS HAVE TAKEN THE

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

Schedule O (Form 990) 2008

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

FRIENDS OF THE NATIONAL ZOO

Employer identification number

52-0853312

TEENS TO PERU'S AMAZON RAINFOREST AND TURTLE MONITORING PROGRAM IN

GEORGIA.

- ZOO-HELP PROGRAM: VOLUNTEERS WORK BEHIND THE SCENES PERFORMING A

VARIETY OF TASKS FROM CARPENTRY, PAINTING AND REFURBISHING EXHIBITS TO

CLERICAL AND COMPUTER SUPPORT IN THE NZP OFFICES.

- FONZ TEEN PROGRAM: YOUNG PEOPLE BETWEEN THE AGES OF 13 AND 17

VOLUNTEER IN A VARIETY OF PROGRAMS. TEENS ASSIST FONZ STAFF WITH THE

EDUCATIONAL PROGRAMS IN THE HOW DO YOU ZOO? TEENS ALSO INTERACT WITH

THE GENERAL PUBLIC IN THE EXHIBIT GREETER PROGRAM AND ASSIST NZP

HORTICULTURE STAFF WITH THE MAINTENANCE OF THE ZOO GARDENS.

- ZOO ON WHEELS: VOLUNTEERS TAKE ELEMENTS OF THE NATIONAL ZOO TO

CHILDREN IN PEDIATRIC HOSPITALS AND SENIORS IN DAY-CARE CENTERS. THE

VOLUNTEERS USE VIDEO, SKINS, TEETH AND OTHER ARTIFACTS TO BRING ANIMALS

TO LIFE FOR THESE PEOPLE WHO CANNOT VISIT THE ZOO.

- FONZ OUTREACH: VOLUNTEERS CREATE AWARENESS OF THE BENEFITS OF

BECOMING A MEMBER OF FRIENDS OF THE NATIONAL ZOO, BOTH AT THE ZOO AND

IN THE LOCAL COMMUNITY.

- THE URBAN NATURE TRAIL: THE URBAN NATURE TRAIL IS A ZOO-WIDE URBAN

NATURE PROGRAM DEDICATED TO PROMOTING PUBLIC UNDERSTANDING AND

APPRECIATION OF LOCAL FLORA AND FAUNA. CURRENTLY, THE PROGRAM OFFERS

CLASSES FOR SCHOOL WORKGROUPS, WORKSHOPS FOR CHILDREN AND ADULTS AND

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PROGRAMS TO SUMMER SAFARI CAMPERS DURING THE SUMMER DAY CAMP.

- SPECIAL EVENTS: VOLUNTEERS STAFF A VARIETY OF EDUCATIONAL AND

FUNDRAISING EVENTS BY ASSISTING WITH ARTS AND CRAFTS ACTIVITIES,

INTERPRETING EDUCATIONAL COMPONENTS, AND MORE.

- ED-ZOO-CATION: THIS BROCHURE IS PUBLISHED ANNUALLY AND SENT TO 5,000

TEACHERS IN THE WASHINGTON METROPOLITAN AREA. IT PROVIDES INFORMATION

ON THE ZOO AND THE MANY EDUCATION PROGRAMS AND MATERIALS AVAILABLE.

IN ADDITION, THE FONZ STAFF MANAGES THE SCHEDULING OF FORMAL AND

INFORMAL SCHOOL AND VISITOR TOURS AT THE ZOO AND PROVIDES ALL

INFORMATIONAL MATERIALS GIVEN TO ZOO VISITORS. FONZ ALSO PROVIDES

TRANSPORTATION AND AUDIO-VISUAL SUPPORT TO PUBLIC EDUCATION PROGRAMS.

THE COST OF OPERATING THE VOLUNTEER AND EDUCATION PROGRAMS WAS \$971,252

IN 2008, NOT INCLUDING AND ALLOCATION OF G&A COSTS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS

ARE SCHEDULED ANNUALLY FOR 5,000 STUDENTS. THE WILDLIFE STUDIES

CERTIFICATE PROGRAM OFFERS ADULTS INTERESTED IN CONSERVATION AND

ZOOLOGICAL RESEARCH THE OPPORTUNITY TO GAIN EXPERTISE ABOUT THE ISSUES

AND SCIENCE IMPORTANT TO WILDLIFE AND THEIR HABITATS. COURSES ARE

TAUGHT BY SCIENTISTS AND RESEARCHERS FROM THE ZOO AND OTHER AREA

SCIENCE ORGANIZATIONS IN AREAS OF CONSERVATION, ANIMAL BEHAVIOR, AND

ECOLOGY.

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- SUMMER SAFARI: SUMMER SAFARI IS THE WILDEST DAY CAMP IN TOWN. THE PROGRAM RUNS FOR EIGHT WEEKS, FROM JUNE TO AUGUST, FOR CHILDREN ENTERING GRADES K-5. THERE ARE SEVEN DIFFERENT SESSIONS EACH WEEK FOR A TOTAL OF 56 DIFFERENT WEEK-LONG SESSIONS. ALL CLASSES ARE TAUGHT BY CERTIFIED TEACHERS OR NATURALISTS. ACCREDITED BY THE AMERICAN CAMP ASSOCIATION, THE CAMP WON "BEST DAY CAMP" DESIGNATION BY WASHINGTON FAMILIES MAGAZINE. DURING THE EIGHT WEEKS, 1,000 CHILDREN PARTICIPATE.

- FONZ NATURE CAMP: FONZ NATURE CAMP, OFFERED TO STUDENTS ENTERING GRADES 5 THROUGH 10, IS A SEVEN-DAY OVERNIGHT, OUTDOOR ADVENTURE WHICH INCLUDES SEARCHING FOR WILDLIFE IN THE FORESTS, FIELDS, AND STREAMS ON NATIONAL ZOO'S CONSERVATION AND RESEARCH CENTER IN FRONT ROYAL, VIRGINIA, DURING JULY AND AUGUST. THE CAMP IS ACCREDITED BY THE AMERICAN CAMP ASSOCIATION AND WON "BEST OVERNIGHT CAMP" BY WASHINGTON FAMILIES MAGAZINE. THROUGH DISCOVERY LEARNING, CAMPERS LEARN ABOUT HABITAT DIVERSITY, THE FOOD CHAIN AND THE FRAGILE BALANCE OF NATURE. FONZ NATURE CAMP IS ATTENDED BY MORE THAN 250 CHILDREN.

- BIRTHDAY PARTIES: FONZ BIRTHDAY PARTY CELEBRATIONS PROVIDE CHILDREN AN UNFORGETTABLE DAY. EQUIPPED WITH SAFARI HATS AND EXPERT TOUR GUIDES, THEY EXPLORE THE ZOO ON ONE OF THREE THEMED TOURS. PARTIES ARE OFFERED SATURDAYS AND SUNDAYS THROUGHOUT THE YEAR FOR CHILDREN TURNING 4 -10. PARTIES LAST FOR TWO HOURS, BEGINNING AT 10 A.M. TWO HUNDRED SIXTY PARTIES ARE SCHEDULED ANNUALLY WITH 8,000 PARTICIPANTS.

- SNORE AND ROAR: THIS TENTED OVERNIGHT ADVENTURE INCLUDES A TWO-HOUR

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EXPLORATION OF AN ANIMAL HOUSE OR EXHIBIT AREA, LED BY A ZOO KEEPER, A

LATE-NIGHT HIKE THROUGH THE ZOO, AND A MORNING ACTIVITY. THE OVERNIGHTS

ARE SCHEDULED FROM JUNE THROUGH SEPTEMBER, FRIDAY AND SATURDAY NIGHTS.

THEY BEGIN AT 6 P.M. EACH EVENING AND END AT 9 A.M. THE FOLLOWING

MORNING. ADULT-ONLY EVENINGS ARE ALSO OFFERED. EIGHTY-FIVE EVENINGS

ARE SCHEDULED ANNUALLY WITH 1,800 ADULTS AND CHILDREN PARTICIPATING.

- YOUNG PROFESSIONAL EVENTS: FONZ'S YOUNG PROFESSIONALS EVENTS AND

ACTIVITIES OFFER GREAT OPPORTUNITIES FOR AREA YOUNG PROFESSIONALS TO

MEET AND MINGLE WITH OTHER ENVIRONMENTALLY AWARE ADULTS. THIS PROGRAM

ATTRACTS AN AUDIENCE THAT DOES NOT TYPICALLY JOIN FRIENDS OF THE

NATIONAL ZOO AND IS DESIGNED TO ENCOURAGE AREA PROFESSIONALS TO GET

INVOLVED WITH THE PROGRAMS AND CONSERVATION EFFORTS AT THE NATIONAL

ZOO. LIVE ENTERTAINMENT, DANCE LESSONS, ANIMAL DEMONSTRATIONS, FOOD

AND A CASH BAR PROVIDE A COMFORTABLE AND UNIQUE SETTING TO ATTRACT THIS

AGE GROUP. THE YOUNG PROFESSIONAL EVENTS REACH 5,000 PARTICIPANTS.

- ADOPT A SPECIES: EDUCATIONAL ADOPT PACKAGES INCLUDE A PLUSH ANIMAL,

A FACT SHEET ABOUT THE ADOPTED ANIMAL, A PHOTO, A CERTIFICATE, AND

OTHER ITEMS, DEPENDING ON LEVEL OF DONATION. KIDS' ADOPT PACKAGES ALSO

INCLUDE A BACKYARD HABITAT EXPLORATION KIT, AN ACTIVITY BOOKLET, AND A

TEMPERATE FOREST FACT SHEET.

- WILDLIFE ADVENTURES: THIS BIMONTHLY PUBLICATION IS DISTRIBUTED TO A

CIRCULATION OF 43,000 HOUSEHOLDS INFORMING FONZ MEMBERS OF UPCOMING

ACTIVITIES AND EVENTS, PLUS UPDATES ABOUT EXHIBITS AT THE NATIONAL ZOO.

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WITH A SPECIAL EDUCATIONAL CHILDREN'S SECTION, THE NEWSLETTER INFORMS

MEMBERS ON A WIDE RANGE OF WILDLIFE TOPICS AND CONSERVATION ISSUES

INCLUDING A SPECIAL SEGMENT FOR CHILDREN.

- WILDLIFE TRAVEL PROGRAM: FOR MORE THAN 30 YEARS, FONZ HAS OFFERED A

WIDE SELECTION OF EXTRAORDINARY EDUCATIONAL NATURE TRIPS IN THE UNITED

STATES AND ABROAD. FONZ COLLABORATES WITH PREMIER TRAVEL COMPANIES TO

DEVELOP EXCITING AND MEMORABLE TRIPS FOR ADULTS AND FAMILIES.

- TEEN VOLUNTEER PROGRAM: THE SENIOR CLASS AIDE AND CLASS AIDE PROGRAMS

REACH 85 TEENS PER YEAR. THIS PROGRAM ALLOWS TEENS TO WORK AS TEACHER

ASSISTANTS FOR SUMMER SAFARI DAY CAMP AND CLASSES THROUGHOUT THE YEAR.

THE COST OF THE ABOVE ACTIVITIES AND PUBLICATIONS WAS \$1,603,120 IN

2008, NOT INCLUDING AN ALLOCATION OF GENERAL AND ADMINISTRATIVE COSTS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

ZOO SUPPORT ACTIVITIES: THESE PROGRAMS ARE DESIGNED TO ENHANCE VISITOR

COMFORT AND ENJOYMENT IN THE PARK. THEY ARE CRITICAL TO THE OPERATION

OF THE ZOO FOR VISITORS:

- INFORMATION AIDES: THESE FONZ EMPLOYEES PROVIDE YEAR-ROUND

INFORMATION SERVICE TO PARK VISITORS. THEY ALSO STAFF STROLLER RENTAL

STATIONS IN THE PARK.

- GROUNDS MAINTENANCE TEAM: THIS TEAM OF FULL AND PART-TIME FONZ

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EMPLOYEES SUPPLEMENT EFFORTS OF NZP PERMANENT PERSONNEL IN KEEPING THE

PARK CLEAN.

- OTHER VISITOR SUPPORT: THIS FUNCTION ENCOMPASSES THE DISABLED

VISITOR PROGRAM, SPECIAL EVENTS AND PRINTING OF THE ZOO MAP. THESE

ACTIVITIES TOTALED IN 2008 \$1,321,770.

ADDITIONALLY, FONZ RAISES FUNDS TO SUPPORT SPECIFIC ZOO NEEDS. IN

2008, FUNDS TOTALING \$3,700,859 WERE EXPENDED AS FOLLOWS:

-FUJIFILM PANDA HABITAT AND ASIA TRAIL - \$1,192,074

-WILDLIFE WALLS - \$19,049

-ACF - \$46,861

-CRC FOUNDATION AND FUND - \$16,227

-ADOPT - \$108,015

-THAILAND CAT PROJECT - \$128,756

-DIRECTOR'S CIRCLE FUND - \$70,248

-CRC FUND - \$124,956

-GIS SUPPORT - \$62,753

-KOMODO DRAGON - \$10,238

-REPRO RESEARCH WILDLIFE - \$50,405

-ELEPHANT TRAILS - \$346,168

-CATALINA ISLAND - \$46,630

-HOUSE CAMS - \$44,301

-CHEETAH EDUCATION - \$241,825

-SAVE SAHARAN ANIMALS - \$10,000

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-NFWF - \$79,724

-GLT CONSERVATION PROGRAM - \$11,889

-THINK TANK - \$20,000

-OTHER RESTRICTED FUND PURCHASES - \$410,028

EXPENSES \$ 11710337. INCLUDING GRANTS OF \$ 0. REVENUE \$ 19046567.

PROVISION OF VISITOR SERVICES: FONZ OPERATES CONCESSIONS AT THE ZOO

WHICH PROVIDE VISITORS WITH HIGH QUALITY MERCHANDISE AND FOOD IN

PLEASANT SURROUNDINGS SO THEY CAN BETTER ENJOY THEIR VISIT TO THE ZOO

AND TAKE HOME EDUCATIONAL ANIMAL RELATED MATERIALS. IN ADDITION, FONZ

OPERATES THE PARKING FACILITIES AT THE ZOO. ALL THE CONCESSIONS

GENERATE INCOME, WHICH IS USED TO PAY FOR THE GRANTS, EDUCATION AND ZOO

SUPPORT ACTIVITIES LISTED ABOVE. IN 2008, THE COST OF OPERATING THE

CONCESSIONS WAS \$ 4,263,907, NOT INCLUDING THE COST OF ITEMS SOLD OR AN

ALLOCATION OF GENERAL AND ADMINISTRATIVE COSTS.

ZOOGOER MAGAZINE AND ZOO WEBSITE:

- ZOOGOER IS FONZ'S, AND BY EXTENSION, THE ZOO'S FLAGSHIP PUBLICATION.

THE EDITORIAL MISSION IS TO COVER SUBJECTS THAT ZOOGOERS ARE INTERESTED

IN, COULD BE INTERESTED IN, OR SHOULD BE INTERESTED IN. THE MAGAZINE

FOCUSES ON BIOLOGICAL SCIENCE, NATURAL HISTORY, CONSERVATION, AND

RELATED SUBJECTS, BASED ON WORK DONE AT THE ZOO AND ELSEWHERE AROUND

THE WORLD.

- FONZ STAFF IN THE OFFICE OF COMMUNICATIONS MANAGE THE COMBINED

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NATIONAL ZOO/FONZ WEBSITE, FOCUSING ON DESIGN, CONTENT DEVELOPMENT AND

DEPLOYMENT, ENSURING CONTENT IS CORRECT AND CURRENT, AND THE

FUNCTIONALITY AND USABILITY OF THE SITE. THE PRIMARY GOAL OF THE SITE

IS TO EDUCATE AND INFORM THE GENERAL PUBLIC, ADULTS AND CHILDREN, ABOUT

THE ZOO'S ANIMALS AND ITS EDUCATION AND CONSERVATION PROGRAMS. IT ALSO

PROVIDES NEWS ABOUT THE ZOO AND INFORMATION ON VISITING THE ZOO AND ZOO

AND FONZ PROGRAMS FOR THE PUBLIC. THE WEBSITE HAS OVER 10,000 CONTENT

PAGES AND JUST OVER 22,000 IMAGES. IN 2008, THERE WERE 20.5 MILLION

VISITS TO THE SITE.

SPECIAL EVENTS OFFICE: THE FONZ SPECIAL EVENTS OFFICE DEVELOPS AND

COORDINATES THE LOGISTICS AND LAYOUT OF ALL MAJOR ZOO EVENTS. THESE

INCLUDE THE PUBLIC EDUCATION EVENTS, EVENTS ASSOCIATED WITH EXHIBIT

OPENINGS, AND OTHER PUBLIC CELEBRATIONS. IT ALSO COORDINATES ALL

PRIVATE FEE-BASED EVENTS, EVENTS FEATURING THE ZOO DIRECTOR, AND

INTERNAL MEETINGS AND SOCIAL FUNCTIONS. IN 2008, THE COST OF THIS

OFFICE WAS \$553,064 INCLUDING REIMBURSABLE EXPENSES OF THE FEE-BASED

EVENTS, BUT NOT INCLUDING AN ALLOCATION OF GENERAL AND ADMINISTRATIVE

COSTS.

IN 2008, THE TOTAL COST OF PROVIDING THE ABOVE SERVICES WAS \$677,465

NOT INCLUDING AN ALLOCATION OF GENERAL AND ADMINISTRATIVE COSTS.

FORM 990, PART VI, SECTION A, LINE 10: FONZ PROVIDES A COPY TO EACH BOARD

MEMBER PRIOR TO FILING. IF THE BOARD HAS ANY QUESTIONS, THEY ARE REFERRED

TO THE CFO.

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FORM 990, PART VI, SECTION B, LINE 12C: FONZ HAS A CONFLICT OF INTEREST

POLICY, AND EACH YEAR THE BOARD MEMBERS ARE REQUIRED TO SIGN A STATEMENT

DISCLOSING ANY CONFLICTS.

FORM 990, PART VI, SECTION B, LINE 15: THE ORGANIZATION ENGAGED THE

SERVICES OF WATSON WYATT IN 2008 TO EVALUATE EMPLOYEE COMPENSATION. A PLAN

TO ADJUST SALARIES, WHERE APPLICABLE, WAS IMPLEMENTED IN THREE STEPS. THE

FIRST TWO STEPS ARE COMPLETE AND THE THIRD IS ON HOLD UNTIL THE ECONOMIC

FORECAST IS MORE STABLE.

FORM 990, PART VI, SECTION C, LINE 19: FONZ WILL MAKE ITS GOVERNING

DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE

TO THE PUBLIC AVAILABLE UPON REQUEST.