Form	990-T	Ex	empt Organization (and proxy tax					י	OMB N	o 1545-0687
		For cale	ndar year 2018 or other tax year begin			•	• •		න(ก1Ω
Donar	tment of the Treasury	1 01 04.0.	► Go to www.irs gov/Form990						اک	910
	al Revenue Service	▶ Do	not enter SSN numbers on this form a					3)	Open to Pu 501(c)(3) C	iblic Inspection for Organizations Only
A [Check box if address changed		Name of organization (Check b	ox if nai	me changed and see in	structions) [ation number
ВЕх	empt under section		FRIENDS OF THE NATIO	ONAL	Z00					
Х	501(C 3 3)	Print	Number, street, and room or suite no	lf a P O	box, see instructions			52-08	353312	
	408(e) 220(e)	or Type					E			ss activity code
	408A 530(a)	1,760	3001 CONNECTICUT AV	E NW				(See In	structions)	
	529(a)		City or town, state or province, countr	y, and Z	ZIP or foreign postal cod	le				
	ok value of all assets		WASHINGTON, DC 2000	8				45322	20	
	end of year		up exemption number (See instruct			1				
	10,976,864.	G Che	ck organization type 🕨 🕺 501	(c) co	rporation	501(c)	trust	401(a)	trust	Other trust
		_	nization's unrelated trades or busine	sses				•	(or first) un	
tra	ade or business her	e ▶GIF	T SHOP SALES		If on	ly one,	complete Parts I-V	If more	than one,	describe the
fır	rst in the blank spa	ice at the	end of the previous sentence, co	mplete	Parts I and II, comp	lete a So	hedule M for each	addition	ıal	
	ade or business, th									7 1 1
			corporation a subsidiary in an affil			sidiary c	ontrolled group?.		▶∟	Yes X No
			identifying number of the parent co	rporati				(22	0200	
			RGINIA NEWTON			elephone	e number ▶ 202		Т-	(O) N-4
			or Business Income	1	(A) Income		(B) Expense	95	-	(C) Net
	Gross receipts or		1,521,708.	۱	1,521,	708				4
ь	Less returns and allowa	_	c Balance ▶	<u> </u>	540,4				 	
2	-	•	ule A, line 7)	-	981,					981,263.
3			2 from line 1c ttach Schedule D)	4a	301,	203.				
4a			Part II, line 17) (attach Form 4797)	4a 4b						
b c	- , , ,		rusts	4c						
5			an S corporation (attach statement)	5					1	
6			an a corporation (attach statement)	6					+	
7			come (Schedule E)	7						
8			nts from a controlled organization (Schedule F)							
9	-		1(c)(7), (9), or (17) organization (Schedule G)							
10			ncome (Schedule I)	10						
11		•	lule J)	11						
12			tions, attach schedule)	12						
13	Total. Combine lii	nes 3 thre	ough 12	13	981,2	263.				981,263.
Par	t II Deduction	ns Not	Taken Elsewhere (See insti	ructio	ns for limitation	s on d	eductions) (Ex	cept f	or contrib	outions,
	deduction	s must	be directly connected with t	he ur	related busines	s inco	me)			
14	Compensation of	officers,	directors, and trustees (Schedule K)	سسم ٠		<u></u>		. 14	<u> </u>	52,260.
15	Salaries and wage	s		· ·	. KECEIVE		ပ္တု	. 15	ļ	340,376.
16						n'10 · 1	%	. 16		1,712.
17					NOV. 1 8.2	ָיוֹטָ . יִ	δ	. 17	 	
18			see instructions)				[氏]	. 18		
19	Taxes and license	s		· -{ ·	CODEN.	UT.	··• • · · · · · ·	. 19	 	1,000.
20	Charitable contrib	outions (S	See instructions for limitation rules)	· · • [·	UGDE!!	-	18,515.	. 20_	 	
21	Depresiation (atte						10,515.			18,515.
22			on Schedule A and elsewhere on re		· · · · · · · · · · · · · · · · · · ·			22b	 	10,313.
23									 	3,845.
24			compensation plans						-	31,104.
25			S.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						 	31,104.
26			Schedule I),						 	
27 20			chedule J)						 	539,210.
28 20			chedule)						 	988,022.
29 30			s 14 through 28						†	-6,759.
30 31			g loss arising in tax years beginnir						 	
			e income Subtract line 31 from line	_	-			. 32	 	-6,759.
32	Officiated published	o iavanit	Surgonie Gabriace in 6 3 Filoni in 6			<u></u>				<u> </u>

Form	990-T (2				F	Page 2
Par	t III	Total Unrelated Business Taxable Income				
33	Total	of unrelated business taxable income computed from all unrelated trades or businesses (see				
		tions)	33		-6,	759.
34	Amoun	ts paid for disallowed fringes	34		7,	759.
35		ion for net operating loss arising in tax years beginning before January 1, 2018 (see			_	
•••		tions),	35			
26		of unrelated business taxable income before specific deduction. Subtract line 35 from the sum		-		
36		33 and 34	36		1 (000.
			-			000.
37		c deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37			500.
38		ted business taxable income. Subtract line 37 from line 36 If line 37 is greater than line 36,				0
		ne smaller of zero or line 36	38			0.
Par		Tax Computation	1 1			
39	Organi	zations Taxable as Corporations. Multiply line 38 by 21% (0 21)	39			
40	Trusts	Taxable at Trust Rates. See instructions for tax computation Income tax on				
		ount on line 38 from Tax rate schedule or Schedule D (Form 1041) ▶				
41		ax. See instructions				
42	Alterna	tive minimum tax (trusts only)	42			
43	Tax on	Noncompliant Facility Income. See instructions	43			
44	Total. A	dd lines 41, 42, and 43 to line 39 or 40, whichever applies	44			
Par	t V	Tax and Payments				
45 a	Foreign	tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a				
		redits (see instructions)				
		business credit Attach Form 3800 (see instructions)]			
d	Credit f	or prior year minimum tax (attach Form 8801 or 8827)	TI			
e	Total c	redits Add lines 45a through 45d	45e			
46		thine 45e from line 44	46			
47		xes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule).	47			
48		ix. Add lines 46 and 47 (see instructions)				0.
49		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49			
		nts A 2017 overpayment credited to 2018	+	-		
		stimated tax payments	-i I			
		stillated tax payments	1			
		posited with Form 8868	1			
a	Foreign	organizations Tax paid or withheld at source (see instructions)	┤			
		withholding (see instructions)	1			
		or small employer health insurance premiums (attach Form 8941)	1			
g		redits, adjustments, and payments Form 2439				
-4		orm 4136 Other Total ▶ 50g	51		46 -	114.
	•	ayments. Add lines 50a through 50g			10,2	
52		ed tax penalty (see instructions) Check if Form 2220 is attached	52			
53		e. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53		46,:	1 1 4
54		yment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid			40,.	
55		e amount of line 54 you want Credited to 2019 estimated tax > 46, 114. Refunded				
Par		Statements Regarding Certain Activities and Other Information (see instruction			I	
56		time during the 2018 calendar year, did the organization have an interest in or a signature of			Yes	No
		financial account (bank, securities, or other) in a foreign country? If "Yes," the organization m		I		1
	FinCEN	Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	foreign	country		ـــا
	here >		_			X
57	During	the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	ign trust?	·		X
	If "Yes,"	see instructions for other forms the organization may have to file				, 1
58		ne amount of tax-exempt interest received or accrued during the tax year 🕨 \$!
	U	nder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the i.e. co rrect, a nd complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	best of my	knowledge a	and beli	ef, it is
Sigr	۱ الا ''''		av the IF	RS discuss	this r	eturn
Here		CFO/COO W	th the p	rep <u>arer</u> sh	own b	
		ignature of officer Date Title (s	ee instructioi	ns)? X Ye	s	No
_		Print/Type preparer's name Preparer's signature Date Cher	k l ıf	PTIN		
Paid		ioaa 10/25/19	employed	P000:	2236	1
Prep		Firm's name ▶ BDO USA, LLP	s EIN 🕨	13-538:	1590	
Use	Only	"OOO WOT TOWN YOU		3-893-0	600	
104				Form 99	0-T	(2018)

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Form **990-T** (2018)

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Total dividends-received deductions included in column 8 . . .

orm 990-T (2018)				ONAL ZOO					_	353312 Pa
Schedule F-Interest, Ann	uities, Royaltie						ons (se	e instructio	ns)	
1 Name of controlled organization	2. Employer identification number	per 3	Net unrel	ontrolled Organizated income instructions)	4 Total	ons of specified ents made	ıncluded	of column 4 th I in the contro tion's gross in	iling	6 Deductions directly connected with incoming the column 5
1)								_		
2)										
3)					 		<u> </u>			-
I) Ionexempt Controlled Organi	zations				L					<u> </u>
7 Taxable Income	8. Net unrelated (loss) (see instruc	I		Total of specific		include	t of columned in the co	introlling		Deductions directly nected with income column 10
1)										
?)									_	
3)					=					
<u> </u>										
						Enter h	olumns 5 a lere and on line 8, colu	page 1,	Ente	d columns 6 and 11 er here and on page t I, line 8, column (B
otals chedule G-Investment Ir	ncome of a Soc	tion 50	1/c)/7)	(9) or (17	► \ Orga	nization	(soo ins	tructions)		
chequie G-mvestment n	TCOME OF a Sec	cuon 50	<u> </u>	3 Deduc	tions	mzation		t-asides		5 Total deduction
1 Description of income	2 Amount o	f income		directly cor (attach sch				schedule)		and set-asides (col plus col 4)
1)										
<u> </u>								_		
3)										
l)	Enter here and	on nage 1		_						Inter here and on pa
	Part I, line 9, c								Ι,	Part I, line 9, column
otals ▶										
chedule I-Exploited Exe	empt Activity In	come. O	ther Th	an Adverti	sina Ir	icome (s	ee instru	ictions)		·
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Exp dire- connect produc unrel business	enses ctly ed with tion of ated	4. Net incomfrom unrelat or business 2 minus col- lf a gain, co cols 5 thro	ne (loss) ed trade (column umn 3) ompute	5 Gross from act is not ui business	income ivity that orelated	6 Exper attributal columi	ble to	7 Excess exem expenses (column 6 minu column 5, but n more than column 4)
)		-								+
2)										<u> </u>
i)						_				
·)										
	Enter here and on page 1, Part I, line 10, col (A)	Enter her page 1, line 10,	Part I,							Enter here and on page 1, Part II, line 26
otals ▶ chedule J– Advertising In	20000 (200 1704)	· · otropo)								
Part I Income From Per			Consol	idated Bas	is					
	2 Gross	3 Di		4 Advert	ising s) (col	5 Circ	ulation	6. Reade	rship	7 Excess reader costs (column
1 Name of periodical	advertising income	advertisir		2 minus co a gain, cor cols 5 thro	npute	inco	me	costs	•	minus column 5, not more than column 4)
`				<u> </u> ,						_
	·									1
)				4						-
)				-						-
)))				<u>-</u> -						

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1 Name of periodical	2. Gross advertising income	3 Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6. Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)			_			
(2)						
(3)						
(4)						
otals from Part I ▶						
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)		•	,	Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5) ▶						,

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2. Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
2)ATCH 3		%	
3)		%	
4)		%	
otal Enter here and on page 1, Part II, line 14.			52,260.

Form 990-T (2018)

ATTACHMENT 1

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

SUPPLIES & EQUIPMENT	29,999.
POSTAGE, PRINTING AND PROMOTION	290.
STORAGE	5,371.
TRAVEL AND SEMINARS	1,305.
GENERAL AND ADMINISTRATION	74,256.
TELEPHONE & UTILITIES	8,768.
FEES PAID TO THE SMITHSONIAN INSTITUTE	365,210.
CREDIT CARD SERVICE FEES	46,792.
UNIFORMS	2,560.
WEBSITE/IT EXPENSES	4,168.
MISCELLANEOUS	491.

PART II - LINE 28 - OTHER DEDUCTIONS

539,210.

ATTACHMENT 2

FORM 990T - SCHEDULE A - LINE 4B - OTHER COSTS

TOTAL OTHER COSTS

540,445.

ATTACHMENT 3

SCHD. K, FORM	990-T,	COMPENSATION (OF OFFICERS,	DIRECTORS,	& TRUSTEES
---------------	--------	----------------	--------------	------------	------------

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
VIRGINIA NEWTON 3001 CONNECTICUT AVE NW WASHINGTON, DC 20008	CFO	24.130000	52,260.
TOTAL COMPENSATION			52,260.