

EXTENSION ATTACHED

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2005

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

Open to Public Inspection

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 2005 calendar year, or tax year beginning Sep 1, 2005, and ending Aug 31, 2006

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

C Name of organization: NATIONAL WILDLIFE FEDERATION ENDOWMENT, INC. Address: 11100 WILDLIFE CENTER DRIVE, RESTON, VA 20190-5362

D Employer Identification Number: 52-0806695. E Telephone number: (703) 438-6000. F Accounting method: Accrual

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? No. H(b) If 'Yes,' enter number of affiliates: N/A. H(c) Are all affiliates included? No. H(d) Is this a separate return filed by an organization covered by a group ruling? No. I Group Exemption Number: N/A. M Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

G Web site: N/A

J Organization type (check only one): 501(c) 3 (insert no.) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12: 27,121,202.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

Table with columns for Revenue, Expenses, and Assets. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rents; 6b Less: rental expenses; 6c Net rental income or (loss); 7 Other investment income (describe: Mortgage Interest); 8a Gross amount from sales of assets other than inventory; 8b Less: cost or other basis and sales expenses; 8c Gain or (loss) (attach schedule); 8d Net gain or (loss); 9 Special events and activities; 9a Gross revenue; 9b Less: direct expenses other than fundraising expenses; 9c Net income or (loss) from special events; 10a Gross sales of inventory, less returns and allowances; 10b Less: cost of goods sold; 10c Gross profit or (loss) from sales of inventory; 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.

COPY FOR PUBLIC INSPECTION

ORIGINAL ATTACHED

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (att sch) Sch 3 (cash \$ <u>3,920,000.</u> non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22	3,929,000.	3,929,000.		
23 Specific assistance to individuals (att sch)	23				
24 Benefits paid to or for members (att sch)	24				
25 Compensation of officers, directors, etc	25	0.			
26 Other salaries and wages	26				
27 Pension plan contributions	27				
28 Other employee benefits	28				
29 Payroll taxes	29				
30 Professional fundraising fees	30				
31 Accounting fees	31	33,995.		33,995.	
32 Legal fees	32				
33 Supplies	33				
34 Telephone	34				
35 Postage and shipping	35				
36 Occupancy	36				
37 Equipment rental and maintenance	37				
38 Printing and publications	38				
39 Travel	39				
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42				
43 Other expenses not covered above (itemize):					
a Investment Management Fees	43a	130,554.		130,554.	
b Consultant Fees	43b	89,496.		89,496.	
c Bank Fees	43c	14,240.		14,240.	
d Other Operating Exp	43d	55,962.		55,962.	
e _____	43e				
f _____	43f				
g _____	43g				
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	4,253,247.	3,929,000.	324,247.	

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

BAA

Part III Statement of Program Service Accomplishments

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? <u>Invest & Preserve NWF Funds</u> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
a <u>Schedule 4</u> ----- ----- ----- ----- (Grants and allocations \$ 3,929,000.) If this amount includes foreign grants, check here <input type="checkbox"/>	3,929,000.
b ----- ----- ----- ----- (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
c ----- ----- ----- ----- (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
d ----- ----- ----- ----- (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
e Other program services (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	3,929,000.

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Part IV Balance Sheets (See Instructions)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
ASSETS	45 Cash – non-interest-bearing.....	257.	45	
	46 Savings and temporary cash investments.....	609,832.	46	243,108.
	47a Accounts receivable.....	47a 10,052,416.		
	b Less: allowance for doubtful accounts.....	47b	8,329,147.	47c 10,052,416.
	48a Pledges receivable.....	48a 262,646.		
	b Less: allowance for doubtful accounts.....	48b		48c 262,646.
	49 Grants receivable.....		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule).....		50	
	51a Other notes & loans receivable (attach sch) Sch 5.....	51a 19,397.		
	b Less: allowance for doubtful accounts.....	51b	22,419.	51c 19,397.
	52 Inventories for sale or use.....		52	
	53 Prepaid expenses and deferred charges.....		53	
	54 Investments – securities (attach schedule) Sch 6 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV.....		62,581,162.	54 64,757,927.
	55a Investments – land, buildings, & equipment: basis.....	55a 2,400.		
b Less: accumulated depreciation (attach schedule).....	55b	2,400.	55c 2,400.	
56 Investments – other (attach schedule).....		56		
57a Land, buildings, and equipment: basis.....	57a			
b Less: accumulated depreciation (attach schedule).....	57b		57c	
58 Other assets (describe ► Charitable Gift Annuities).....		518,381.	58 707,135.	
59 Total assets (must equal line 74). Add lines 45 through 58.....		72,063,598.	59 76,045,029.	
LIABILITIES	60 Accounts payable and accrued expenses.....	34,146.	60	88,610.
	61 Grants payable.....		61	
	62 Deferred revenue.....		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule).....		63	
	64a Tax-exempt bond liabilities (attach schedule).....		64a	
	b Mortgages and other notes payable (attach schedule).....		64b	
65 Other liabilities (describe ► Gift Annuity Reserves).....		296,804.	65 404,339.	
66 Total liabilities. Add lines 60 through 65.....		330,950.	66 492,949.	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted.....		71,352,509.	67 74,909,295.
	68 Temporarily restricted.....			68 262,646.
	69 Permanently restricted.....		380,139.	69 380,139.
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds.....			70
	71 Paid-in or capital surplus, or land, building, and equipment fund.....			71
	72 Retained earnings, endowment, accumulated income, or other funds.....			72
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21).....		71,732,648.	73 75,552,080.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73.....		72,063,598.	74 76,045,029.	

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions.)

a	Total revenue, gains, and other support per audited financial statements.....	a	114,894,405.
b	Amounts included on line a but not on Part I, line 12:		
	1 Net unrealized gains on investments.....	b1	3,277,441.
	2 Donated services and use of facilities.....	b2	
	3 Recoveries of prior year grants.....	b3	
	4 Other (specify): <u>Schedule 7</u>	b4	108,669,482.
	Add lines b1 through b4	b	111,946,923.
c	Subtract line b from line a	c	2,947,482.
d	Amounts included on Part I, line 12, but not on line a :		
	1 Investment expenses not included on Part I, line 6b.....	d1	
	2 Other (specify): <u>Schedule 7</u>	d2	362,057.
	Add lines d1 and d2	d	362,057.
e	Total revenue (Part I, line 12). Add lines c and d	e	3,309,539.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements.....	a	115,908,423.
b	Amounts included on line a but not on Part I, line 17:		
	1 Donated services and use of facilities.....	b1	
	2 Prior year adjustments reported on Part I, line 20.....	b2	
	3 Losses reported on Part I, line 20.....	b3	
	4 Other (specify): <u>Schedule 7</u>	b4	115,584,176.
	Add lines b1 through b4	b	115,584,176.
c	Subtract line b from line a	c	324,247.
d	Amounts included on Part I, line 17, but not on line a :		
	1 Investment expenses not included on Part I, line 6b.....	d1	
	2 Other (specify): <u>Schedule 7</u>	d2	3,929,000.
	Add lines d1 and d2	d	3,929,000.
e	Total expenses (Part I, line 17). Add lines c and d	e	4,253,247.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated. See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
Raymond L. Golden 11100 Wildlife Center Dr Reston, VA 20190	Chair 3	0.	0.	0.
Leonard O'Donnell 11100 Wildlife Center Dr Reston, VA 20190	Vice Chair 3	0.	0.	0.
Dulce M. Gomez-Zormelo 11100 Wildlife Center Dr Reston, VA 20190	Treasurer 5	0.	0.	0.
Cynthia Lewin 11100 Wildlife Center Dr Reston, VA 20190	Secretary 1	0.	0.	0.
Natasha B. Perkins 11100 Wildlife Center Dr Reston, VA 20190	Asst Treasurer 3	0.	0.	0.
Schedule 8		0.	0.	0.

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

	Yes	No
75a Enter the total number of officers, directors, and trustees permitted to vote on organization business as board meetings.		
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If 'Yes,' attach a statement that identifies the individuals and explains the relationship(s)		X
c Do any officers, directors, trustees, or key employees listed in form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control?	X	
Note. Related organizations include section 509(a)(3) supporting organizations.		
If 'Yes,' attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization Sch 9		
d Does the organization have a written conflict of interest policy?	X	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
N/A				

Part VI Other Information (See the instructions.)

	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity.		X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes.		X
78a 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 tax return on Form 990-T for this year?		N/A
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement.		X
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization?	X	
b If 'Yes,' enter the name of the organization ▶ <u>Schedule 10</u> and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81a Enter direct and indirect political expenditures. (See line 81 instructions.) 81a 0.		
b Did the organization file Form 1120-POL for this year?		X

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