

EXTENSION ATTACHED

Form **990-T**

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No. 1545-0687

Department of the Treasury
Internal Revenue Service

For calendar year 2005 or other tax year beginning **SEP 1, 2005**, and ending **AUG 31, 2006**

2005

A <input type="checkbox"/> Check box if address changed	B Exempt under section <input checked="" type="checkbox"/> 501(C)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	C Book value of all assets at end of year 65776104.	F Group exemption number (see instructions for Block F) ▶	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) NATIONAL WILDLIFE FEDERATION Number, street, and room or suite no. (If a P.O. box, see page 7 of instructions.) 11100 WILDLIFE CENTER DR City or town, state, and ZIP code RESTON, VA 20190-5362	D Employer identification number (Employees' trust, see instructions for Block D on page 7.) 53-0204616 E New unrelated bus. activity codes (See instructions for Block E on page 7.) 511120 518111
				G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust	

H Describe the organization's primary unrelated business activity. ▶ **ADVERTISING AND AFFINITY INSURANCE**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
 If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ **DULCE GOMEZ-ZORMELO** Telephone number ▶ **703-438-6000**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales 14,440.			
b	Less returns and allowances c Balance ▶	14,440.		
2	Cost of goods sold (Schedule A, line 7)			
3	Gross profit. Subtract line 2 from line 1c	14,440.		14,440.
4 a	Capital gain net income (attach Schedule D)			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
c	Capital loss deduction for trusts			
5	Income (loss) from partnerships and S corporations (attach schedule)			
6	Rent income (Schedule C)			
7	Unrelated debt-financed income (Schedule E)			
8	Interest, annuities, royalties, and rents from controlled organizations (Sch. F)			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
10	Exploited exempt activity income (Schedule I)			
11	Advertising income (Schedule J)	485,528.	366,288.	119,240.
12	Other income (See instructions - attach schedule.)			
13	Total. Combine lines 3 through 12	499,968.	366,288.	133,680.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
 (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)			
15	Salaries and wages			
16	Repairs and maintenance			
17	Bad debts			
18	Interest (attach schedule)			
19	Taxes and licenses			
20	Charitable contributions (See instructions for limitation rules.)			
21	Depreciation (attach Form 4562)	21		
22	Less depreciation claimed on Schedule A and elsewhere on return	22a		
23	Depletion			
24	Contributions to deferred compensation plans			
25	Employee benefit programs			
26	Excess exempt expenses (Schedule I)			
27	Excess readership costs (Schedule J)			119,240.
28	Other deductions (attach schedule)			
29	Total deductions. Add lines 14 through 28			119,240.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13			14,440.
31	Net operating loss deduction (limited to the amount on line 30)			14,440.
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30			0.
33	Specific deduction (Generally \$1,000, but see instructions for exceptions)			1,000.
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32			0.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) - check here <input checked="" type="checkbox"/> . See instructions and:		
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ <u>50,000.</u> (2) \$ <u>25,000.</u> (3) \$ <u>9,925,000.</u>		
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____		
c	Income tax on the amount on line 34	35c 0.
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)		36
37 Proxy tax. See instructions		37
38 Alternative minimum tax		38
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies		39 0.

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)		40a	
b Other credits (See instructions)		40b	
c General business credit - Check here and indicate which forms are attached: <input type="checkbox"/> Form 3800 <input type="checkbox"/> Form(s) (specify) ▶ _____		40c	
d Credit for prior year minimum tax (attach Form 8801 or 8827)		40d	
e Total credits. Add lines 40a through 40d		40e	
41 Subtract line 40e from line 39		41	0.
42 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)		42	
43 Total tax. Add lines 41 and 42		43	0.
44a Payments: A 2004 overpayment credited to 2005		44a	
b 2005 estimated tax payments		44b	
c Tax deposited with Form 8868		44c	
d Foreign organizations - Tax paid or withheld at source (see instructions)		44d	
e Backup withholding (see instructions)		44e	
f Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total ▶		44f	
45 Total payments. Add lines 44a through 44f		45	
46 Estimated tax penalty (See instructions). Check <input type="checkbox"/> if Form 2220 is attached		46	
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed		47	0.
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid		48	0.
49 Enter the amount of line 48 you want: Credited to 2006 estimated tax ▶ Refunded ▶		49	

Part V Statements Regarding Certain Activities and Other Information (See instructions on page 16.)

1 At any time during the 2005 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)? If "Yes," the organization may have to file Form TD F 90-22.1. If "Yes," enter the name of the foreign country here ▶ _____	Yes	No
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see page 5 of the instructions for other forms the organization may have to file.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ _____		

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ▶ N/A

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3 Cost of labor	3		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a Additional section 263A costs	4a				X
b Other costs (attach schedule)	4b				
5 Total. Add lines 1 through 4b	5				

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer <u>Dulce Arroyo-Zamels</u> Date <u>4/10/07</u>		Title <u>TREASURER</u>		May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Preparer's signature <u>Michael S. CPA</u> Date <u>4/5/07</u>		Check if self-employed <input type="checkbox"/>		
Paid Preparer's Use Only	Firm's name (or yours if self-employed), address, and ZIP code <u>BDO SEIDMAN, LLP</u> <u>7101 WISCONSIN AVE., SUITE 800</u> <u>BETHESDA, MD 20814-4827</u>		EIN <u>13-5381590</u>		Phone no. <u>(301)654-4900</u>
	523711 01-31-06		Form 990-T (2005)		

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (See instr. on pg 17.)

1 Description of property

Table with 3 columns: (a) From personal property, (b) From real and personal property, and 3 Deductions directly connected with the income. Includes rows (1)-(4) and a Total row.

Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) 0. Total deductions. Enter here and on page 1, Part I, line 6, column (B) 0.

Schedule E - Unrelated Debt-Financed Income (See instructions on page 17.)

Table with 5 columns: 1 Description of debt-financed property, 2 Gross income from or allocable to debt-financed property, 3 Deductions directly connected with or allocable to debt-financed property (a) Straight-line depreciation, (b) Other deductions, 4 Amount of average acquisition debt, 5 Average adjusted basis, 6 Column 4 divided by column 5, 7 Gross income reportable, 8 Allocable deductions. Includes rows (1)-(4) and a Totals row.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (See instructions on page 18.)

Table for Exempt Controlled Organizations with 6 columns: 1 Name of Controlled Organization, 2 Employer Identification Number, 3 Net unrelated income (loss), 4 Total of specified payments made, 5 Part of column (4) that is included in the controlling organization's gross income, 6 Deductions directly connected with income in column (5). Includes rows (1)-(4).

Nonexempt Controlled Organizations

Table for Nonexempt Controlled Organizations with 5 columns: 7 Taxable Income, 8 Net unrelated income (loss), 9 Total of specified payments made, 10 Part of column (9) that is included in the controlling organization's gross income, 11 Deductions directly connected with income in column (10). Includes rows (1)-(4) and a Totals row.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization

(See instructions on page 19.)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals	0.			0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(See instructions on page 19.)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals	0.	0.				0.

Schedule J - Advertising Income (See instructions on page 19.)

Part I Income From Periodicals Reported on a Consolidated 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) NATIONAL						
(2) WILDLIFE	485,528.	366,288.		423,638.	2,527,212.	
(3)						
(4)						
Totals (carry to Part II, line (5))	485,528.	366,288.	119,240.	423,638.	2,527,212.	119,240.

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)						
(2)						
(3)						
(4)						
(5) Totals from Part I	485,528.	366,288.				119,240.
Totals, Part II (lines 1-5)	485,528.	366,288.				119,240.

Schedule K - Compensation of Officers, Directors, and Trustees (See instructions on page 20.)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		%	
		%	
		%	
		%	
Total - Enter here and on page 1, Part II, line 14			0.

SCHEDULE 1

NATIONAL WILDLIFE FEDERATION
EIN: 53-0204616
FORM 990T - PART II, LINE 31
NET OPERATING LOSS

Computation Of Net Operating Loss Deduction

1992 Form 990T (FY 1993)	621,203	
1993 Form 990T (FY 1994)	1,864,585	
1994 Form 990T (FY 1995)	851,253	
1995 Form 990T (FY 1996)	138,722	
1998 Form 990T (FY 1999)	85,124	
2003 Form 990T (FY 2004)	<u>95,727</u>	
Net Operating Loss Deduction		3,656,614

Net Operating Loss Used

Net Operating Income 1996 Form 990T (FY 1997)	54,086	
Net Operating Income 1997 Form 990T (FY 1998)	78,656	
Net Operating Income 1999 Form 990T (FY 2000)	286	
Net Operating Income 2000 Form 990T (FY 2001)	15,677	
Net Operating Income 2001 Form 990T (FY 2002)	58,527	
Net Operating Income 2002 Form 990T (FY 2003)	102,510	
Net Operating Income 2004 Form 990T (FY 2005)	<u>13,924</u>	
Total Net Operating Loss Used		<u>323,666</u>

Net Operating Loss Deduction **3,332,948**

Net Operating Gain 2005 Form 990T (FY 2006) 14,440

Loss Carry Forward Available for 2006 3,318,508

STATEMENT OF TAX BRACKET ALLOCATION

THE AMOUNTS IN EACH TAXABLE INCOME BRACKET IN THE TAX TABLE IN SECTION 11(B) HAVE BEEN ALLOCATED TO THE CORPORATIONS LISTED BELOW PURSUANT TO REGULATION 1.1561-3(A).

THE ORIGINAL COPY OF THIS STATEMENT IS FILED WITH THE INTERNAL REVENUE SERVICE CENTER IN OGDEN, UT

AUTHORIZATION CONSENT FOR ALLOCATION ON BEHALF OF MEMBER COMPANIES

 TREASURER AND CFO

EMPLOYER ID NO.	\$50,000 BRACKET	\$25,000 BRACKET	\$9,925,000 BRACKET
52-0204616	50,000.	25,000.	9,925,000.
52-0806695	NONE	NONE	NONE
52-1903666	NONE	NONE	NONE
74-2556532	NONE	NONE	NONE

EMPLOYER ID NO.	NAME, ADDRESS AND TAXABLE YEAR
52-0204616	NATIONAL WILDLIFE FEDERATION 11100 WILDLIFE CIRCLE DR RESTON, VA 20190 TAXABLE YEAR 09/02/2005 TO 08/31/2006
52-0806695	NATIONAL WILDLIFE FEDERATION ENDOWMENT, INC. 11100 WILDLIFE CIRCLE DR RESTON, VA 20190 TAXABLE YEAR 09/01/2005 TO 08/31/2006
52-1903666	NATIONAL WILDLIFE PRODUCTIONS, INC. 11100 WILDLIFE CIRCLE DR RESTON, VA 20190 TAXABLE YEAR 09/01/2005 TO 08/31/2006
74-2556532	NATIONAL WILDLIFE ACTION 11100 WILDLIFE CIRCLE DR RESTON, VA 20190 TAXABLE YEAR 09/01/2005 TO 08/31/2006

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form). **Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time—Only submit original (no copies needed)

Form 990-T corporations requesting an automatic 6-month extension—check this box and complete Part I only
All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print	Name of Exempt Organization NATIONAL WILDLIFE FEDERATION	Employer identification number 52 : 0204616
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 11100 WILDLIFE CENTER DRIVE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. RESTON, VA 20190-5362	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--------------------------------------|---|------------------------------------|
| <input type="checkbox"/> Form 990 | <input checked="" type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **DULCE GOMEZ-ZORMELO, TREASURER**

Telephone No. ▶ (**703**) **438-6000** FAX No. ▶ (**703**) **438-6060**

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

1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until **JULY 15**, 20**07**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year 20... or
 ▶ tax year beginning **SEPTEMBER 01**, 20**05**, and ending **AUGUST 31**, 20**06**.

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ 0

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ 0

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ 0

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.