

Return of Organization Exempt From Income Tax

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

2005

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: C Name of organization NATIONAL WILDLIFE FEDERATION D Employer identification number 53-0204616 E Telephone number (703) 438-6000 F Accounting method: Cash [ ] Accrual [X]

G Website: WWW.NWF.ORG J Organization type [X] 501(c) ( 3 ) M Check [ ] if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 123,958,480.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Table with columns for Revenue, Expenses, and Net Assets. Rows include Contributions, program service revenue, membership dues, investment income, gross sales, and total revenue/expenses.

**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.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) ... (cash \$ <u>1,259,451</u> , noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>	22	1,259,451.	1,259,451.	<b>STATEMENT 9</b>	
23 Specific assistance to individuals (attach schedule) .....	23				
24 Benefits paid to or for members (attach schedule) .....	24				
25 Compensation of officers, directors, etc. **	25	1,180,272.	399,325.	619,065.	161,882.
26 Other salaries and wages .....	26	22,490,543.	18,377,517.	1,833,214.	2,279,812.
27 Pension plan contributions .....	27	622,305.	497,222.	60,427.	64,656.
28 Other employee benefits .....	28	2,479,741.	1,953,640.	272,055.	254,046.
29 Payroll taxes .....	29	1,914,179.	1,529,430.	185,868.	198,881.
30 Professional fundraising fees .....	30	1,726,098.			1,726,098.
31 Accounting fees .....	31	123,404.	92,355.	5,689.	25,360.
32 Legal fees .....	32	184,311.	139,788.	12,123.	32,400.
33 Supplies .....	33	181,501.	142,316.	19,672.	19,513.
34 Telephone .....	34	949,429.	781,340.	82,335.	85,754.
35 Postage and shipping .....	35	19,684,294.	17,503,275.	411,402.	1,769,617.
36 Occupancy .....	36	1,973,016.	1,614,673.	176,282.	182,061.
37 Equipment rental and maintenance .....	37	983,037.	823,097.	77,170.	82,770.
38 Printing and publications .....	38	8,202,528.	7,393,759.	132,061.	676,708.
39 Travel .....	39	1,824,334.	1,412,796.	227,477.	184,061.
40 Conferences, conventions, and meetings ...	40	632,293.	503,622.	65,071.	63,600.
41 Interest .....	41	1,564,006.	1,221,958.	172,979.	169,069.
42 Depreciation, depletion, etc. (attach schedule)	42	1,520,336.	1,275,452.	118,170.	126,714.
43 Other expenses not covered above (itemize):					
a .....	43a				
b .....	43b				
c .....	43c				
d .....	43d				
e .....	43e				
f .....	43f				
g <b>SEE STATEMENT 7</b>	43g	30,147,577.	26,322,553.	1,370,687.	2,454,337.
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	99,642,655.	83,243,569.	5,841,747.	10,557,339.

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 \$ 17973179.; (ii) the amount allocated to Program services \$ 10743658.; (iii) the amount allocated to Management and general \$ 1,133,180.; and (iv) the amount allocated to Fundraising \$ 6,096,341.

Form 990 (2005)

\*\* SEE STATEMENT 8

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (continued) **Yes No**

75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ..... **30**

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) ..... **75b 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? ..... **75c 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.

d Does the organization have a written conflict of interest policy? ..... **75d 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 & deferred compensation plans	(E) Expense account and other allowances
LAWRENCE J. AMON (FORMER OFFICER) 11100 WILDLIFE CENTER DRIVE RESTON, VA 20190	0.	96,987.	8,311.	0.
PAULA DELGIUDICE (FORMER DIRECTOR) 11100 WILDLIFE CENTER DRIVE RESTON, VA 20190	0.	74,659.	14,466.	44.
EILEEN MORGAN JOHNSON (FORMER OFFICER) 11100 WILDLIFE CENTER DRIVE RESTON, VA 20190	0.	24,024.	340.	0.
LAWRENCE J. AMON WAS AN OFFICER FROM 1996 TO 2006. PAULA DELGIUDICE WAS A MEMBER OF THE BOARD OF DIRECTORS FROM 1992 TO 2002. EILEEN MORGAN JOHNSON WAS AN OFFICER FROM 1986 TO 2005.				

**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 ..... **76 X**

77 Were any changes made in the organizing or governing documents but not reported to the IRS? ..... **77 X**  
If "Yes," attach a conformed copy of the changes.

78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? ..... **78a X**  
b If "Yes," has it filed a tax return on Form 990-T for this year? ..... **78b X**

79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement ..... **79 X**

80 a 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? ..... **80a X**  
b If "Yes," enter the name of the organization **SEE STATEMENT 24** and check whether it is  exempt or  nonexempt

81 a Enter direct or indirect political expenditures. (See line 81 instructions.) ..... **81a 0.**  
b Did the organization file Form 1120-POL for this year? ..... **81b X**

Part VI Other Information (continued)

82 a 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?
82 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.
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?
83 b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84 a Did the organization solicit any contributions or gifts that were not tax deductible?
84 b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?
85 b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85 c Dues, assessments, and similar amounts from members
85 d Section 162(e) lobbying and political expenditures
85 e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85 f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85 g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?
85 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?
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12
86 b Gross receipts, included on line 12, for public use of club facilities
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders
87 b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)
88 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?
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911
89 b 501(c)(3) and 501(c)(4) organizations. 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?
90 a List the states with which a copy of this return is filed
90 b Number of employees employed in the pay period that includes March 12, 2005
91 a The books are in care of
91 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)?
91 c At any time during the calendar year, did the organization maintain an office outside of the United States?
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year

Table with 2 columns: Yes, No. Row 91b: Yes, No. Row 91c: Yes, No.

**Part VII Analysis of Income-Producing Activities** (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a REGISTRATION FEES					157,962.
b LITIGATION FEES					384,573.
c OTHER REVENUE					3,659.
d _____					
e _____					
f Medicare/Medicaid payments .....					
g Fees and contracts from government agencies ...					
94 Membership dues and assessments .....					19,738,597.
95 Interest on savings and temporary cash investments ...			14	1,927.	
96 Dividends and interest from securities .....			14	93,192.	
97 Net rental income or (loss) from real estate:					
a debt-financed property .....					
b not debt-financed property .....			16	81,428.	
98 Net rental income or (loss) from personal property					
99 Other investment income .....					
100 Gain or (loss) from sales of assets other than inventory .....			18	-1,886,124.	
101 Net income or (loss) from special events .....					
102 Gross profit or (loss) from sales of inventory .....					24,941,994.
103 Other revenue:					
a SEE STATEMENT 26		499,968.		3,211,699.	82,215.
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E)) .....		499,968.		1,502,122.	45,309,000.
105 Total (add line 104, columns (B), (D), and (E)) .....					47,311,090.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	SEE STATEMENT 27

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Here: Dulce Gomez-Zormelo Signature of officer Date: 4/9/07 **DULCE M. GOMEZ-ZORMELO, TREASU** Type or print name and title.

Paid Preparer's Use Only: Preparer's signature: [Signature] Date: 4/3/07 Check if self-employed:  Preparer's SSN or PTIN: \_\_\_\_\_  
 Firm's name (or yours if self-employed), address, and ZIP + 4: **BDO SEIDMAN, LLP**  
**7101 WISCONSIN AVE., SUITE 800**  
**BETHESDA, MD 20814-4827**  
 EIN: \_\_\_\_\_ Phone no.: **(301) 654-4900**

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**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

**2005**

Name of the organization **NATIONAL WILDLIFE FEDERATION** Employer identification number **53 0204616**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(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
<u>ALAN W. EVANS</u> 11100 WILDLIFE CENTER DRIVE, RESTON,	SR. VP FOR DEVELOPME 40.00	180,001.	2,612.	917.
<u>THOMAS W. SIDAR</u> 11100 WILDLIFE CENTER DRIVE, RESTON,	SR. VP MERCHANDISE 40.00	170,532.	9,505.	624.
<u>JAMES S. LYON</u> 11100 WILDLIFE CENTER DRIVE, RESTON,	SR. VP FOR CONSERVAT 40.00	151,109.	21,937.	274.
<u>KAREN B. KRESS</u> 11100 WILDLIFE CENTER DRIVE, RESTON,	VP FOR DEVELOPMENT 40.00	150,533.	2,871.	800.
<u>KEVIN J. COYLE</u> 11100 WILDLIFE CENTER DRIVE, RESTON,	VP FOR EDUCATION 40.00	143,662.	6,045.	1,218.
Total number of other employees paid over \$50,000	▶ 181			

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>DONOR SERVICES GROUP</u> 11500 OLYMPIC BLVD. # 540, LOS ANGELES, CA 90064	PROFESSIONAL FUNDRAISER	646,803.
<u>SHARE GROUP, INC.</u> 99 DOVER STREET, SOMERVILLE, MA 02114	PROFESSIONAL FUNDRAISER	377,947.
<u>BDO SEIDMAN</u> 7101 WISCONSIN AVE, SUITE 800, BETHESDA, MD 20814	ACCOUNTING & AUDITING	134,845.
<u>STATE STREET GLOBAL ADVISORS</u> ONE LINCOLN ST, BOSTON, MA 02111	INVESTMENT MANAGEMENT	93,716.
<u>SEYFARTH &amp; SHAW</u> 815 CONNECTICUT AVE, NW, SUITE 500, WASHINGTON, D	LEGAL SERVICES	65,818.
Total number of others receiving over \$50,000 for professional services	▶ 2	

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>COMMUNICATION DATA SERVICES</u> P.O. BOX 360, DES MOINES, IA 50302	FULFILLMENT/ LETTERSHP OUTSOU	1,987,658.
<u>MERKLE MAILING SERVICES</u> PO BOX 64897, BALTIMORE, MD 21264-4897	DATABASE DEV & MGMT; STRATEGIC S	847,690.
<u>MILLARD GROUP, INC.</u> 10 VOSE FARM RD, PETERBOROUGH, NH 03458-0890	LIST MANAGEMENT	463,707.
<u>NAMES IN THE NEWS</u> 1300 CLAY ST, 11TH FLOOR, OAKLAND, CA 94612-1429	LIST MANAGEMENT	442,765.
<u>DIRECT MAIL PROCESSORS</u> 1150 CONRAD COURT, HAGERSTOWN, MD 21740	FULFILMENT/ DATA ENTRY OUTSOURCE	345,468.
Total number of other contractors receiving over \$50,000 for other services	▶ 26	

**Part III 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 <b>▶</b> \$ _____ \$ <u>211,276.</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) <b>VI-A, LINE 38B</b>	1	X
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.)		
a Sale, exchange, or leasing of property? .....	2a	X
b Lending of money or other extension of credit? ..... <b>SEE STATEMENT 28.</b>	2b	X
c Furnishing of goods, services, or facilities? .....	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <b>SEE PART V-A, FORM 990</b>	2d	X
e Transfer of any part of its income or assets? .....	2e	X
3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.) ..... <b>SEE STATEMENT 29.</b>	3a	X
b Do you have a section 403(b) annuity plan for your employees? .....	3b	X
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)? .....	3c	X
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? .....	4a	X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services? .....	4b	X

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state **▶** \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: **▶**  Type 1  Type 2  Type 3

Provide the following information about the supported organizations. (See page 6 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.  
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	44793477.	44964180.	43523225.	48486411.	181767293.
16 Membership fees received	19938426.	20586116.	20201914.	24130887.	84,857,343.
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	44516450.	49572645.	51542478.	49215732.	194847305.
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	3,498,129.	3,294,943.	3,496,656.	3,520,692.	13,810,420.
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	49,805.	132,088.	SEE STATEMENT 30 84,293.	115,407.	381,593.
23 Total of lines 15 through 22	112,796,287.	118,549,972.	118,848,566.	125,469,129.	475663954.
24 Line 23 minus line 17	68279837.	68977327.	67306088.	76253397.	280816649.
25 Enter 1% of line 23	1,127,963.	1,185,500.	1,188,486.	1,254,691.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 5,616,333.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 280816649.
d Add: Amounts from column (e) for lines: 18 13,810,420. 19 _____ 22 381,593. 26b _____					26d 14,192,013.
e Public support (line 26c minus line 26d total)					26e 266624636.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 94.9462%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A (2004) _____ (2003) _____ (2002) _____ (2001) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A (2004) _____ (2003) _____ (2002) _____ (2001) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add: Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.



**Part V Private School Questionnaire** (See page 7 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
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	
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:		
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:		
a	Students' rights or privileges? .....	33a	
b	Admissions policies? .....	33b	
c	Employment of faculty or administrative staff? .....	33c	
d	Scholarships or other financial assistance? .....	33d	
e	Educational policies? .....	33e	
f	Use of facilities? .....	33f	
g	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.)			
_____			
_____			
34 a	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	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check  **a** if the organization belongs to an affiliated group. Check  **b** if you checked "a" and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b>		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred.)			
		N/A	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	36	51,858.
37	Total lobbying expenditures to influence a legislative body (direct lobbying) .....	37	159,418.
38	Total lobbying expenditures (add lines 36 and 37) .....	38	211,276.
39	Other exempt purpose expenditures .....	39	99,063,880.
40	Total exempt purpose expenditures (add lines 38 and 39) .....	40	99,275,156.
41	Lobbying nontaxable amount. Enter the amount from the following table -		
	<b>If the amount on line 40 is -</b>		
	<b>The lobbying nontaxable amount is -</b>		
	Not over \$500,000 .....		20% of the amount on line 40 .....
	Over \$500,000 but not over \$1,000,000 .....		\$100,000 plus 15% of the excess over \$500,000 .....
	Over \$1,000,000 but not over \$1,500,000 .....		\$175,000 plus 10% of the excess over \$1,000,000 .....
	Over \$1,500,000 but not over \$17,000,000 .....		\$225,000 plus 5% of the excess over \$1,500,000 .....
	Over \$17,000,000 .....		\$1,000,000 .....
41		41	1,000,000.
42	Grassroots nontaxable amount (enter 25% of line 41) .....	42	250,000.
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 .....	43	0.
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 .....	44	0.

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
46					6,000,000.
47	211,276.	306,559.	182,282.	141,837.	841,954.
48	250,000.	250,000.	250,000.	250,000.	1,000,000.
49					1,500,000.
50	51,858.	76,675.	54,864.	19,448.	202,845.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
	<b>a</b> Volunteers .....		
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.) .....			
<b>c</b> Media advertisements .....			
<b>d</b> Mailings to members, legislators, or the public .....			
<b>e</b> Publications, or published or broadcast statements .....			
<b>f</b> Grants to other organizations for lobbying purposes .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....			
<b>i</b> Total lobbying expenditures (Add lines c through h.) .....			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2005**

Name of organization

Employer identification number

**NATIONAL WILDLIFE FEDERATION**

**53-0204616**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule-see instructions.)

**General Rule-**

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

**Special Rules-**

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test under Regulations sections 1.509(a)-3/1.170A-9(e) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

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

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ..... ► \$ \_\_\_\_\_

**Caution:** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2005)

Name of organization

Employer identification number

**NATIONAL WILDLIFE FEDERATION**

**53-0204616**

**Part I Contributors** (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 3,929,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 1,226,320.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
1	PROPERTY AND EQUIPMENT VARIES		VAR	.000	16	39,541,109.			39,541,109.	12,448,744.		1,520,336.
	* TOTAL 990 PAGE 2											
	DEPR					39,541,109.		0.	39,541,109.	12,448,744.	0.	1,520,336.

FORM 990

RENTAL INCOME

STATEMENT 1

KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
RENTAL INCOME	1	81,428.
TOTAL TO FORM 990, PART I, LINE 6A		81,428.

FORM 990                      GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES                      STATEMENT      2

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
SALES OF INVESTMENTS	968,675.	1,152,986.	0.	-184,311.
TO FORM 990, PART I, LINE 8	968,675.	1,152,986.	0.	-184,311.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPRECIATION	NET GAIN OR (LOSS)
COLLATOR	09/15/98	09/14/05	PURCHASED	7,500.	4,500.	375.	2,931.	5,556.
NAME OF BUYER	CALEY CORPORATION							
DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPRECIATION	NET GAIN OR (LOSS)
CUTTER	09/15/98	03/07/06	PURCHASED	26,882.	30,000.	2,688.	18,180.	12,374.
NAME OF BUYER	FOLDER AND FEEDERS							
DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPRECIATION	NET GAIN OR (LOSS)
CHROMA GRAPHICS	09/15/98	03/07/06	PURCHASED	745.	1,000.	75.	675.	345.
NAME OF BUYER	CHROMA GRAPHICS							
DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPRECIATION	NET GAIN OR (LOSS)
MOBILE CONVEYOR	09/15/98	03/07/06	PURCHASED	373.	500.	37.	337.	173.
NAME OF BUYER	CHROMA GRAPHICS							
DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPRECIATION	NET GAIN OR (LOSS)
INTERNATIONAL HARVESTER	09/15/98	04/11/06	PURCHASED	5,500.	8,000.	0.	8,000.	5,500.
NAME OF BUYER	CAROL A. UNGER							