Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Α	For th	ne 2006 ca	alendar	year, or tax year beginning	September 1	, 2006, a	nd ending	August 31	, 20 07
В	Check if	applicable:	Please	C Name of organization				D Employer	identification number
	Address	s change	use IRS label or	NATIONAL WILDLIFE FE	DERATION ENDO	WMENT,	INC.	52	0806695
\Box	Name c	hange	print or	Number and street (or P.O. box	if mail is not delivered to	street addre	ess) Room/suite	E Telephone	e number
П	Initial re	•	type. See	11100 WILDLIFE CENTER DR	IVE			(703)	438-6000
\exists	Final re		Specific Instruc-	City or town, state or country, a	and ZIP + 4			F Accounting m	
		ed return	tions.	RESTON, VA 20190-5362					(specify) ►
			a Soc	ction 501(c)(3) organizations and	1 4047(a)(1) nonevern	t oboritoble	H and I are no		section 527 organizations.
Ш	Applicat	ion pending		sts must attach a completed Sch			•		or affiliates? Yes V No
G	Weheit	e: ► N/A		•	•	,			of affiliates ► N/A
<u> </u>	1100010	W/A						ffiliates include	
J	Organia	zation type	(check o	nly one) ► 🗸 501(c) (3) ◄ (i	nsert no.) [] 4947(a)(1)	or 527	1		ee instructions.)
к	Check	here ▶ □	if the c	organization is not a 509(a)(3) sup	porting organization an	d its aross		separate return fi	
	receipts	s are normal	ly not mo	ore than \$25,000. A return is not red				on covered by a	group ruling? Yes V No
	to file a	return, be s	sure to file	e a complete return.			I Group E	xemption Num	oer ► N/A
	0		\ \	- Ch Ob Ob	0.5.04.0	000			organization is not required
				s 6b, 8b, 9b, and 10b to line 1					n 990, 990-EZ, or 990-PF).
	art I			penses, and Changes in		-una Bai	ances (See ti	ne instructi	ons.)
	1	Contribu	ıtions, (gifts, grants, and similar an	nounts received:	1 . 1		_	
	а	Contribu	itions t	o donor advised funds .		1a	· · · · · · · · · · · · · · · · · · ·	0.	
	b	Direct p	ublic st	apport (not included on line	: 1a)	1b	68,9		
	С			support (not included on lir		1c	500,12	23.	
	d	Governm	nent co	ntributions (grants) (not inc	lutled on line a)	1d			
	е	Total (ad	id lines	1a through 1d) (cash \$	Moncas	sh \$)	. 1e	569,081.
	2	Program	service	revenue including gove fire	nt facilities and contract		art VII, line 93)	2	
	3	Member	shin di	ies and assessments	C /			3	
	4	Interest	on savi	ings and temporary cash	vestments			4	7,184.
		4 Interest on savings and temporary cash investments 5 Dividends and interest from securities					5	2,076,407.	
	6a	Gross re		intorest morn essential		6a			
	b	Less: rei				6b			
	C			ne or (loss). Subtract line 6				6c	
	7			nt income (describe Mor				7	168.
Revenue	'_			· ·	(A) Securities	I I	(B) Other	' 	100.
i,	8a			from sales of assets other	37,875,268.	8a	.,		
Re		than inve	•	· · · · · · · · · · · · · · · · · · ·	36,622,788.	8b			
				er basis and sales expenses.	1,252,480.	8c	·		
	С			attach schedule) Sch 1		OC			1,252,480.
	d	-	,	s). Combine line 8c, columns			· ·	8d	1,232,400.
	9	Special e	vents an	nd activities (attach schedule). It	f any amount is from	gaming, ch	neck here 🕨 🗀	J	
	a	Gross re	evenue	(not including \$	of				
				eported on line 1b)		9a			
				penses other than fundraisi		9b			
	С			(loss) from special events.		m line 9a	l	9c	
	10a	Gross sa	ales of	inventory, less returns and	allowances	10a			
	b	Less: co	st of g	oods sold		10b			
	C	Gross pro	ofit or (lo	oss) from sales of inventory (att	ach schedule). Subtra	ct line 10b	from line 10a	. 10c	
	11	Other re	venue	(from Part VII, line 103)				. 11	36,874.
	12	Total rev	venue.	Add lines 1e, 2, 3, 4, 5, 6c,	7, 8d, 9c, 10c, and	<u> 11</u>		. 12	3,942,194.
	13	Program	ı servic	es (from line 44, column (E	3))			13	4,196,000.
Ses		_		nd general (from line 44, co				14	509,465.
Expenses	15	_							
ĒXE	16			ffiliates (attach schedule)					
	17			s. Add lines 16 and 44, co					4,705,465.
, so	+			cit) for the year. Subtract li				40	-763,271.
Net Assets	19			und balances at beginning				1 4-	75,552,080.
As	20			in net assets or fund balar				20	4,808,270.
Net	21	Net asse	ets or fu	and balances at end of year.	Combine lines 18, 1	9, and 20		. 21	79,597,079.
		,,						<u> </u>	

	Do	Functional Expenses not include amounts repo		30011077		(B) Program	(C) Management	
		6b, 8b, 9b, 10b, or 16 or	Part I.		(A) Total	· services	and general	(D) Fundraisin
22a		ts paid from donor advised fund						
		\$ noncash \$ s amount includes foreign grants		22a	0.	0.		
00h		s amount includes loreign grants er grants and allocations (a						
22b	(cach	\$ 4,196,000 noncash \$	0)					
•		s amount includes foreign grants		22b	4,196,000.	4,196,000.		
23		cific assistance to indi						
20		edule)		23		·		
24	Ben	efits paid to or for me	mbers (attach		,		4.2	3.0
		edule)		24				
25a	Con	npensation of current offi	cers, directors,					
		employees, etc. listed in F						ĺ
	sche	edule)		25a				
b		npensation of former offi						
		employees, etc. listed in f						
		edule)		25b				
С		pensation and other distributions, n						
		alified persons (as defined under s		25c				
	•	ons described in section 4958(c)(3)((COC)			 	
26		aries and wages of employe		26			-	
		ines 25a, b, and c		20				
27		sion plan contributions n		27)		
20		s 25a, b, and c						<u> </u>
28		oloyee benefits not incl -27		28]]
29		roll taxes		29	\ ,	1		
29 30		essional fundraising fees		30				
31		ounting fees		31	44,766.		44,766.	
32		al fees		32				
33	-	plies		33				
34		phone		34	185.		185.	
35		tage and shipping		35				
36		supancy		36				
37		ipment rental and mainter		37				
38		ting and publications .		38				
39	Trav			39	683.		683.	
40		ferences, conventions, an		40				
41		rest	_	41				
42		reciation, depletion, etc. (a		42				
43	Oth	er expenses not covered a	above (itemize):					
а		estment Management Fees	••••	43a	221,250.		221,250.	
þ				43b	76,241.		76,241.	
C		k Fees		43c	27,510.		27,510.	
d	OUN	er Operating Exp		43d	134,069.	! !	134,069.	
e		Debt Expense		43e	4,761.		4,761.	<u> </u>
f				43f 43g				
_				73y			 	
44		al functional expenses.					}	
		ugh 43g. (Organization mns (B)-(D), carry these						
		15)		44	4,705,465.	4,196,000.	509,465.	
		sts. Check ▶ ☑ if you a				4, 130,000.	509,405.	

Part III Statem	ent of Progra	m Service A	Accomplishments ((See the instructions.)
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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.

\ A /L	Schadula 4	Program Service
	nat is the organization's primary exempt purpose? ► Schedule 4	· Francisco
ΑII	organizations must describe their exempt purpose achievements in a clear and concise manner. State the number	(Required for 501(c)(3) and
OI (clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4 anizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.	(4) orgs., and 4947(a)(1) trusts; but optional for
		others.)
а	Schedule 4	
		,
	(Grants and allocations \$ 4,196,000.) If this amount includes foreign grants, check here ▶ [4,196,000.
b		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
-		
	······	
	······································	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	٠٠.
С		
		ļ
	76	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	<u></u>
d		
	,	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ [
е	Other program services (attach schedule)	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □][
f	Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	4,196,000.

Form **990** (2006)

Pa	rt IV	Balance Sheets (See the instructions.)			
	lote:		(A) Beginning of year		(B) End of year
	45	Cash—non-interest-bearing		45	<u> </u>
	46	Savings and temporary cash investments	243,108.	46	690,589.
	47a	Accounts receivable			
	b	Less: allowance for doubtful accounts . 47b	10,052,416.	47c	9,641,817.
	48a	Pledges receivable	222 242		
	b	Less: allowance for doubtful accounts . 48b	262,646.		
	49	Grants receivable		49	
	50a	Receivables from current and former officers, directors, trustees, and			
		key employees (attach schedule)		50a	
	b	Receivables from other disqualified persons (as defined under section		50b	
		4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)			
"	51a	Other notes and loans receivable (attach			
Assets	١.	scriedule)	19,397.	510	
Ass		2000, anovarior for addition accounts .	10,507.	52	
As	52	Inventories for sale or use		53	
	53	Prepaid expenses and deferred charges	39,282,979.	54a	30,227,328.
		Investments—publicly-traded securities Soft Sof	25,474,948.	54b	38,746,944.
			20/11.1/0.101	0.0	30/110/01
	55a	Investments—land, buildings, and equipment: basis Sch 5			
	_	equipment basis . S			
	D	Less: accumulated depreciation (attach schedule)	2,400.	55c	2,400.
	56	Investments—other (attach schedule)		56	
	1	Land, buildings, and equipment: basis . 57a			
	l	Less: accumulated depreciation (attach			
	٦	schedule)		57c	
	58	Other assets, including program-related investments			
		(describe ► Charitable Gift Annuities and other trusts)	707,135.	58	1,035,738.
_	59	Total assets (must equal line 74). Add lines 45 through 58	76,045,029.	59	80,344,816.
	60	Accounts payable and accrued expenses	88,610.	60	318,318.
	61	Grants payable		61	
	62	Deferred revenue		62	
ilities	63	Loans from officers, directors, trustees, and key employees (attach			
Ħ		schedule)		63	
Liab		Tax-exempt bond liabilities (attach schedule)		64a	
_	1	Mortgages and other notes payable (attach schedule)	404.000	64b	
	65	Other liabilities (describe Charitable Gift Annuities Liabilities)	404,339.	65	429,419.
	66	Total liabilities. Add lines 60 through 65	402.040	00	747 727
			492,949.	66	747,737.
	Orga	anizations that follow SFAS 117, check here ► and complete lines			
es	67	67 through 69 and lines 73 and 74.	74,909,295.	67	78,868,221.
auc	68	Unrestricted	262,646.	68	42,214.
Bal	69	Permanently restricted	380,139.	69	686,644.
ᅙ	1	anizations that do not follow SFAS 117, check here ▶ ☐ and			
Ţ	O.g.	complete lines 70 through 74.			
Net Assets or Fund Balances	70	Capital stock, trust principal, or current funds.		70	
ţ	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
SSe	72	Retained earnings, endowment, accumulated income, or other funds		72	
ğ	73	Total net assets or fund balances. Add lines 67 through 69 or lines			
Net		70 through 72. (Column (A) must equal line 19 and column (B) must			
_		equal line 21)	75,552,080.	73	79,597,079.
	74	Total liabilities and net assets/fund balances. Add lines 66 and 73	76,045,029.	74	80,344,816.

Pa	rt IV-A Reconciliation of Revenue per Aud instructions.)	ited Financial Statem	ents	With Rev	enue pe	r Return	(See the
a b	Total revenue, gains, and other support per audit Amounts included on line a but not on Part I, line					а	88,558,964
1	Net unrealized gains on investments		b1	4,	799,557		-
2	Donated services and use of facilities		b2				
3	Recoveries of prior year grants		b3				•
4							
			b4	80,	317,336		
	Add lines b1 through b4					b	85,116,893
С						С	3,442,071
d	Amounts included on Part I, line 12, but not on lin		1				•
1	Investment expenses not included on Part I, line		d1			i e	
2	Other (specify): Schedule 6		امدا		500 400		
	A 1 1 10 14 14 14 14		d2		500,123.	-	500 400
е	Add lines d1 and d2 Total revenue (Part I, line 12). Add lines c and d					d e	500,123. 3,942,194
	t IV-B Reconciliation of Expenses per Aug						
a	Total expenses and losses per audited financial s	statements				а	84,037,274
b	Amounts included on line a but not on Part I, line	•					
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): Schedule 6						
			b4	83,	527,809		00 507 000
	Add lines b1 through b4					b	83,527,809
С						С	509,465
d	Amounts included on Part I, line 17, but not on lin		ايما				
1	Investment expenses not included on Part I, line		d1				
2	(-p),		d2	4.	196,000.		
	Add lines d1 and d2				100,000.	d	4,196,000.
е	Total expenses (Part I, line 17). Add lines c and c	d			▶	e	4,705,465
Pa	current Officers, Directors, Trustees or key employee at any time during the year	, and Key Employees	(List e	each persor	who was	s an office tructions.)	r, director, trustee,
	(A) Name and address	(B) Title and average hours per week devoted to position	(C) Co (If not	mpensation paid, enter -0)	benefit plan	ons to employed is & deferred ation plans	(E) Expense account and other allowances
Scl	nedule 7						
		·					
					<u> </u>		
	·						
		<u>.</u>					
	<u> </u>			•			
			-				
	•••••••••••••••••••••••••••••••••••••••						
				-			
		-					
			L				1

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Page	

Par	V-A Current Officers, Directors, Trustees	s, and Key Employe	es (continued)		Yes No					
	Enter the total number of officers, directors, and tr meetings			7.						
b	Are any officers, directors, trustees, or key employees listed in Schedule A, Part I, or hig contractors listed in Schedule A, Part II-A or relationships? If "Yes," attach a statement that identify the statement of the statement of the statement that identify the statement that identify the statement of the sta	phest compensated p II-B, related to each	rofessional and other through	other independent family or business	75b ✓					
	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 the organization? See the instructions for the definition of "related organization." If "Yes," attach a statement that includes the information described in the instructions.									
	Does the organization have a written conflict of it V-B Former Officers, Directors, Trustees, and officer, director, trustee, or key employee re person below and enter the amount of comp	Key Employees That I	Received Comper	sation or Other Bene escribed below) during	the year, list that					
	(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances					
N/A		-								
		-	,							
	·									
		-								
		•			,					
				,						
		-								
		-		·						
Par	VI Other Information (See the instruction	ns.)	L		Yes No					
76	Did the organization make a change in its activit detailed statement of each change		ducting activities	? If "Yes," attach a	76 √					
77	Were any changes made in the organizing or government of the change of the change	-	t not reported to	the IRS?	77 🗸					
	Did the organization have unrelated business grothis return?		or more during t	he year covered by	78a ✓					
b 79	If "Yes," has it filed a tax return on Form 990-T was there a liquidation, dissolution, termination, a statement		tion during the ye	ar? If "Yes," attach	78b N/A 79 ✓					
80a	Is the organization related (other than by association common membership, governing bodies, trust	ees, officers, etc., to								
b	organization?	Schedule 9		· · · · · · · · ·	80a 🗸					
81a b	Enter direct and indirect political expenditures. (SDI) bid the organization file Form 1120-POL for this	See line 81 instructions	is 🗹 exempt o s.) [81a]	<u> </u>	81b ✓					

Pa	rt VI Other Information (continued)		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		1
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	✓	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	✓	
	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	0.41		
0.5	gifts were not tax deductible?	84b		/ A / A
85 h	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a 85b		A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization	000		
	received a waiver for proxy tax owed for the prior year.			
С	Dues, assessments, and similar amounts from members			
	Section 162(e) lobbying and political expenditures			la s
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A			
	Taxable amount of lobbying and political expenditures (line 85d less 85e)		NI.	۸ ا
_	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	IN,	γA
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f			
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N	/A
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12.	0311	2305	
	Gross receipts, included on line 12, for public use of club facilities			H.
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders 87a N/A			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a		✓
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b		/
89a _.	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶			
	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		/
	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶			
	Enter: Amount of tax on line 89c, above, reimbursed by the organization			
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		/
	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		√
	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		✓
90a	List the states with which a copy of this return is filed New Jersey, New York, and Washington			
b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)			0
	The books are in care of ▶ Dulce M. Gomez-Zormelo Located at ▶ 11100 Wildlife Center Drive, Reston VA ZIP + 4 ▶ 20190	43 5362-	8-600	0
b	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)?	91b	Yes	No
	If "Yes," enter the name of the foreign country Netherlands, Cayman Islands See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			

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Part	VI Other Information (continued)						Yes	No
G	At any time during the calendar year, did the	organization ma	aintain an office	outside of the	United States?	91c		✓
	If "Yes," enter the name of the foreign country	rv ▶						
92	Section 4947(a)(1) nonexempt charitable trust	s filing Form 990) in lieu of Form	1041—Check	here			▶□
	and enter the amount of tax-exempt interest	received or accr	ued during the	tax year	▶ 92			
Part	VII Analysis of Income-Producing Ac	ctivities (See th	ne instructions	.)		<u> </u>		
Note:	Enter gross amounts unless otherwise	Unrelated	business income	Excluded by sec	tion 512, 513, or 514	D.	(E) lated	or
indica		(A)	(B)	(C) Exclusion code	(D)		pt fun	
93	Program service revenue:	Business code	Amount	Exclusion code	Amount	ir	ncome	<u> </u>
а								
b								
c								
ď						i		
e				,				
f	Medicare/Medicaid payments							
g	Fees and contracts from government agencie	25						
94	Membership dues and assessments				,			
95	Interest on savings and temporary cash investmen	ts		14	7,184.			
96	Dividends and interest from securities			14	2,076,407.	I		
97	Net rental income or (loss) from real estate:							100
a a	debt-financed property							
b	not debt-financed property							
98	Net rental income or (loss) from personal property	,					-	
99	Other investment income	y		14	168.			
100	Gain or (loss) from sales of assets other than inventor	n,		18	1,252,480.			
101	Net income or (loss) from special events .	'y					~	
102	Gross profit or (loss) from sales of inventory	,				<u> </u>		
102	Other revenue: a							
b	Miscellaneous			01	36,874.	***		
C							-	
d								
e								
104	Subtotal (add columns (B), (D), and (E))				3,373,113.			
105	Total (add line 104, columns (B), (D), and (E)))			>		3,373	.113.
	Line 105 plus line 1e, Part I, should equal the							
Part				rposes (See th	e instructions.)			
Line						accon	nnlish	ment
▼	of the organization's exempt purposes (o	ther than by provi	ding funds for su	ch purposes).		4000	10.10.1	
	N/A				-			
					•			
		· **··································					<u></u>	
								
Part	IX Information Regarding Taxable Sul	osidiaries and D	isregarded En	tities (See the	instructions.)			
	(A)	(B)			·	l _ "	(E)	
	Name, address, and EIN of corporation, partnership, or disregarded entity	Percentage of ownership interest	(C Nature of	activities	(D) Total income		d-of-ye assets	
N/A		%		<u>-</u>		<u>`</u>	100010	
		%	,			 		
					<u>'</u>	-		
					<u> </u>			
Part	X Information Regarding Transfers Ass		sonal Benefit C	ontracts (See t	he instructions 1			
(a) (b)	Did the organization, during the year, receive any funds,	airectly or indirectly,	to pay premiums or	n a personal benefi	t contract?	∐ Ye		_
	Did the organization, during the year, pay pre e: If "Yes" to (b), file Form 8870 and Form 4	emiums, airectly 720 (see instruct	or indirectly, or	a personal be	netit contract?	⊔ Ye	s 🗸	No
	100 to tay mo tom out out and tom 4	, Lo joee monucl	10110).	-		·		
		•					$\alpha \alpha \alpha$	/a.a.a

Par	is a controlling organization			Complete only if	the organi	zation
106	Did the reporting organization ma the Code? If "Yes," complete the	ike any transfers to a cor	ntrolled entity as defined in	section 512(b)(1	Yes 3) of	No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	Am	(D) nount of trans	sfer
a						
b						
С						
	Totals					
107	Did the reporting organization rec 512(b)(13) of the Code? If "Yes,"				Yes	No .
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	Am	(D) nount of trans	sfer
а						
b						
С						
	Totals					
108	Did the organization have a binding rents, royalties, and annuities des	ng written contract in effe	ect on August 17, 2006, co	overing the interes	Yes	No
Plea Sign Here	Se Under penalties of perjury, I declare that I and belief, it is true, correct, and comple	have examined this return, incluite. Declaration of preparer (othe	ding accompanying schedules and	d statements, and to the mation of which prepared and the mation of which prepared and the mation of which prepared and the mation of the mati	e best of my kno arer has any kno	owledge owledge.
Paid Prepa	Preparer's signature Joseph Under		Date Check if self-employed	<u>▶□</u>	v or PTIN (See Ge	n. Inst. X)
Use O	Firm's name for yours BDO Seign	nan LLP onsin Avenue, Suite 800. Be		Phone no. ► (301)	654-49	00
					OO	0.0006

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization Exempt Under Section 501(c)(3)
(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No. 1545-0047

Employer identification number

Schedule A (Form 990 or 990-EZ) 2006

Cat. No. 11285F

NATIONAL WILDLIFE FEDERATION ENDOWMENT, INC.			52	0806695
Part I Compensation of the Five High				ind Trustees
(See page 2 of the instructions.	List each one. If there ar	re none, enter "l		
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
N/A	-			
	-			
	-			
	•			
Total number of other employees paid over \$50,000 .		1		
Part II-A Compensation of the Five High	est Paid Independent (Contractors for	Professional Se	rvices
(See page 2 of the instructions. Lis	st each one (whether indiv	iduals or firms). I	f there are none, e	enter "None.")
(a) Name and address of each independent contractor	or paid more than \$50,000	(b) Type	of service	(c) Compensation
Cambridge Associates LLC 100 Summer Street, Boston, MA 02110		Investment Consul	Itant	71,157.
New Amsterdam Partners LLC 475 Park Avenue South, New York, NY 10016	New Amsterdam Partners LLC		Investment Manager	
Philadelphia International Advisors, LP 1650 Market Street, Suite 1400, Philadelphia, PA 191	03	Investment Manag	jer	69,371.
Total number of others receiving over \$50,000 for professional services	None			
Part II-B Compensation of the Five High (List each contractor who perform firms. If there are none, enter "No	ned services other than	professional sen	Other Services vices, whether inc	dividuals or
(a) Name and address of each independent contractor	or paid more than \$50,000	(b) Type	of service	(c) Compensation
N/A				
		-		
		-		
		-		
		-		
Total number of other contractors receiving over \$50,000 for other services		5 - 5 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	A Set Pilot	

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

ar	Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$\Bigsim \text{\$\text{\$\text{Must equal amounts on line 38,}}}\$ Part VI-A, or line i of Part VI-B.)	1		\
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
а	Sale, exchange, or leasing of property?	2a		✓
b	Lending of money or other extension of credit?	2b		✓
С	Furnishing of goods, services, or facilities?	2c		1
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	✓	
е	Transfer of any part of its income or assets?	2e		✓
За	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a		✓
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	-	1
С	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	Зс		1
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? .	3d		✓
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a_		1
b	Did the organization make any taxable distributions under section 4966?	4b		1
С	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		✓
d	Enter the total number of donor advised funds owned at the end of the tax year			0.
е	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶			0.
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts	-		0.
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year			0.

Pa	rt l	Reason for Non-Private	Foundation S	Status (See pages 4	through 7 o	f the instruct	tions.)
I ce	rtify	that the organization is not a prival	te foundation bed	ause it is: (Please check	only ONE ap	plicable box.)	
5		A church, convention of churches	s, or association of	of churches. Section 170)(b)(1)(A)(i).		
6		A school. Section 170(b)(1)(A)(ii). (Also complete Pa	art V.)			
7	A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).						
8	8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).						
9		A medical research organization o and state ▶			ction 170(b)(1)	(A)(iii). Enter th	e hospital's name, city,
10		An organization operated for the be (Also complete the Support Scheo		or university owned or op	perated by a go	overnmental un	it. Section 170(b)(1)(A)(iv)
11a		An organization that normally receit 170(b)(1)(A)(vi). (Also complete the			a governmenta	l unit or from th	e general public. Section
11b		A community trust. Section 170(b))(1)(A)(vi). (Also co	omplete the Support Sc	hedule in Part	IV-A.)	
12		An organization that normally receifrom activities related to its charite from gross investment income an organization after June 30, 1975.	able, etc., function ad unrelated busi	ns—subject to certain ex ness taxable income (le	ceptions, and ss section 511	(2) no more the tax) from bus	nan 33%% of its support inesses acquired by the
13	V	An organization that is not control requirements of section 509(a)(3).					and otherwise meets the
		☑ Type I ☐ Type II	☐Type	III-Functionally Integrate	ed [Type III-Othe	er
		Provide the following info	rmation about th	ne supported organizat	ions. (See pag	je 7 of the inst	ructions.)
Na	ıme	(a) s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	Is the si organizati the sup organi	d) upported on listed in oporting zation's documents?	(e) Amount of support
					Yes	No	
Na	tiona	l Wildlife Federation	53-0204616	11a	√		See Schedule 3
Tet					l	<u> </u>	
Tota	<u>" .</u>	An organization organized and op	perated to test for	r public safety. Section 5	509(a)(4). (See	page 7 of the	instructions.)

	You may use the worksheet in the instructions and year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
	Gifts, grants, and contributions received. (Do					
•	not include unusual grants. See line 28.) .					
16	Membership fees received					
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the					
	organization's charitable, etc., purpose				<u> </u>	
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19	Net income from unrelated business activities not included in line 18	•				
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22	Other income. Attach a schedule. Do not	·				
	include gain or (loss) from sale of capital assets					
	T . 1 . 1 . 1 . 1 . 0					
23	Total of lines 15 through 22					
	Line 23 minus line 17		1			
24			1			
23 24 25 26	Line 23 minus line 17			mn (e), line 24	> 2	6a
24 25	Line 23 minus line 17. Enter 1% of line 23. Organizations described on lines 10 or 11: Prepare a list for your records to show the name governmental unit or publicly supported organizamount shown in line 26a. Do not file this list with Total support for section 509(a)(1) test: Enter line	a Enter 2% one of and amount ation) whose to ith your return.	of amount in coluunt contributed by otal gifts for 2002 Enter the total of (e)	each person (oto through 2005 exc all these excess and	her than a seeded the mounts ▶ 2	6a 6b 6c
24 25 26	Line 23 minus line 17. Enter 1% of line 23. Organizations described on lines 10 or 11: Prepare a list for your records to show the name governmental unit or publicly supported organizamount shown in line 26a. Do not file this list with Total support for section 509(a)(1) test: Enter line Add: Amounts from column (e) for lines: 18	a Enter 2% one of and amount ation) whose to ith your return.	of amount in coluunt contributed by otal gifts for 2002 Enter the total of (e)	/ each person (otl through 2005 exc all these excess an	her than a seeded the mounts > 2	6b
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24 25 26 b c d	Line 23 minus line 17. Enter 1% of line 23. Organizations described on lines 10 or 11: Prepare a list for your records to show the name governmental unit or publicly supported organizamount shown in line 26a. Do not file this list with Total support for section 509(a)(1) test: Enter line Add: Amounts from column (e) for lines: 18	a Enter 2% one of and amouzation) whose to ith your return. ne 24, column	of amount in coluunt contributed by otal gifts for 2002 Enter the total of (e)	/ each person (otl through 2005 exc all these excess an	her than a seeded the mounts > 2	6b 6c
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24 225 26 b c d e f	Line 23 minus line 17 Enter 1% of line 23 Organizations described on lines 10 or 11: Prepare a list for your records to show the name governmental unit or publicly supported organizations the shown in line 26a. Do not file this list with Total support for section 509(a)(1) test: Enter line Add: Amounts from column (e) for lines: 18 22 Public support (line 26c minus line 26d total) Public support percentage (line 26e (numerated)) Organizations described on line 12: a Forgerson," prepare a list for your records to show Do not file this list with your return. Enter the (2005) (2004) For any amount included in line 17 that was received show the name of, and amount received for each (Include in the list organizations described in lines the difference between the amount received and amounts) for each year: (2005) (2004) Add: Amounts from column (e) for lines: 15 17	a Enter 2% one of and amouzation) whose to ith your return. ne 24, column for amounts included by or amounts include the name of, and e sum of such ithe part of such ithe larger amounts included from each pyear, that was much such ithe larger amounts included from each pyear, that was much included from each pyear and line 27b to each	of amount in coluunt contributed by otal gifts for 2002 Enter the total of (e) 19 26b y line 26c (denoruded in lines 15, and total amounts ramounts for each (2003) person (other than nore than the large s well as individual and described in (1 (2003) 16 21 tal	y each person (ot through 2005 exc all these excess an minator)) 16, and 17 that ecceived in each year; "disqualified person or of (1) the amounts.) Do not file this) or (2), enter the	her than a seeded the mounts \(\) 2 \(\) \(\) 2 \(\) \(\) 2 \(\) \(\) 2 \(\) \(\) 2 \(\) \(\) 2 \(\) \(\) 2 \(\) \(\) 2 \(\) \(\) 2 \(\) \(\) 2 \(\) \(\) 2 \(\) \(\) 2 \(\) \(\) 2 \(\) \(\) 2 \(\) \(\) 1 \(\) (2002) \(\) \(\) 1 \(\) (2002) \(\) \(\) 2 \(\) 2 \(\) 2	66b 66c 66e 66f 69 from a "disqualifier disqualified person disqualified person disqualified person district for your records the year or (2) \$5,000 eturn. After computing ifferences (the excess of the excess of
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	(To be completed ONLY by schools that checked the box on line 6 in Part IV)	Ą	
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29 Ye	s No
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31	
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
32	Does the organization maintain the following:		
оz a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
33	Does the organization discriminate by race in any way with respect to:		
а	Students' rights or privileges?	33a	-
b	Admissions policies?	33b	-
С	Employment of faculty or administrative staff?	33c	-
d	Scholarships or other financial assistance?	33d	-
е	Educational policies?	33e	
f	Use of facilities?	33f	-
ġ	Athletic programs?	33g	+
h	Other extracurricular activities?	33h	
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	_
b	Has the organization's right to such aid ever been revoked or suspended?	34b	
	If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	•

	-
n -	

Pai	t VI-A Lobbying Expenditures by E (To be completed ONLY by a	lecting Public n eligible organ	Charities (See ization that file	page 10 of the d Form 5768)	e instructions.) _{N/A}
Chec	k ▶ a ☐ if the organization belongs to an affili			you checked "a" an	d "limited control"	provisions apply.
	Limits on Lobbyi (The term "expenditures" mea			-	. (a) Affiliated group totals	(b) To be completed for all electing organizations
				36		
36 37	Total lobbying expenditures to influence public opinion (grassroots lobbying)					
38	Total lobbying expenditures (add lines 36 and			38		
39	Other exempt purpose expenditures	purpose expenditures (add lines 38 and 30)				
40	Total exempt purpose expenditures (add lines					
41	Lobbying nontaxable amount. Enter the amou				47.44	
		lobbying nontaxa of the amount on				
	Not over \$500,000			10050000000000000000000000000000000000		3.7
		,000 plus 10% of th				
	Over \$1,500,000 but not over \$17,000,000 . \$225				76 J.	- 518 B
	Over \$17,000,000	0,000			18-37	
42	Grassroots nontaxable amount (enter 25% of	•				
43	Subtract line 42 from line 36. Enter -0- if line			44		
44	Subtract line 41 from line 38. Enter -0- if line	41 IS more than si	ie 36			
	Caution: If there is an amount on either line 4	3 or line 44, you r	nust file Form 47	20.		
	4-Year Av (Some organizations that made a section See the instructions		do not have to d	complete all of the		elow.
		Lob	bying Expenditu	res During 4-Ye	ar Averaging Pe	eriod
	Calendar year (or	(a)	(b)	(c)	(d)	(e)
	fiscal year beginning in) ▶	2006	2005	2004	2003	Total
45	Lobbying nontaxable amount		1. (7. <u> </u>			
46	Lobbying ceiling amount (150% of line 45(e))					
47	Total lobbying expenditures					
48	Grassroots nontaxable amount					
49	Grassroots ceiling amount (150% of line 48(e))		+ 4.5			
50	Grassroots lobbying expenditures		• .			
Pa	t VI-B Lobbying Activity by Nonele (For reporting only by organize			Part VI-A) (See	page 13 of th	e instructions.)
	ng the year, did the organization attempt to influence public opinion on a legislative				ny Yes No	Amount
а	Volunteers				 	er er versige en d
b	Paid staff or management (Include compensation)	tion in expenses r	eported on lines	c through h.)	· - /	
C	Media advertisements				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
d	Mailings to members, legislators, or the public Publications, or published or broadcast staten				 '	
e f	Grants to other organizations for lobbying pur				1	
g g	Direct contact with legislators, their staffs, gov			oody.		
h	Rallies, demonstrations, seminars, conventions			-		
i	Total lobbying expenditures (Add lines c throu	gh h.)			activitie-	
	If "Yes" to any of the above, also attach a sta	ternerit giving a d	eraneu descriptio	n of the loopying	activities.	<u></u>

Par	t VII			ransfers To and Transa e page 13 of the instruction	ctions and Relationships Wi	th Nonc	harit	able
					following with any other organization on 527, relating to political organization		l in se	ction
	Tran	sfers from the rep		to a noncharitable exempt orga	nization of:		Yes	No ✓
	(ii)	Other assets				a(ii)		√
b					tion	b(i)		√
	(ii)			table exempt organization er assets		b(ii) b(iii)		√
	(iii) (iv)					b(iv)		√
	(v)	Loans or loan gua	arantees			b(v)		√
				ship or fundraising solicitations		b(vi)		- /
c	Sha	ring of facilities, ec	uipment, mailing lis	sts, other assets, or paid emplo	yees	c air market v	اــــــــــــــــــــــــــــــــــــ	of the
	anno	ds. other assets, o	r services given by	the reporting organization. If t	he organization received less than fails, other assets, or services received:	r market v	alue i	n any
(a		(b)	Name of page	(c) haritable exempt organization	(d) Description of transfers, transactions, and	d sharing arra	ngeme	ents
Line	no.	Amount involved	N/A	mantable exempt organization	pescription of transcess, transactions, and	onaning and		
		:						
				A DATE OF THE PARTY OF THE PART				
	_							
						<u> </u>		
	des	cribed in section 5 es," complete the	rectly or indirectly 01(c) of the Code (following schedule	other than section 501(c)(3)) or	ne or more tax-exempt organizations in section 527?	S ✓ Yes		No No
		(a) Name of organiz	zation	(b) Type of organization	Description of relation	ship		
Nati	onal	Wildlife Action		501(c)(4)	Common Officers			
	•	J						
		•.						

Schedule B

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

Department of the Treasury Internal Revenue Service Name of organization

Schedule of Contributors

Supplementary Information for line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2006

Name of organization		Employer id	lentification number		
NATIONAL WILDLIFE FEDER	ATION ENDOWENT, INC.	52	0806695		
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 fou	ındation			
	501(c)(3) taxable private foundation				
	filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,	000 or more (in	money or		
	y one contributor. (Complete Parts I and II.)				
Special Rules—					
under sections 50	(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33% 9(9(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the or 2% of the amount on line 1 of these forms. (Complete Parts I and	he year, a contr	-		
during the year, a	(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that rec ggregate contributions or bequests of more than \$1,000 for use exclusion or educational purposes, or the prevention of cruelty to children or an	ively for religiou	s, charitable,		
during the year, so not aggregate to the year for an exapplies to this org	(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that recome contributions for use exclusively for religious, charitable, etc., purpmore than \$1,000. (If this box is checked, enter here the total contribuclusively religious, charitable, etc., purpose. Do not complete any of the ganization because it received nonexclusively religious, charitable, etc.	poses, but thes itions that were he Parts unless , contributions o	e contributions did received during the General Rule		
	hat are not covered by the General Rule and/or the Special Rules do not they must check the box in the heading of their Form 990. Form 990-1				

990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).