Cumulative	e e-File History 2013						
	Federal						
Locator:2374INTaxpayer Name:National Wildlife FederationReturn Type:990, 990 & 990T (Corp)							
Taxpayer Name:	National Wildlife Federation						
Return Type:	990, 990 & 990T (Corp)						
Submitted Date:	04/02/2015 08:49:00						
Acknowledgement Date:	04/02/2015 08:56:56						
Status:	Accepted						
Submission ID:	52761520150925000016						

rm 99	Under section 501(c), ► Do not enter	Organization Exempt Fro 527, or 4947(a)(1) of the Internal Revenue Co or Social Security numbers on this form as it is	ode (except may be mad	private foundations e public.	Open to Public
rnal Revenue Se		about Form 990 and its instructions is at w			Inspection
For the 20	13 calendar year, or tax year be	ginning 09/01 , 2013, and e	enaing	D Employer identifi	8/31, 20 14
Check if applicable:	C Name of organization				
Address	NATIONAL WILDLIFE FE	DERATION		53-020461	.6
change.	Doing Business As				
Name change	Number and street (or P.O. box if mail	is not delivered to street address) Room/s	suite	E Telephone number	er
Initial return	11100 WILDLIFE CENTE	R DRIVE		(703) 438-6	6000
Terminated	City or town, state or province, country	y, and ZIP or foreign postal code			
Amended return	RESTON, VA 20190-536	2		G Gross receipts \$	82,757,053
Application pending	F Name and address of principal officer:	COLLIN O'MARA		H(a) Is this a group retu	um for Yes X N
	11100 WILDLIFE CENTE	R DRIVE RESTON, VA 20190-536	52	subordinates? H(b) Are all subordinates	included? Yes N
Tax-exempt s			527	A.	st. (see instructions)
Website:	WWW.NWF.ORG			H(c) Group exemption r	
	nization: X Corporation Trust	Association Other L Y	Voor of formati	on: 1939 M State	
	mmary				or regai dornicile. DC
		Server similar to the SEE SCUEDU	TEO		
I Drieti	y describe the organization's mission	or most significant activities: SEE SCHEDU			
		discontinued its operations or disposed of more			
3 Numb	per of voting members of the governir	ng body (Part VI, line 1a)			29.
4 Numb	per of independent voting members o	f the governing body (Part VI, line 1b)		4	28
5 Total	number of individuals employed in ca	alendar year 2013 (Part V, line 2a)		5	460.
6 Total	number of volunteers (estimate if nece	essary)		6	3,850.
7a Total	unrelated business revenue from Part	VIII, column (C), line 12	V	7a	502,396.
		n Form 990-T, line 34			-43,626.
			~	Prior Year	Current Year
8 Contri	butions and grants (Part VIII line 1h)		(57,674,931.	64,981,174.
9 Progra	am service revenue (Part VIII, line 2a)		••	6,543,141.	5,707,144
10 Invest	ment income (Part VIII, column (A), li	nes 3, 4, and 7d)	••	590,467.	184,945
11 Other	revenue (Part VIII, column (A), lines (5, 6d, 8c, 9c, 10c, and 11e)	••	7,947,645.	8,662,852.
				32,756,184.	79,536,115.
		st equal Part VIII, column (A), line 12)			
		olumn (A), lines 1-3)		1,786,914.	2,890,383.
		umn (A), line 4)			20, 200, 200
		nefits (Part IX, column (A), lines 5-10)		32,456,540.	32,329,300.
6a Profes	sional fundraising fees (Part IX, colum	n (A), line 11e)		1,501,179.	1,495,925.
b Total f	undraising expenses (Part IX, column	(D), line 25) ▶10,001,989.			
7 Other	expenses (Part IX, column (A), lines 1	1a-11d, 11f-24e)	4	3,997,578.	41,388,663.
		al Part IX, column (A), line 25)		9,742,211.	78,104,271.
9 Reven	ue less expenses. Subtract line 18 fro	m line 12		3,013,973.	1,431,844.
			Beginn	ing of Current Year	End of Year
0 Total a	ssets (Part X, line 16)			6,456,891.	72,168,438.
1 Total li	Time is a second second		-	4,900,262.	74,496,669.
100		1 from line 20		8,443,371.	-2,328,231.
Contraction Contraction	nature Block				
	perjury, I declare that I have examined th	nis retum, including accompanying schedules and s n officer) is based on all information of which prepare	statements, an	d to the best of my k	nowledge and belief, it is
orrect, and c	complete. Declaration of preparer (other that	n officer) is based on all information of which prepare	er has any kno	wledge.	
	Karen Wagner			4/1/2	015
	Signature of officer			Date	
	AREN WAGNER	TREASURER			
	ype or print name and title	IKEASUKEK			
	ype or print name and the	Preparer's signature Date	*		PTIN
			/2015		
rer MIKE	SORRELLS			self-employed	P00001737
nly Firm's		1. 	F	irm's EIN ▶13-5	
				0.0.1	CE 4 4000
Firm's a	address ▶7101 WISCONSIN AVE, SUIT uss this return with the preparer show		F	Phone no. 301-	654-4900

rt III Statement of Program Service A	Accomplishments response or note to any line in this I	Dart III	
Briefly describe the organization's mission			X
ATTACHMENT 1			
Did the organization undertake any signif	ificant program services during the	e year which were not listed on t	
			Yes X No
If "Yes," describe these new services on Se			
Did the organization cease conducting,			
services?			. Yes X No
If "Yes," describe these changes on Sched Describe the organization's program ser		of its three largest program ser	vices, as measured by
expenses. Section 501(c)(3) and 501(c)(
the total expenses, and revenue, if any, for			
(Code:) (Expenses \$ 25,1	160,937. including grants of \$	2,890,383.) (Revenue \$	122,191.)
ATTACHMENT 2			<u></u>
(Code:) (Expenses \$16, s	943,476. including grants of \$) (Revenue \$	72,508.)
ATTACHMENT 3			
(Code:) (Expenses \$ _{8,9}	920,031. including grants of \$) (Revenue \$	5,474,454.)
ATTACHMENT 4			
7			
Other program services (Describe in Sche	}dule O.)		

Form 9	990 (2013)		I	Page 3
Part	IV Checklist of Required Schedules			
_			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		x	
2	complete Schedule A	1 2	X	<u> </u>
2 3	Did the organization required to complete <i>Schedule B</i> , <i>S</i>	-	11	
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4	x	
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			77
•	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	3		
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	x	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
••	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X X	
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	A	
т	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116	x	
12 2	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes,"</i>	111		
12 a	complete Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	40		x
47	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e2 (f "Yes" complete Schedule C. Part I (coe instructions)	17	x	
18	Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	– "		<u> </u>
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	-		
	If "Yes," complete Schedule G, Part III	19		х
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		i

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Part	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a.	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I.	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes." complete Schedule L. Part I.	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any			
-0	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If so, complete Schedule L, Part II	26	Х	
7	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		
. /	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
		27		Х
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.	21		<u> </u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	00-		v
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			37
	Schedule L, Part IV.	28b		<u>X</u>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.	28c	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	Х	
5 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O		Х	
	To a network and the required to complete obligation of the territer terr			

	990 (2013)		I	Page
Par				37
	Check if Schedule O contains a response or note to any line in this Part V		Yes	. X No
1.0	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 283		Tes	NO
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	-		
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
C	reportable gaming (gambling) winnings to prize winners?	1c	x	
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			17
Zu	Statements, filed for the calendar year ending with or within the year covered by this return 2a 460			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
N N	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
32	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	X	
	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)?	4a	x	
b	If "Yes," enter the name of the foreign country: ► <u>ATTACHMENT 5</u>			
~	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
•••	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
ű	and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
•	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
-	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
1	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans 13b			
с	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

orm 9	90 (2013)			Page 6
Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.	See in	struc	
	Check if Schedule O contains a response or note to any line in this Part VI	• • •	• • •	X
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 22			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 24	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
ecti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	-	ə.)	I
			Yes	No
) 2	Did the organization have local chapters, branches, or affiliates?	10a		х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	lou		
D	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
2	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	- Tu		
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
2a ⊾	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	120		
b		12b	х	
_	rise to conflicts?	120		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c	х	
	describe in Schedule O how this was done	13	X	
	Did the organization have a written whistleblower policy?		X	
	Did the organization have a written document retention and destruction policy?	14	21	
5	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	450	Х	
a	The organization's CEO, Executive Director, or top management official	15a		x
b	Other officers or key employees of the organization	15b		~
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
ba	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			37
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		<u> </u>
	ion C. Disclosure			
7	List the states with which a copy of this Form 990 is required to be filed ▶_ATTACHMENT_6			
3	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	n 501(d	c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.			
*	X Own website Another's website X Upon request Other (explain in Schedule O)			
Э	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of inf	erest	policy	/, and
	financial statements available to the public during the tax year.			

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ KAREN WAGNER 11100 WILDLIFE CENTER DRIVE RESTON, VA 20190-5362 703-438-6000

Part VII	Independent Contractors Check if Schedule O contains a response or note to any line in this Part VII ection A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	
	Check if Schedule O contains a response or note to any line in this Part VII	X
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	
1a Complete	e this table for all persons required to be listed. Report compensation for the calendar year ending with or within	n the

organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

___ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	iot ch unles	s pe	ition more rson	e than o is both or/trust Highest compensated	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
_(1)DEBORAH_SPALDING	3.00	x		x				0	0	0
(2)BRUCE WALLACE	3.00								0	0
CHAIR ELECT		x		х				0	0	0
(3)STEPHEN K. ALLINGER PAST CHAIR	3.00	x		x				0	0	0
(4)BRIAN BASHORE	3.00									
DIRECTOR		X						0	0	0
_(5)TAHLIA_BEAR DIRECTOR	3.00	X						0	0	0
(6)PAUL BEAUDETTE DIRECTOR	3.00	x						0	0	0
(7)VIRGINIA T. BROCK DIRECTOR	3.00	x						0	0	0
(8)CLARK BULLARD DIRECTOR	3.00	x						0	0	0
(9)ALISON BYERS DIRECTOR	3.00	X						0	0	0
(10)DAVID CARRUTH DIRECTOR	3.00	x						0	0	0
(11)RON CLAUSEN	3.00									0
DIRECTOR	+	х						0	0	0
(12)SHELLEY COHEN	3.00									
DIRECTOR		Х						0	0	0
(13)SHARON DARNOV	3.00									
DIRECTOR		X						0	0	0
(14) DIANNE DILLON-RIDGLEY DIRECTOR	3.00	x						0	0	0
X - J		Х						0	0	0

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Form 990 (2013)

(A)	(B)			(C	;)			(D)	(E)	(F)
Name and title	Average hours per	(do r		Posit eck r		than o	ne	Reportable compensation	Reportable compensation from	Estimated amount of
	week (list any	•				s both		from	related	other
	hours for					or/trust	_	the	organizations	compensation
	related	lndi or d	Inst	Officer	Key	High	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted	vidu	ituti	er	em	lest	ner	(W-2/1099-MISC)		organization and related
	line)	tor tr	onal		Key employee	è on				organizations
		Individual trustee or director	Institutional trust		ee	Iper				
		õ	stee			Highest compensated employee				
5) TOM DOUGHERTY	3.00					-				
DIRECTOR		X						0	0	
6) JOHN THOMAS GRANT, JR.	3.00									
DIRECTOR		X						0	0	
7) KATHLEEN HADLEY	3.00									
DIRECTOR		x						0	0	
8) DAVID L. HARGETT	3.00									
DIRECTOR		x						0	0	
9) BILL HOUSTON	3.00									
DIRECTOR		x						0	0	
0) DAVID LANGHORST	3.00									
DIRECTOR		x						0	0	
1) JERRY LITTLE	3.00									
DIRECTOR		X						0	0	
2) RAMON LOPEZ	3.00									
DIRECTOR		X						0	0	
3) CHRISTOPHER NOOK	3.00									
DIRECTOR		x						0	0	
4) BRIAN PRESTON	3.00									
DIRECTOR		X		-				0	0	
5) JULIA REED-ZAIC	3.00									
DIRECTOR		X						0	0	
1b Sub-total							►	0	0	
c Total from continuation sheets to Part VII,	Section A				•••			2,519,559.	0	319,273
d Total (add lines 1b and 1c)								2,519,559.	0	319,273
2 Total number of individuals (including but no							o re	ceived more than	\$100,000 of	
reportable compensation from the organizati	on 🕨	39	9							
										Yes No
3 Did the organization list any former of	icer, directo	or, or	trus	stee	e. k	ev e	mp	lovee, or highes	t compensated	
employee on line 1a? If "Yes," complete Sche										3 X
4 For any individual listed on line 1a, is the	sum of rer	ortah	ole co	omr	heng	sation	າລ	nd other compens	sation from the	
organization and related organizations of	reater than	\$15	50,00	0?	lf	"Yes	. ai	complete Schedu	le J for such	
individual										4 X
5 Did any person listed on line 1a receive of										

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of 1 compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

	(A) Name and business address	(B) Description of services	(C) Compensation
A'	TTACHMENT 7		
	▼		
2	Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ► 19	e listed above) who received	

Image: state of the state		(A) Name and title	(B) Average hours per week (list any hours for	box, office	not che unless er and	pers a dir	tion nore ti son is rector	han one both ar /trustee	n e)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	ar com	(F) stimated nount c other npensat	of ion
DIRECTOR X 0 0 01. KENT SALAZAR 3.00 X 0 0 02. KENT SALAZAR 3.00 X 0 0 03. DIRECTOR 3.00 X 0 0 01. RECTOR 3.00 X 0 0 11. MARY VAN KEREBEROOK 3.00 X 0 0 12. LISE VAN SUSTEREN 3.00 X 0 0 31. NICOLE WOOD 3.00 X 0 0 12. RECTOR 3.00 X 0 0 13. NICOLE WOOD 3.00 X 0 0 14. MARK W. HECKERT 3.00 X 0 0 15. LARRY J. SCHNEIGER 36.00 X 244,005. 0 14. MARK W. HECKERT 3.00 X 244,005. 0			organizations below dotted	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated	Former		(W-2/1099-MISC)	org an	anizatio d relate	on d
7.) KENT SALAZAR 3.00 x 0 0 DIFRECTOR 3.00 x 0 0 0 DIFRECTOR 3.00 x 0 0 0 9.) LESLIE SHAD 3.00 x 0 0 0 9.) LESLIE SHAD 3.00 x 0 0 0 0.0 GREGORY SMITH 3.00 x 0 0 0 DIRRCTOR x 0 0 0 0 0 DIRRCTOR 3.00 x 0 0 0 0 DIRRCTOR 3.00 x 0 0 0 0 DIRRCTOR 3.00 x 0 0 0 0 0 DIRRCTOR 3.00 x 0 0 0 0 0 0 DIRRCTOR 3.00 x 0 0 0 0 0 0 DIRRCTOR 3.00 x 0 0 0 0 0 0 0 0 </td <td>6)</td> <td></td> <td>3.00</td> <td></td>	6)		3.00											
DIRECTOR x 0 0 81 TRUNAN SEMANS 3.00 x 0 0 91 LESLIE SIAD 3.00 x 0 0 91 MARY VAN KERREBROOK 3.00 x 0 0 91 MARY VAN KERREBROOK 3.00 x 0 0 91 MARY WAN KERREBROOK 3.00 x 0 0 91 MARK W. HECKERT 3.00 x 0 0 91 MARK W. HECKERT 3.00 x 244,005 0 24,806 91 JALRY J. SCHWEIGER 36.00 x 244,005 0 35,482 91 Sub-total	<u>י די</u>		2 00	X						U	0			
8) TRUMAN SEMANS 3.00 x 0 0 DIRECTOR 3.00 x 0 0 0 DIRECTOR 3.00 x 0 0 0 DIRECTOR 3.00 x 0 0 0 0) GREGORY SMITH 3.00 x 0 0 DIRECTOR x 0 0 0 0 DIRECTOR x 0 0 0 0 DIRECTOR 3.00 x 0 0 0 DIRECTOR 3.00 x 0 0 0 2) LISE VAN SUSTEREN 3.00 x 0 0 0 JINICOLE WOOD 3.00 x 0 0 0 0 0 5) LARRY J. SCHWEIGER 36.00 x 0 0 341,549 24,806 6) JAINES MARK W. HECKERT 3.600 x 244,005 0 35,482 1b Sub-total ctotal from continuation sheets to Part VII, Section A 244,005 0			3.00	x						0	0			
DIRECTOR 3.00 x 0 0 91 LESTLE SHAD 3.00 x 0 0 DIRECTOR x 0 0 0 21 LISE VAN SUSTEREN 3.00 x 0 0 JIRECTOR x 0 0 0 0 JIRECTOR x 0 0 0 0 JIRECTOR x 0 0 0 0 JIRECTOR 3.00 x 0 0 0 0 JIRECTOR 3.00 x 244	8)		3 00	A										
9) LESLIE SHAD 3.00 x 0 0 DIRECTOR x 0 0 0 0 0.0) GREGORY SMITH 3.00 x 0 0 11 MARY VAN KEREBEROOK 3.00 x 0 0 21 LISE VAN SUSTEREN 3.00 x 0 0 21 LISE VAN SUSTEREN 3.00 x 0 0 31 NICOLE WOOD 3.00 x 0 0 21 LISE VAN SUSTEREN 3.00 x 0 0 31 NICOLE WOOD 3.00 x 0 0 24 JAIREY J. SCHWEIGER 36.00 x 341,549 24,806 61 JAIRE B. MATVAS 36.00 x 244,005 0 35,482 15 LARRY J. SCHWEIGER 4.00 x 244,005 0 35,482 16 total from continuation sheets to Part Vil, Section A . . 36 21 total from continuation sheets to Part Vil, Section A . . 31 </td <td></td> <td></td> <td></td> <td>x</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0</td> <td>0</td> <td></td> <td></td> <td></td>				x						0	0			
0.) GREGORY SMITH 3.00 x 0 0 DIRECTOR x 0 0 0 1.) MARY VAN KERREBROOK 3.00 x 0 0 DIRECTOR x 0 0 0 21. LISE VAN SUSTEREN 3.00 x 0 0 DIRECTOR x 0 0 0 DIRECTOR 3.00 x 0 0 DIRECTOR x 0 0 0 OLINECTOR 3.00 x 0 0 DIRECTOR 3.00 x 0 0 CH2EROR 36.00 x 244.005 35.482 CH3 IMBE B. MATYAS 36.00 x 244.005 35.482 Catal number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from t	29)		3.00											
DIRECTOR x 0 0 1) MARY VAN KERREBROOK 3.00 x 0 0 DIRECTOR 3.00 x 0 0 2) LISE VAN SUSTEREN 3.00 x 0 0 3) NICOLE WOOD 3.00 x 0 0 3) NICOLE WOOD 3.00 x 0 0 JIRECTOR x 0 0 0 4) MARK W. HECKERT 3.00 x 0 0 5) LARRY J. SCHWEIGER 36.00 x 244,806 6(1) JAIME B. MATYAS 36.00 x 244,005 0 CHIEF OPERATING OFFICER 4.00 x 244,005 0 35,482 15 Sub-total				Х						0	0			
1) MARY VAN KERREBROOK 3.00 x 0 0 DIFECTOR 3.00 x 0 0 0 2) LISE VAN SUSTEREN 3.00 x 0 0 3) NICOLE WOOD 3.00 x 0 0 DIRECTOR 3.00 x 0 0 JINCOLE WOOD 3.00 x 0 0 DIRECTOR 3.00 x 0 0 JINCOLE WOOD 3.00 x 0 0 DIRECTOR 3.00 x 0 0 JINCOLE WOOD 3.00 x 0 0 DIRECTOR 3.00 x 0 0 JINCOLE WOOD 3.00 x 0 0 DIRECTOR 3.00 x 0 0 0 JINECTOR 36.00 x 244,005 0 35,482 Ib Sub-total	30)	GREGORY SMITH	3.00											
DIRECTOR x 0 0 21 LISE VAN SUSTEREN 3.00 x 0 0 DIRECTOR X 0 0 0 0 31 NICOLE WOOD 3.00 x 0 0 0 JIRECTOR X 0 0 0 0 0 JIRECTOR 3.00 X 0 0 0 0 JIRECTOR 3.00 X 0 0 0 0 0 JIRECTOR 3.00 X 0		DIRECTOR		Х						0	0			
2) LISE VAN SUSTEREN 3.00 x 0 0 DIRECTOR x 0 0 0 3) NICOLE WOOD 3.00 x 0 0 DIRECTOR x 0 0 0 0 4) MARK W. HECKERT 3.00 x 0 0 5) LARRY J. SCHWEIGER 36.00 x 341,549 0 24,806 6) JAIME B. MATYAS 36.00 x 244,005 0 35,482 1b Sub-total	31)		3.00		$ \top$	T			Τ					
DIRECTOR x 0 0 3) NICOLE WOOD 3.00 x 0 0 DIRECTOR x 0 0 0 4) MARK W. HECKERT 3.00 x 0 0 DIRECTOR x 0 0 0 DIRECTOR x 0 0 0 StateStateStateStateStateStateStateStat				Х						0	0			
3) NICOLE WOOD 3.00 x 0 0 4) MARK W. HECKERT 3.00 x 0 0 5) LARRY J. SCHWEIGER 36.00 x 341,549 0 24,806 6) JAINE B. MATYAS 36.00 x 244,005 0 35,482 1b Sub-total 244,005 0 35,482 35,482 1b Sub-total 2 244,005 0 35,482 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ≥ 39 3 3 3 3 4 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "yes," complete Schedule J for such individual 3 3 3 3 3 4 3 4 3 3 4 3 <td< td=""><td><u>2)</u></td><td></td><td>3.00</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	<u>2)</u>		3.00											
DIRECTOR x 0 0 4) MARK W. HECKERT 3.00 x 0 0 5) LARRY J. SCIWEIGER 36.00 x 341,549 0 24,806 6) JAIME B. MATYAS 36.00 x 244,005 0 35,482 1b Sub-total				X		_			_	0	0			
4) MARK W. HECKERT 3.00 x 0 0 DIRECTOR 36.00 x 0 0 5) LARRY J. SCHWEIGER 36.00 x 341,549. 0 24,806 6) JAIME B. MATYAS 36.00 x 244,005. 0 35,482 1b Sub-total	(3)		3.00											
DIRECTOR x 0 0 5) LARRY J. SCHWEIGER 36.00 x 341,549. 24,806 6) JAIME B. MATYAS 36.00 x 244,005. 0 35,482 6) JAIME B. MATYAS 36.00 x 244,005. 0 35,482 1b Sub-total	1		2 00	X						0	0			
5) LARRY J. SCHWEIGER 36.00 x 341,549. 0 24,806 6) JAIME B. MATYAS 36.00 x 244,005. 0 35,482 16) JAIME B. MATYAS 36.00 x 244,005. 0 35,482 1b Sub-total	54)		3.00	v						0	0			
PRESIDENT - NWF 4.00 X 341,549. 0 24,806 6) JAIME B. MATYAS 36.00 X 244,005. 0 35,482 1b Sub-total	35)		36 00			4				0	0			
6) JAIME B. MATYAS CHIEF OPERATING OFFICER 36.00 4.00 x 244,005. 0 35,482 1b Sub-total c Total from continuation sheets to Part VII, Section A > > 1 244,005. 0 35,482 2 Total from continuation sheets to Part VII, Section A > > 1 1 1 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > 39 39 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual						x				341,549.	0		24.8	306
1b Sub-total	36)												,	
c Total from continuation sheets to Part VII, Section A > d Total (add lines 1b and 1c) > 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > 39 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual Yes No 4 For any individual listed on line 1a, is the sum of reportable compensation and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 3 X 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)		CHIEF OPERATING OFFICER	4.00			x				244,005.	0		35,4	482
 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	c d	Total from continuation sheets to Part VII, S Total (add lines 1b and 1c) Total number of individuals (including but not	limited to tl	nose	listed				rec	ceived more than	\$100,000 of			
employee on line 1a? If "Yes," complete Schedule J for such individual													Yes	No
employee on line 1a? If "Yes," complete Schedule J for such individual	3	Did the organization list any former offic	er, directo	r, or	trus	stee	e, ke	ey en	npl	oyee, or highes	t compensated			
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual												3	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)	4	organization and related organizations gre	eater than	\$15	50,00	0?	lf	"Yes,"	'с	complete Schedu	le J for such	4	x	
for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)	5											-		
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)		for services rendered to the organization? If "Ye										5		X
(A) (B) (C) Name and business address (C) Description of services (C) Compensation	1	compensation from the organization. Report c												
			ress							(B) Description of se	rvices (

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►

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(A) Name and title	(B)	i i		(C)			(D)	(E)	(F)	
	Average hours per week (list any hours for	box, office	not che unless r and a	osition ck mc perso a dire	re than o n is both ctor/trust	an ee)	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount o other compensat	of ion
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organizatio and relate organizatio	on ed
37) DULCE M. GOMEZ-ZORMELO TREASURER - NWF	36.00 4.00			ĸ			183,066.	0	30,3	370
38) JOHN E. ASHLEY JR. ASSISTANT TREASURER - NWF	36.00 4.00			ĸ			119,401.	0	21,	872
39) BARBARA G. MCINTOSH SECRETARY - NWF	36.00 4.00			ĸ			173,562.	0	25,	859
40) BENJAMIN P. KOTA ASSISTANT SECRETARY - NWF	36.00 4.00			ĸ			79,674.	0	12,	391
1) COLLIN O'MARA CEO	36.00 4.00			ĸ			0	0		
2) KAREN L. WAGNER TREASURER	36.00 4.00			x			0	0		
3) BENJAMIN P. KOTA SECRETARY	36.00 4.00			ĸ			0	0		
4) JAMES S. LYON VP OF CONSERVATION POLICY	40.00			х			170,475.	0	24,	018
5) KEVIN J. COYLE VP OF EDUCATION & TRAINING	40.00			X			170,090.	0	23,	876
46) ANTHONY P. CALIGIURI SR VP CONSERVATION & EDUCATION	40.00			X	:		161,609.	0	28,	950
47) ANDREW P. BUCHSBAUM	40.00				x		149,888.	0	10,	587
REGIONAL EXEC DIR/GREAT LAKES									207	
REGIONAL EXEC DIR/GREAT LAKES 1b Sub-total c Total from continuation sheets to Part VII, Set d Total (add lines 1b and 1c) 2 Total number of individuals (including but not I reportable compensation from the organization	limited to th		isted			A	ceived more than	\$100,000 of		
 1b Sub-total c Total from continuation sheets to Part VII, See d Total (add lines 1b and 1c) 2 Total number of individuals (including but not I 	limited to the second	hose I 39 r, or	listed	abov	ve) who	o re	loyee, or highes	compensated	Yes 3 X	No
 1b Sub-total c Total from continuation sheets to Part VII, Set d Total (add lines 1b and 1c) 2 Total number of individuals (including but not I reportable compensation from the organization 3 Did the organization list any former office employee on line 1a? <i>If "Yes," complete Schedu</i> 4 For any individual listed on line 1a, is the s organization and related organizations gree 	limited to the er, directo ule J for successum of rep eater than	hose I 39 ar, or <i>ch ind</i> portab \$15	trus <i>ividua</i> io,000	abov tee, a/ mpe	ve) who key e nsation	emp	loyee, or highest nd other compens complete Schedu	t compensated sation from the le J for such	Yes	No
 1b Sub-total c Total from continuation sheets to Part VII, Set d Total (add lines 1b and 1c) 2 Total number of individuals (including but not I reportable compensation from the organization 3 Did the organization list any former office employee on line 1a? <i>If "Yes," complete Schedu</i> 4 For any individual listed on line 1a, is the sorganization and related organizations greindividual 5 Did any person listed on line 1a receive or for services rendered to the organization? <i>If "Yes</i> 	limited to the er, directo ule J for successum of rep eater than accrue cor	nose I 39 ar, or <i>ch ind</i> \$15 mpens	trus ividua le co 0,000	abov tee, a/ mpe)?	ve) who key e nsation If "Yes m any	emp	loyee, or highest nd other compens complete Schedu related organizatio	t compensated sation from the le J for such	Yes 3 X	No
 1b Sub-total c Total from continuation sheets to Part VII, Set d Total (add lines 1b and 1c) 2 Total number of individuals (including but not I reportable compensation from the organization 3 Did the organization list any former office employee on line 1a? <i>If "Yes," complete Schedu</i> 4 For any individual listed on line 1a, is the sorganization and related organizations greindividual 5 Did any person listed on line 1a receive or an antipation statement of the sorganization of the sorganization of the sorganization of the sorganization and related organizations of the sorganization of the sor	imited to the er, directo ule J for succ sum of rep eater than accrue cor es, " complet pensated in	nose I 39 or, or <i>ch ind</i> bortab \$15 	trus ividua le co 0,000 sation nedule	tee, h/ mpe 0? 1 fro 2 J fc	key e nsation <i>f "Yes</i> m any <u>r such</u>	emp n ar s," (<i>pers</i>	loyee, or highest ad other compens complete Schedu related organization hat received more	t compensated sation from the le J for such on or individual	Yes 3 X 4 X 5	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►

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(A) Name and title	(B) Average hours per week (list any hours for	box, office	unles er and	Pos heck ss pe d a d	erson lirect	e than c is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	am am com	(F) timated iount of other pensation	of ion
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	orga	om the anizatio I related inization	on d
3) EDWARD J. COLEMAN GENERAL MANAGER PRODUCT & SUPP	40.00					X		147,920.		0	10,5	504
) MERI-MARGARET DEOUDES VP/ STRATEGIC ALLIANCES & SPEC	40.00					х		147,796.		0	25,6	553
)) ANNE M. SENFT VP OF PHILANTHROPY	40.00					X		147,278.		0	15,8	348
L) SUSAN R. KADERKA REGIONAL EXECUTIVE DIRECTOR	40.00					Х		139,914.		0	16,1	112
2) JULIE BLESSYN DAVIS FORMER ASSISTANT SECRETARY	36.00 4.00						x	143,332.		0	12,9	945
b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A											
Total number of individuals (including but not reportable compensation from the organization	limited to tl	hose	liste					ceived more than	\$100,000 of	-		
Did the organization list any former offic employee on line 1a? If "Yes," complete Sched	er, directo	or, or	tru							3	Yes X	N
For any individual listed on line 1a, is the sorganization and related organizations grain individual	eater than	\$15	0,0	00?	lf If	"Yes	s," (complete Schedu	le J for such	4	X	
Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue con	mpen	sati	on f	from	n any	uni	related organizatio	on or individual	5		X
Section B. Independent Contractors Complete this table for your five highest com compensation from the organization. Report of year.												
(A)	Irocc							(B) Description of se	rvices	(C) Compens		
Name and business add	11055							2000.000				

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►

			(4)	(D)	(C)	
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
1a	Federated campaigns 1	a 131,463.				
b	Membership dues 1	b 5,808,440.				
с	Fundraising events 1	c 479,001.				
d	Related organizations	d 6,753,000.				
е	Government grants (contributions) 1	e 883,000.				
f	All other contributions, gifts, grants,					
	and similar amounts not included above .					
g	Noncash contributions included in lines 1a-1f: \$					
h	Total. Add lines 1a-1f	1	64,981,174.			
		Business Code				
2a	SUBSCRIPTION REVENUE	900099	5,475,434.	5,475,434.		
b	REGISTRATION FEES	900099	155,462.	155,462.		
С	CONTRACTUAL	900099	72,508.	72,508.		
d	LITIGATION FEES	900099	1,964.	1,964.		
е	OTHER PROGRAM SERVICE REVENUE	900099	1,776.	1,776.		
f	All other program service revenue					
g	Total. Add lines 2a-2f		5,707,144.			
3	Investment income (including dividends, i					
	other similar amounts)		148,641.			148,641
4	Income from investment of tax-exempt bo		0			
5	Royalties	(ii) Personal	1,351,173.			1,351,173
6a	Gross rents					
b	Less: rental expenses 481,0					
c	Rental income or (loss) . 49,1					
d	Net rental income or (loss)		49,132.		57,117.	-7,985
7a	Gross amount from sales of					
	assets other than inventory 37,8	24.				
b	Less: cost or other basis and sales expenses	20				
_						
c d	Gain or (loss)	<u></u>	36,304.			36,304
	- · · ·		50,504.			30,304
8a	Gross income from fundraising events (not including \$ 479,001.					
	of contributions reported on line 1c). See Part IV, line 18	a 83,644.				
h	Less: direct expenses	-				
b C	Net income or (loss) from fundraising even		-232,791.			-232,791
			252,751.			252,191
9a	See Part IV, line 19					
h	Less: direct expenses					
b C	Net income or (loss) from gaming activities		0			
10a	Gross sales of inventory, less		0			
iva	returns and allowances	a 9,016,375.				
b	Less: cost of goods sold					
	Net income or (loss) from sales of inventor		6,594,477.	6,594,477.		
-	Miscellaneous Revenue	Business Code	0,001,111.	0,551,111.		
11a	ADVERTISING	511120	445,279.		445,279.	
b	HONORARIA	900099	16,747.	16,747.	113,279.	
	OTHER REVENUE	900099	438,835.	438,835.		1
				10,000.		
c C	All other revenue					
d e	All other revenue		900,861.			

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a resp				
Do	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to governments and		onponeee	general expenses	anponeou
1	organizations in the United States. See Part IV, line 21	2,803,840.	2,803,840.		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	7,000.	7,000.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	79,543.	79,543.		
	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	3,097,414.	2,266,378.	558,464.	272,572.
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$) and	0			
-	persons described in section 4958(c)(3)(B)	23,148,069.	16,937,442.	4,173,596.	2,037,031.
	Other salaries and wages	23,110,009.	10,937,992.	······································	2,0J1,0J1.
8	Pension plan accruals and contributions (include section	2,019,295.	1,477,518.	364,079.	177,698.
^	401(k) and 403(b) employer contributions)	2,019,299.	1,496,980.	368,874.	180,038.
9 10	Other employee benefits	2,018,630.	1,477,032.	363,959.	177,639.
10	Payroll taxes	_,010,000.			_,,,000.
	n Management	0			
) Legal	15,816.	12,185.	1,299.	2,332.
	Accounting	177,329.	141,527.	13,317.	22,485.
	I Lobbying	173,647.	173,647.		
	Professional fundraising services. See Part IV, line 17	1,495,925.			1,495,925.
	Investment management fees	106,429.	79,673.	9,334.	17,422.
	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.) ATCH 8	9,058,587.	7,403,949.	744,838.	909,800.
12	Advertising and promotion	497,770.	372,631.	43,654.	81,485.
13	Office expenses	14,285,489.	10,345,998.	1,040,644.	2,898,847.
14	Information technology	2,112,905.	1,581,721.	185,302.	345,882.
15	Royalties	606,327.	448,076.	35,773.	122,478.
16	Occupancy	398,162.	298,247.	35,767.	64,148.
17	Travel	1,448,347.	1,235,007.	131,253.	82,087.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	729,899.	559,452.	59,460.	110,987.
20	Interest	676,235.	506,229.	59,306.	110,700.
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	829,598.	636,135.	142,359.	51,104.
23	Insurance	271,600.	203,320.	23,819.	44,461.
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
		7 604 924	7 256 256	20 002	200 676
	MAJOR PROGRAM MATERIALS	7,694,834.	7,256,356. 816,238.	38,802.	<u> </u>
	TEST/EDITORIAL	242,238.	197,944.		44,294.
		33,242.	24,885.	2,915.	5,442.
		990,859.	796,142.	70,373.	124,344.
	All other expenses Total functional expenses. Add lines 1 through 24e	78,104,271.	59,635,095.	8,467,187.	10,001,989.
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► X if following SOP 98-2 (ASC 958-720)	17,132,385.	8,208,005.	1,869,222.	
JSA		±1,±34,303.	0,200,005.	1,009,222.	7,055,158.

art X	Balance Sheet		Page 11
	Check if Schedule O contains a response or note to any line in this Pa	art X	
		(A)	(B)
		Beginning of year	End of year
1	Cash - non-interest-bearing	0 1	0
2	Savings and temporary cash investments	81,193. 2	91,954.
3	Pledges and grants receivable, net	13,542,259. 3	16,705,818.
4	Accounts receivable, net	6,015,309. 4	5,461,801.
5	Loans and other receivables from current and former officers, directors,		
	trustees, key employees, and highest compensated employees.		
	Complete Part II of Schedule L	0 5	2,200.
6	Loans and other receivables from other disqualified persons (as defined under section		
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary		
0	organizations (see instructions). Complete Part II of Schedule L	06	0
61967 8	Notes and loans receivable, net	0 7	0
2 8	Inventories for sale or use	861,227. 8	892,336.
9	Prepaid expenses and deferred charges	2,933,465. 9	2,098,644.
10 a	Land, buildings, and equipment: cost or		
	other basis. Complete Part VI of Schedule D 10a 36,221,823.		
b	Less: accumulated depreciation 10b 14,325,982.	21,326,465. 10c	
11	Investments - publicly traded securities	3,201,302. 11	4,117,908.
12	Investments - other securities. See Part IV, line 11	8,027,104. 12	10,056,980.
13	Investments - program-related. See Part IV, line 11	0 13	0
14	Intangible assets	0 14	0
15	Other assets. See Part IV, line 11	10,468,567. 15	10,844,956.
16	Total assets. Add lines 1 through 15 (must equal line 34)	66,456,891. 16	72,168,438.
17	Accounts payable and accrued expenses	16,602,872. 17	14,819,326.
18	Grants payable	0 18	0
19	Deferred revenue	9,041,444. 19 0 20	8,971,407.
20	Tax-exempt bond liabilities	0 20 0 21	0
21 22	Escrow or custodial account liability. Complete Part IV of Schedule D	0 21	0
22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and		
21 22 22	disqualified persons. Complete Part II of Schedule L	0 22	0
23	Secured mortgages and notes payable to unrelated third parties	26,068,551. 23	29,073,977.
24	Unsecured notes and loans payable to unrelated third parties	0 24	0
25	Other liabilities (including federal income tax, payables to related third	Z Ŧ	
20	parties, and other liabilities not included on lines 17-24). Complete Part X		
	of Schedule D	23,187,395. 25	21,631,959.
26	Total liabilities. Add lines 17 through 25	74,900,262. 26	74,496,669.
	Organizations that follow SFAS 117 (ASC 958), check here 		
27 28 29	complete lines 27 through 29, and lines 33 and 34.		
27	Unrestricted net assets	-39,524,147. 27	-35,361,093.
28	Temporarily restricted net assets	22,438,191. 28	24,012,062.
29	Permanently restricted net assets	8,642,585. 29	9,020,800.
	Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.		
30	Capital stock or trust principal, or current funds	30	
30 31 32	Paid-in or capital surplus, or land, building, or equipment fund	31	
	Retained earnings, endowment, accumulated income, or other funds	32	
	Total net assets or fund balances	-8,443,371. 33	-2,328,231.
33	Total het assets of fund balances	0,110,0,11,00	

Form 99	0 (2013)		Pa	ge 12
Part	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			Х
1	Total revenue (must equal Part VIII, column (A), line 12)	79,5	536,1	15.
2	Total expenses (must equal Part IX, column (A), line 25)	78,1	.04,2	271.
3	Revenue less expenses. Subtract line 2 from line 1	1,4	131,8	344.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	-8,4	43,3	71.
5	Net unrealized gains (losses) on investments	3,0	03,5	574.
6	Donated services and use of facilities			0
7	Investment expenses			0
8	Prior period adjustments			0
9	Other changes in net assets or fund balances (explain in Schedule O)	1,6	579,7	22.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))	-2,3	328,2	31.
Part				
	Check if Schedule O contains a response or note to any line in this Part XII			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate basis, consolidated basis, or both:			
	Separate basis X Consolidated basis Both consolidated and separate basis			
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			
•	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
32	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
Ja	the Single Audit Act and OMB Circular A-133?	3a		Х
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
5	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		
			990	

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

		t of the Treasury venue Service	Information about Sc	Attach to Form 990 hedule A (Form 990 or 990-I				at www	.irs.go	ov/form9		en to Pul Ispectior	
		he organization			-			E	Emplo	yer iden	tification	number	
NA	FION	AL WILDLIFE	FEDERATION							53-	-02046	16	
Ра	rt I	Reason for P	ublic Charity Statu	is (All organizations mu	ist con	nplete	this part	t.) See	instru	uctions			
The	orga	nization is not a	private foundation be	ecause it is: (For lines 1 th	rough	11, che	eck only o	ne box.))				
1		A church, conve	ention of churches, o	r association of churches	describ	ed in s	ection 17	70(b)(1)	(A)(i)				
2)(1)(A)(ii). (Attach Schedu	-								
3		-		service organization descr									
4				perated in conjunction w	ith a h	nospita	l describ	ed in s	ectio	n 170(b)(1)(A)(iii). Ent	er the
_		hospital's name											
5		-		enefit of a college or univ	versity	owned	l or opera	ated by	a go	vernme	ntal uni	t descri	bed in
~			1)(A)(iv). (Complete	,	aribad		ion 470/k						
6 7	X		-	t or governmental unit des /es a substantial part of it			-			it or fro	m the	nonoral	nublia
'	Δ	-	ction 170(b)(1)(A)(vi)		is supp		nn a yove	ennien	tar un			Jeneral	public
8				ion 170(b)(1)(A)(vi). (Com	nnlete F	Part II)							
9		-		ves: (1) more than 331/39	-	-		ontribut	tions	membe	ership fe	es. and	aross
•		-		s exempt functions - sub							-		-
				come and unrelated busi	-								
				ne 30, 1975. See section							,		
10		An organization	organized and operation	ated exclusively to test for	public	safety.	See sect	tion 509	9(a)(4).			
11		-		erated exclusively for the								-	
				upported organizations de							. , . ,		ection
				bes the type of supporting	_						-		
		a Type I	b Type II	c Type III-Functio	-	-		·			inctiona		
e			-	ne organization is not con			-		-		-	-	
				d other than one or more	publici	y supp	ortea org	janizatio	ons a	escribe	a in sec	100 50	9(a)(1)
f		or section 509(a		en determination from th	IRS	that it	is a Tvn		na II	or Type	م اال ويبة	nortina	
'		organization, ch				that it	затур	с, ту	pe II,	бітур	e in sup	porting	
ç		-		anization accepted any gif	t or co	ntributi	ion from a	anv of th	he				
	•	following persor	-										
				ctly controls, either alone	or toge	ether v	with perso	ons des	cribe	d in (ii)	and	Ye	s No
		(iii) below, t	the governing body o	of the supported organizati	on?						1	1g(i)	
		(ii) A family me	ember of a person de	escribed in (i) above?							1	1g(ii)	
		(iii) A 35% con	trolled entity of a per	son described in (i) or (ii) a	bove?						1	1g(iii)	
h				out the supported organiz	ation(s)).							
		ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9	(iv)	ls the zation in	(v) Did you the organi			s the zation in		ount of mo support	onetary
		organization		above or IRC section	col. (i)	listed in overning	in col. (i) o	of your c	ol. (i) o	rganized		Support	
				(see instructions))	docu Yes	ment?	suppor Yes	rt? No	in the Yes	U.S.? No			
					Tes	NO	Tes	NO	Tes	NO			
(A)													
(D)													
(B)													
(C)													
(D)													
(E)													
Tot	al												

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

OMB No. 1545-0047

2013

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	75,868,139.	77,941,133.	65,396,583.	67,674,931.	64,981,174.	351,861,960.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	75,868,139.	77,941,133.	65,396,583.	67,674,931.	64,981,174.	351,861,960.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).					2	0
6	Public support. Subtract line 5 from line 4.						351,861,960.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	75,868,139.	77,941,133.	65,396,583.	67,674,931.	64,981,174.	351,861,960.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,181,645.	4,160,755.	2,991,477.	1,883,576.	2,030,031.	16,247,484.
9	Net income from unrelated business activities, whether or not the business is regularly carried on		408,734.	-308,696.	-522,791.	-43,626.	-466,379.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	319,692.	237,566.	886,667.	193,945.	455,582.	2,093,452.
11	Total support. Add lines 7 through 10						369,736,517.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	87,571,813.
13	First five years. If the Form 990 is for organization, check this box and stop here	<u></u>					
Sec	tion C. Computation of Public Sup		-				
14	Public support percentage for 2013 (li		-			14	95.17%
15	Public support percentage from 2012					15	87.32%
16a	331/3% support test - 2013. If the o						
	this box and stop here. The organization						
b	331/3% support test - 2012. If the c	0					
	check this box and stop here. The orga						
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization						
	Part IV how the organization meets t			-	-		
	organization						· · · · ► □
b	10%-facts-and-circumstances test - 2	-	•				
	15 is 10% or more, and if the orga						
	Explain in Part IV how the organization						
4.2	supported organization	ا ا م ا م ا		160 104 17	an 175 -5 '	this have and a	▶∟
18	Private foundation. If the organization						
	instructions						<u></u> ▶∟

Schedule A (Form 990 or 990-EZ) 2013

Part IIISupport Schedule for Organizations Described in Section 509(a)(2)(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support				1		
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	the organization	n's first, second,	third, fourth, o	r fifth tax year a	s a section 5	501(c)(3)
	organization, check this box and stop here	<u></u>					<u></u> ▶
Sec	tion C. Computation of Public Sup	oport Percenta	ige				
15	Public support percentage for 2013 (line 8	, column (f) divide	ed by line 13, colur	nn (f))		15	%
16	Public support percentage from 2012 Sche					16	%
Sec	tion D. Computation of Investme	nt Income Perc	centage				
	Investment income percentage for 2013 (li			3, column (f))		17	%
18	Investment income percentage from 2012					18	%
19a	331/3% support tests - 2013. If the or					e than 331/3	%, and line
	17 is not more than 331/3%, check th						
b	331/3% support tests - 2012. If the orga	-	•	-			
	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization		•			•••	•
JSA	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~						rm 990 or 990-E7) 2013

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

2013

Name of the organization

NATIONAL WILDLIFE FEDERATION

Employer identification number

53-0204616

Organization t	ype (check	one):
----------------	------------	-------

Filers of:	Section:
Form 990 or 990-EZ	X 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 an organization 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 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions 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 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total 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. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Name of organization NATIONAL WILDLIFE FEDERATION

Employer identification number 53-0204616

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 1 _		\$2,033,333.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_ 2 _		\$6,753,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

SCHEDULE C (Form 990 or 990-EZ)	Politic	al Campaign a	nd Lobbying	g Activities	OMB No. 1545-0047
(FOIII 330 OF 330-LZ)	For Organizations	s Exempt From Incom	e Tax Under sectio	on 501(c) and section 52	7 2013
Department of the Treasury Internal Revenue Service	_	ganization is described b uctions. ► Informat	elow. 🕨 Attach t	to Form 990 or Form 990-E (Form 990 or 990-EZ) and	Z. Open to Bublic
	red "Yes," to Form 990,			(Political Campaign Activiti	
	•	ts I-A and B. Do not compl			
 Section 501(c) (other 	than section 501(c)(3))	organizations: Complete F	Parts I-A and C below.	Do not complete Part I-B.	
 Section 527 organiza 	tions: Complete Part I-A o	nly.			
-				' (Lobbying Activities), then	
		•	())	mplete Part II-A. Do not com	
)): Complete Part II-B. Do not	
			ax) or Form 990-EZ, Pa	rt V, line 35c (Proxy Tax), th	len
• Section 501(c)(4), (5 Name of organization	, or (6) organizations: Cor	nplete Part III.		Employer identif	ication number
NATIONAL WILDLIF	ͼ ͼͼͻͼϭϫͼϫ			53-020	
		n is exempt under	section 501(c) or i	is a section 527 organ	
		's direct and indirect p			
	•			► \$	
•					
		n is exempt under s			
				on 4955 ▶ \$	
					Yes No
b If "Yes," describe in			11 - FA(())		
				cept section 501(c)(3)).
		the filing organization		•	
				▶\$	
527 exempt funct	on activities			▶\$	
line 17b				▶\$	
organization made the amount of po	payments. For each itical contributions rec	organization listed, en ceived that were prom	ter the amount paid ptly and directly de	d from the filing organize	ations to which the filing ation's funds. Also enter litical organization, such nformation in Part IV.
(a) Name		(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's	contributions received and
				funds. If none, enter -0	promptly and directly delivered to a separate
					political organization. If
					none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
For Paperwork Reduction	Act Notice, see the Inst	tructions for Form 990 or	[•] 990-EZ.	Schedule	e C (Form 990 or 990-EZ) 2013

SCHEDULE C

Political Campaign and Lobbying Activities

dule C (Form 990 or 990-EZ) 2013			Page Z
t II-A Complete if the organizati section 501(h)).	on is exempt under section 501(c)(3) and	l filed Form 5768 (ele	ction under
			roup member's
Check 🕨 🗌 if the filing organizatior	checked box A and "limited control" provis	ions apply.	
Limits on Lobb	ying Expenditures	(a) Filing	(b) Affiliated
(The term "expenditures" me	eans amounts paid or incurred.)	organization's totals	group totals
Total lobbying expenditures to influence	e public opinion (grass roots lobbying)		
Total lobbying expenditures to influence	e a legislative body (direct lobbying)		
Total lobbying expenditures (add lines	1a and 1b)		
Total exempt purpose expenditures (a	dd lines 1c and 1d)		
	the amount from the following table in both		
	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
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.		
Grassroots nontaxable amount (enter	25% of line 1f)		
Subtract line 1g from line 1a. If zero or	⁻ less, enter -0-		
reporting section 4911 tax for this yea	r?	<u></u>	Yes No
	section 501(h)). Check ▶if the filing organization name, address, EIN, exp Check ▶if the filing organization Limits on Lobb (The term "expenditures" ma Total lobbying expenditures to influence Total lobbying expenditures to influence Total lobbying expenditures (add lines Other exempt purpose expenditures Total exempt purpose expenditures (a Lobbying nontaxable amount. Enter file columns. If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,500,000 but not over \$1,500,000 Over \$17,000,000 Grassroots nontaxable amount (enter Subtract line 1g from line 1a. If zero or If there is an amount other than zer	tll-A Complete if the organization is exempt under section 501(c)(3) and section 501(h)). Check ▶ if the filing organization belongs to an affiliated group (and list in Paname, address, EIN, expenses, and share of excess lobbying expendence by if the filing organization checked box A and "limited control" proviss Check ▶ if the filing organization checked box A and "limited control" proviss Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Total lobbying expenditures to influence public opinion (grass roots lobbying) Total lobbying expenditures to influence a legislative body (direct lobbying) Total lobbying expenditures (add lines 1a and 1b) Other exempt purpose expenditures Total exempt purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount. Enter the amount from the following table in both columns. If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 20% of the amount on line 1e. Over \$500,000 but not over \$1,500,000 \$175,000 plus 15% of the excess over \$1,000,000. Over \$1,000,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$1,000,000. Over \$1,000,000 \$1,000,000. Subtract line 1g from line 1a. If zero or less, ente	tll-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election 501(h)). Check ► if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group, and list in Part IV each affiliated group, and expenditures). Check ► if the filing organization checked box A and "limited control" provisions apply. Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) (a) Filing organization's totals Total lobbying expenditures to influence public opinion (grass roots lobbying) (a) Filing organization's totals Total lobbying expenditures to influence a legislative body (direct lobbying) (a) Filing organization's totals Other exempt purpose expenditures (a) Filing organization's totals Other exempt purpose expenditures (add lines 1c and 1b) (a) Filing organization's totals Not over \$500,000 20% of the amount on line 1e. Over \$500,000 20% of the amount on line 1e. Over \$500,000 20% of the excess over \$500,000. Over \$1,000,000 \$175,000 plus 15% of the excess over \$1,000,000. Over \$1,000,000 \$1,000,000. Grassroots nontaxable amount (enter 25% of line 1f)

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 2a through 2f on page 4.)

		Lobbying Expen	ditures During 4-Ye	ear Averaging Period		
	Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column (e))					
с	Total lobbying expenditures					
d	Grassroots nontaxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2013

Schedule C	(Form	990	or 990-F7) 2013
		000	0 000 22	12010

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	"Yes," response to lines 1a through 1i below, provide in Part IV a detailed	(i	a)	(b)
	n of the lobbying activity.	Yes	No	Amount
legisl refer volur b Paid c Medi d Mailin e Publi f Gran g Direc h Rallie i Othe j Total a Did tl b If "Ye	ng the year, did the filing organization attempt to influence foreign, national, state or local ation, including any attempt to influence public opinion on a legislative matter or endum, through the use of: inteers? staff or management (include compensation in expenses reported on lines 1c through 1i)? a advertisements? ings to members, legislators, or the public? cations, or published or broadcast statements? ts to other organizations for lobbying purposes? et contact with legislators, their staffs, government officials, or a legislative body? es, demonstrations, seminars, conventions, speeches, lectures, or any similar means? r activities? . Add lines 1c through 1i he activities in line 1 cause the organization to be not described in section 501(c)(3)? s," enter the amount of any tax incurred under section 4912 s," enter the amount of any tax incurred by organization managers under section 4912		x x x x x	143,14 ⁷ 93,114 59,289 295,550
	filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Part III-A	Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6).	(c)(5)	, or s	section
2 Did ti 3 Did ti	e substantially all (90% or more) dues received nondeductible by members? he organization make only in-house lobbying expenditures of \$2,000 or less? he organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."	(c)(5)	, or s	section
a Curre b Carry c Total Aggre	assessments and similar amounts from members on 162(e) nondeductible lobbying and political expenditures (do not include amound cal expenses for which the section 527(f) tax was paid). The section from last year rever from last year egate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due tices were sent and the amount on line 2c exceeds the amount on line 3, what portion	unts es	of 	1 2a 2b 2c 3
exces and p Taxal	ss does the organization agree to carryover to the reasonable estimate of nondeductible lo political expenditure next year? ple amount of lobbying and political expenditures (see instructions)	obbyir	ng	4 5
Part IV	Supplemental Information			
	e descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gine 1. Also, complete this part for any additional information.	group	list); F	Part II-A, line 2; and

Schedule C (Form 990 or 990-EZ) 2013

Part IV Supplemental Information (continued)

FORM 990, SCHEDULE C, PART II-B, LINE 1, LOBBYING ACTIVITIES: THE LOBBYING WORK OF THE NATIONAL WILDLIFE FEDERATION ADVANCES THE TAX-EXEMPT PURPOSES OF THE ORGANIZATION FOCUSING ON THE CONSERVATION, PROTECTION AND RESTORATION OF LAND, WATER AND WILDLIFE AS WELL AS CONNECTING CHILDREN AND FAMILIES TO NATURE. THE NATIONAL WILDLIFE FEDERATION DEVOTED \$295,550 OF ITS EXEMPT PURPOSE EXPENDITURES TO ATTEMPTING TO INFLUENCE LEGISLATION IN FISCAL YEAR 2014. NWF ADVOCATED INCREASING FEDERAL APPROPRIATIONS AND INVESTMENTS FOR SPECIFIC PROGRAMS AND PROJECTS AT VARIOUS FEDERAL AGENCIES INCLUDING THE DEPARTMENTS OF INTERIOR, AGRICULTURE, EPA, DOE, EDUCATION AND THE U.S. ARMY CORPS OF ENGINEERS. THESE INCLUDED LOBBYING FOR STATE AND TRIBAL WILDLIFE GRANTS, RESTORATION PROGRAMS FOR LARGE SCALE AOUATIC ECOSYSTEMS SUCH AS THE GREAT LAKES, LAND CONSERVATION AND THE EPA'S ENVIRONMENTAL LITERACY GRANTS. DEFENDING EXISTING ENVIRONMENTAL PROTECTIONS WAS A MAJOR FOCUS ON NWF'S CAPITOL HILL AND GRASSROOTS LOBBYING, ESPECIALLY THE EPA'S AUTHORITY TO REDUCE POWER PLANT EMISSIONS UNDER THE CLEAN AIR ACT AND TO ISSUE GUIDANCE AND RULES CLARIFYING THE SCOPE OF WETLANDS AND STREAMS PROTECTED BY THE CLEAN WATER ACT. NWF ALSO ENGAGED IN THE WATER RESOURCES DEVELOPMENT ACT, SEEKING TO MAINTAIN THE EXISTING NATIONAL ENVIRONMENTAL POLICY ACT PROCESS AND TO ADVANCE FISCAL AND ENVIRONMENTAL REFORMS OF CORPS OF ENGINEERS PRACTICES. NWF OPPOSED EFFORTS TO BLOCK IMPLEMENTATION OF FLOOD INSURANCE REFORM LEGISLATION, TO EXPAND MOTORIZED ACCESS IN DESIGNATED WILDERNESS AREAS AND TO MANDATE INCREASED LOGGING IN NATIONAL FORESTS ACROSS THE COUNTRY.

NWF WORKED TO BUILD CONGRESSIONAL SUPPORT FOR PROTECTING LANDSCAPES ACROSS THE ROCKY MOUNTAIN WEST INCLUDING FOR NEW WILDERNESS DESIGNATIONS

Part IV Supplemental Information (continued)

IN ALASKA, MONTANA, COLORADO AND NEW MEXICO AND ELSEWHERE, OPPOSED WEAKENING THE ANTIQUITIES ACT WHICH ALLOWS THE PRESIDENT TO DESIGNATE NEW NATIONAL MONUMENTS AND SOUGHT SUPPORT FOR SHIELDING THE FOREST SERVICE OPERATIONS BUDGET FROM WILDFIRE SUPPRESSION AND FOR REAUTHORIZATION OF THE LAND AND WATER CONSERVATION FUND.

A MAJOR FOCUS ON NWF'S WORK WAS THE REAUTHORIZATION OF THE FARM BILL WHICH IS THE LARGEST SOURCE OF FUNDING FOR PRIVATE LAND CONSERVATION. NWF'S PRIORITIES WERE CENTERED AROUND CONDITIONING NEW SUBSIDIES FOR CROP INSURANCE ON THE PROTECTION OF WETLANDS AND WILDLIFE HABITAT AND PREVENTING THE BREAK-OUT OF NEW GRASSLANDS AND PRAIRIES AS WELL AS CREATION OF A NEW REGIONAL PARTNERSHIP PROGRAM TO HELP RECOVER CHERISHED WATER BODIES.

LEADING TO THE 5 YEAR ANNIVERSARY OF THE BP DEEPWATER HORIZON OIL SPILL NWF CONTINUED TO ADVOCATE THAT POTENTIAL BP SETTLEMENT MONEY BE ALLOCATED TO KEY GULF RESTORATION PRIORITIES INCLUDING TO COASTAL LOUISIANA'S WETLANDS. IN SEEKING TO IMPROVE WATER QUALITY AND QUANTITY ISSUES ELSEWHERE, NWF SOUGHT TO IMPROVE FLOWS IN THE APALACHICOLA RIVER, TO ADVANCE AND DEFEND EPA'S EFFORTS TO REDUCE POLLUTION IN THE CHESAPEAKE BAY AND TO STOP A DESTRUCTIVE ARMY CORPS OF ENGINEERS PROJECT THAT WOULD CUT OFF THE LAST PLACE IN MISSOURI WHERE THE MISSISSIPPI RIVER IS STILL CONNECTED TO ITS NATURAL FLOODPLAIN.

WITH IMPACTS OF CLIMATE CHANGE THREATENING THE SURVIVAL OF MANY WILDLIFE SPECIES, NWF OPPOSED EFFORTS IN CONGRESS TO MANDATE APPROVAL OF THE KEYSTONE-XL PIPELINE AS WELL AS OTHER CARBON INTENSIVE TAR SANDS PIPELINES IN THE MIDWEST AND NORTHEAST. OTHER CLIMATE RELATED PRIORITIES INCLUDED SEEKING THE EXTENSION OF TAX CREDITS FOR OFFSHORE AND ON-SHORE

Schedule C (Form 990 or 990-EZ) 2013

Part IV Supplemental Information (continued)

WIND PRODUCTION AND FOR ENERGY EFFICIENCY AND TO HALT THE EXPORT OF U.S. COAL, THE DEMAND FOR WHICH IS IMPACTING FISH AND WILDLIFE HABITAT IN THE INTERIOR WEST. TO PROMOTE THE RESPONSIBLE EXPANSION OF RENEWABLE ENERGY, NWF ADVOCATED FOR PASSAGE OF LEGISLATION TO SHARE REVENUES FROM RENEWABLE LEASING WITH STATES INCLUDING FOR CONSERVATION PURPOSES. NWF ALSO LOBBIED FOR PASSAGE OF LEGISLATION THAT WOULD ADVANCE THE INTERESTS OF HUNTERS, ANGLERS AND OTHER OUTDOOR ENTHUSIASTS INCLUDING

MEASURES THAT WOULD REAUTHORIZE THE FEDERAL DUCK STAMP PROGRAM AND ENSURE THAT A GREATER PORTION OF LAND AND WATER CONSERVATION FUND DOLLARS ARE INVESTED IN HUNTING ACCESS. IN AN EFFORT TO ADDRESS BOTH WILDLIFE AND OUTDOOR RECREATION CONCERNS NWF ADVOCATED THAT THE INTERIOR DEPARTMENT REFORM OIL AND GAS LEASING PRACTICES.

TO PROMOTE THE RESTORATION OF WILDLIFE NWF WORKED AT THE STATE LEVEL IN MONTANA TO BUILD SUPPORT FOR THE RESTORATION OF BISON TO KEY LANDSCAPES AND SOUGHT PASSAGE OF FEDERAL LEGISLATION TO CURTAIL THE IMPORT OF INVASIVE SPECIES TO THE U.S. AS WELL AS TO PREVENT THE SPREAD OF ASIAN CARP.

SCHEE	DULE	D
(Form	990)	

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

2 3 **Open to Public**

OMB No. 1545-0047

Depa	rtment of the Treasury		Attach to Form 990.			Open to Public
	nal Revenue Service	Information about Schedule	D (Form 990) and its in	structions is at www.i	irs.gov/form990.	Inspection
Name	e of the organization				Employer identificat	ion number
NAT	IONAL WILDLIF	E FEDERATION			53-020461	L 6
Par		ons Maintaining Donor Advis			Accounts.	
	Complete i	f the organization answered "	Yes" to Form 990, P	art IV, line 6.		
			(a) Donor adv	ised funds	(b) Funds and	other accounts
1	Total number at e	nd of year				
2	Aggregate contrib	utions to (during year)				
3		from (during year)				
4		it end of year				
5		on inform all donors and donor	advisors in writing tha	t the assets held in	1 donor advised	
	-	nization's property, subject to the				Yes No
6		on inform all grantees, donors, a				
	-	purposes and not for the benefi				
		issible private benefit?				Yes No
Pa	rt II Conservati	on Easements. Complete if t	he organization answ	vered "Yes" to For	rm 990, Part IV. lir	
1		servation easements held by the	<u> </u>			
		of land for public use (e.g., recr			of an historically im	portant land area
	Protection of	natural habitat		Preservation	of a certified histori	c structure
	Preservation	of open space				
2		through 2d if the organization h	eld a qualified conserv	ation contribution ir	n the form of a cons	servation
_		ast day of the tax year.				
		, , , , , , , , , , , , , , , , , , ,			Held at the	End of the Tax Year
а	Total number of c	onservation easements			2a	
b		tricted by conservation easements				
c		vation easements on a certified				
d		vation easements included in (c)				
ŭ		isted in the National Register			2d	
3		vation easements modified, tran				ation during the
					lated by the organize	
4	•	where property subject to conse	rvation easement is loc	ated ►		
5		ation have a written policy regard				
•	-	forcement of the conservation ea			-	
6		r hours devoted to monitoring, in				
0		a notification devoted to monitoring, in	ispecting, and emoten		sements during the y	cal
7	Amount of expense	es incurred in monitoring, inspec	ting and enforcing co	inservation easeme	nts during the year	
•	Amount of expens ▶s	is a mounted in monitoring, inspec	and chloroling CO		and during the year	
8	¢ Ψ = = = = = = = = = = = = = =	rvation easement reported on lin	e 2(d) above estiefy th	e requirements of s	ection $170(h)(4)(R)$	
•)(h)(4)(B)(ii)?	•			
9	In Part XIII descri	be how the organization reports	conservation easeme	nts in its revenue an	nd evnense statemen	
5		d include, if applicable, the text of				
		ounting for conservation easeme		igunization o mane		
Pa		tions Maintaining Collections		reasures, or Othe	er Similar Assets.	
		e if the organization answered				
1a	If the organization	elected as permitted under SI		not to report in its	revenue statement	and balance shee
	works of art, hist	n elected, as permitted under Sl orical treasures, or other simila	ar assets held for pu	blic exhibition, edu	ucation, or research	h in furtherance of
	public service, pro	vide, in Part XIII, the text of the fe	potnote to its financial	statements that des	scribes these items.	
b		n elected, as permitted under				
		orical treasures, or other simila vide the following amounts relat		blic exhibition, edu	ucation, or researc	n in furtherance of
		uded in Form 990, Part VIII, line 7				
~		d in Form 990, Part X				
2	-	n received or held works of a				i gain, provide the
		required to be reported under S		elating to these item		
а	Revenues include	d in Form 990. Part VIII. line 1			▶ \$	

.

b	Assets included in Form 990, Part X	
For JSA	Paperwork Reduction Act Notice, see the Instructions	s for Form 990.

▶ \$

_	lule D (Form 990) 2013										Page 2
Par	t III Organizations Maintainin	ng Collec	tions of	Art, Historio	cal Tre	asures,	or Oth	er Similar As	ssets (co	ntinue	əd)
3	Using the organization's acquisitic collection items (check all that app		on, and o	ther records,	check a	any of the	e follow	ing that are a	significant	use c	of its
а	Public exhibition			d 🗌 L	oan or	exchange	progran	ns			
b	Scholarly research										
с	Preservation for future gene	rations									
4	Provide a description of the organ		ollections	and explain h	now the	ev further	the orc	anization's exe	mpt purpo	se in	Part
	XIII.			•		,		, ,			
5	During the year, did the organization	n solicit or	receive d	onations of art	, histori	cal treasu	ires, or c	other similar			
	assets to be sold to raise funds rath								. 🗌 Yes		No
Par	t IV Escrow and Custodial Ar or reported an amount or				rganiza	ation ans	wered '	'Yes" to Form	990, Part	IV, lii	ne 9,
1a	Is the organization an agent, truste										7
	included on Form 990, Part X?		• • • • • •		• • • • •				Yes	s	No
b	If "Yes," explain the arrangement in	Part XIII a	nd comple	ete the following	ng table	:					
								Amour	nt		
c	Beginning balance										
a	Additions during the year										
e	Distributions during the year										
T	Ending balance										1
2a	Did the organization include an am									\$ 	No
	If "Yes," explain the arrangement in										
Par	t V Endowment Funds. Com										haali
15	Beginning of year balance	(a) Curre	5,388.	(b) Prior yea		(c) Two yea		(d) Three years ba 9,219,72		ur years	
1a ⊾	Contributions										334.
b		-2,34	0,205.	630,2	99.	69	,062.	1,440,63	0.	594	,937.
С	Net investment earnings, gains, and losses	1.0	6 711	70 5	20	40	1 5 0	00 06	E	11	221
Ь	Grants or scholarships	10	6,711.	79,5	20.	49	,158.	80,86	5.	44	,331.
	Other expenditures for facilities										
U	and programs	10	5,977.	79,0	71	4.8	,472.	306,33	6	ΔΔ	,877.
f	Administrative expenses	10	5,511.	75,0	//	10	, 1/2.	500,55	0.	11,	,011.
n n	End of year balance	9 70	5,917.	11,135,3	00	10,504	622	10,434,88	1 0	210	725.
9 2	Provide the estimated percentage						-		ч. <u>)</u>	217,	125.
2 2	Board designated or quasi-endown				e iy, ci	Juiiii (a))	neiu as.				
b		800 %	<u> / 00</u>	_							
	Temporarily restricted endowment		7500 %								
•	The percentages in lines 2a, 2b, ar			0%.							
3a	Are there endowment funds not in				that ar	e held an	d admin	istered for the			
	organization by:	•		0						Yes	No
	(i) unrelated organizations								3a(i)		X
	(ii) related organizations								3a(ii)	X	
b	If "Yes" to 3a(ii), are the related or	anizations	listed as r	equired on Sch	nedule F	₹?			3b	X	
4	Describe in Part XIII the intended u	ses of the	organizatio	on's endowme	nt fund	s.			-		
Par	t VI Land, Buildings, and Equ	ipment.									
	Complete if the organiza	tion answ	ered "Yes	s" to Form 99	0, Par	t IV, line	11a. Se	e Form 990, F	Part X, line	e 10.	
	Description of property		(a) Cost or o (investi		Cost or o (othe	ther basis		umulated eciation	(d) Book v	alue	
1a	Land		,			5,553.	aopie		4.4	155,5	553.
b	Buildings					7,221.	6.23	22,633.		04,5	
	Leasehold improvements					4,900.		31,708.		133,1	
d	Equipment					1,286.		71,641.		.39,6	
e	Other					2,863.	• • •	-,		362,8	
	I. Add lines 1a through 1e. (Column		aual Form	990, Part X. c)(c),)			95,8	
			yuu i uilli	,, i art A, U		<i>, 10</i>	19/1/	• • • • •	٥٢, ٢	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	/ 1 1 .

Schedule D (Form 990) 2013

Investments - Other Securities.

Part VII

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) INSTITUTIONAL COMINGLED FUNDS 10,056,980. FMV (B) (C) (D) (E) (F) (G) (H) 10,056,980 Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Investments - Program Related. Part VIII Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (b) Book value (c) Method of valuation: (a) Description of investment Cost or end-of-year market value (1)(2)(3) (4)(5)(6)(7)(8) (9)Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) CHARITABLE REMAINDER TRUSTS 154,783. (2) CHARITABLE REMAINDER ANNUITIES 5,505,286. (3) INTEREST IN PERPETUAL TRUST 4,000,196. (4) OTHER DONATED ASSETS 551,000. (5) POSTAGE ADVANCE, OTHER DEPOSIT 633,691 (6) (7)(8) (9)Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) 10,844,956. ► Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) ACCRUED PENSION EXPENSE 12,774,349 (3) POST-RETIREMENT BENEFITS RESERVE 5,679,000 3,176,212 (4) ANNUITY AND OTHER RESERVES (5) UNCLAIMED PROPERTY LIABILITY 2,398 (6)(7)(8)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► 21,631,959.
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

(9)

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Schedu	e D (Form 990) 2013				Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements W Complete if the organization answered "Yes" to Form 990, Part IV			n.	
1	Total revenue, gains, and other support per audited financial statements			1	86,296,600.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a	3,003,574.		
b	Donated services and use of facilities	2b	228,099.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	10,281,812.		
е	Add lines 2a through 2d			2e	13,513,485.
3	Subtract line 2e from line 1			3	72,783,115.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)		6,753,000.		
с	Add lines 4a and 4b			4c	6,753,000.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	79,536,115.
Part		Vith E	xpenses per Retu		
1	Total expenses and losses per audited financial statements			1	81,992,129.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	••••			. ,
а	Donated services and use of facilities	2a	228,099.		
b	Drier veer edjustmente	2b			
c	Other leases	2c			
d	Other (Describe in Part XIII.)	2d	10,412,759.		
e	Add lines 2a through 2d	·		2e	10,640,858.
3	Add lines 2a through 2d Subtract line 2e from line 1	• • • •	•••••	3	71,351,271.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	i Vi		5	/1,331,2/11
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)		6,753,000.		
	Other (Describe in Part XIII.) Add lines 4a and 4b	40	0,755,000.	4.0	6,753,000.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	· · · ·		4c 5	78,104,271.
-	Supplemental Information.	/	<u> </u>	5	/0,104,2/1.
-	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p PAGE 5	orovide	any additional inforn	nation.	

Part XIII Supplemental Information (continued)

FORM 990, SCHEDULE D, PART V, LINE 4:

ENDOWED FUNDS ABOVE SUPPORT NATIONAL WILDLIFE FEDERATION'S CONSERVATION EDUCATION PROGRAMS AND ARE HELD IN ACCORDANCE WITH EACH DONOR'S STIPULATIONS AND WISHES CONCERNING VARIOUS CONSERVATION AND ENVIRONMENTAL ISSUES. THE BEGINNING BALANCE OF \$11,135,388 ALSO CONTAINS \$2,770,015 OF INTERNALLY DESIGNATED FUNDS. ALL INTERNALLY DESIGNATED FUNDS EXCEPT FOR THE CONSERVATION PROGRAM WERE REMOVED FROM THE ENDOWMENT BY A VOTE OF THE BOARD DURING THE YEAR ENDED AUGUST 31, 2014, RESULTING IN A NEGATIVE CONBTRIBUTION AMOUNT FOR THE CURRENT YEAR SCHEDULE D, PART V, LINE 1B.

FORM 990, SCHEDULE D, PART X, LINE 2:

NWF IS REQUIRED TO REPORT UNRELATED BUSINESS INCOME TO THE IRS. NWF'S UNRELATED BUSINESS INCOME CONSISTS OF ADVERTISING INCOME IN PUBLICATIONS AND INCOME FROM THE WINCHESTER WAREHOUSE LEASE. NWF HAS NOT INCURRED TAX EXPENSE OF FEDERAL AND STATE TAXES FOR THE YEARS ENDED AUGUST 31, 2014 AND 2013, AS EXPENSES OFFSET REVENUE.

THE FEDERATION'S MANAGEMENT BELIEVES IT HAS NO MATERIAL UNCERTAIN TAX POSITIONS AND, ACCORDINGLY, IT WILL NOT RECOGNIZE ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS. FOR THE YEARS ENDED AUGUST 31, 2014 AND 2013, THE FEDERATION DID NOT RECOGNIZE ANY INTEREST OR PENALTIES.

Page 5

TMENTS:
6,723,825
481,085.
2,421,593.
316,435.
338,569.
1,531,637.
10,281,812.
TMENTS:
INC. 6,753,000
STMENTS:
7,193,341.
481,085.
2,421,593.
316,435.
10,412,759.

Page 5

Schedule D (Form 990) 2013

Part XIII Supplemental Information (continued)

FORM 990, SCHEDULE D, PART XII, LINE 4B - OTHER ADJUSTMENTS: TRANSFER FROM NATIONAL WILDLIFE FEDERATION ENDOWMENT, INC. 6,753,000.

FORM 990, SCHEDULE D, PARTS XI AND XII:

ALTHOUGH THE ORGANIZATION IS NOT REQUIRED TO COMPLETE PARTS XI AND XII OF SCHEDULE D BECAUSE IT IS PART OF A CONSOLIDATED FINANCIAL STATEMENT AUDIT AND NOT A SEPARATE AUDIT, IT HAS ELECTED TO INCLUDE THE SCHEDULE D, PARTS XI AND XII RECONCILIATIONS BASED ON THE CONSOLIDATED TOTALS. THE RECONCILIATION ON PAGE 12, PART XI OF THE FORM 990, IS BASED UPON THIS ENTITY ONLY AND THE CHANGE IN NET ASSETS REFLECTED HERE IS THE SAME AS THE CHANGE ON FORM 990, PART X.

SEE THE SEPARATE IRS FORM 990 FILING FOR THE NWF'S SUPPORTING ORGANIZATION, NWF ENDOWMENT, FOR ADDITIONAL NET ASSETS OR FUND BALANCES OF \$58M AND \$54M FOR THE CURRENT AND PRIOR YEARS, RESPECTIVELY.

SCH	EDULE F State	ment of A	ctivities	Outside the Uni	ted States	OMB No. 1545-0047
	m 990)			"Yes" on Form 990, Part IV,		2013
		Attach	to Form 990. 🕨	See separate instructions.		Open to Public
	ment of the Treasury I Revenue Service I Revenue	tion about Sched	ule F (Form 990) and its instructions is at wi	ww.irs.gov/form990.	Inspection
	of the organization				Employer identif	
	IONAL WILDLIFE FEDERA		Outside the l		53-02046	
Part	Form 990, Part IV, line		Outside the l	Jnited States. Complete	if the organization ans	wered "Yes" on
;	For grantmakers. Does the org assistance, the grantees' eligib grants or assistance? For grantmakers. Describe ir	anization mainta ility for the gran	ts or assistance	e, and the selection criter	ia used to award the	X Yes No
	assistance outside the United S		ganizations pi	ocedules for monitoring	i the use of its grants	
3	Activities per Region. (The follo	owing Part I, line	3 table can be	e duplicated if additional sp	pace is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)	EUROPE		3.	PROGRAM SERVICES	IT SUPPORT/ PROGRAM	230,105.
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
10)						
11)						
12)						
13)						
13) 14)						
15)						
16)						
17)						
3a b	Sub-total Total from continuation		3.			230,105.
	sheets to Part I					
C	Totals (add lines 3a and 3b)		3			230 105

Schedule F (Form 990) 2013 Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990,

Part II

Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.									
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(1)			SOUTH AMERICA	DEFORESTATIO	161,446.	WIRE			
(2)			EUROPE/ICELAND/GREENLAND	FOREST FOOTP	6,006.	WIRE			
(3)			EUROPE/ICELAND/GREENLAND	TRANSLATION	10,500.	WIRE			
(4)			EUROPE/ICELAND/GREENLAND	SUSTAINABILI	20,000.	WIRE			
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)				¥.					
(12)									
(13)									
(14)									
(15)									
(16)		h							

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

_____ 3 Enter total number of other organizations or entities 4.

Schedule F (Form 990) 2013

Page **2**

Schedule F (Form 990) 2013

Part III

Page 3

Part III	Grants and Other Assistance Part III can be duplicated if add	to Individuals Outside t itional space is needed.	he United S	tates. Complete it	f the organiza		on Form 990, P	Part IV, line 16.
	(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
(17)								
(18)								
							Sch	edule F (Form 990) 2013

JSA

Schedule F (Form 990) 2013

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign			
	Corporation (see Instructions for Form 926)	Yes	X	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	X	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	Yes	X	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund.</i> (see Instructions for Form 8621)	Yes	X	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)	Yes	X	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)	Yes	X	No
			Schedule F (Fo	orm 990) 2013

Part V Supplemental Information Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

FORM 990, SCHEDULE F, PART I, LINE 2:

PERIODIC REPORTS ARE REQUIRED FROM THE GRANTEE. THEY ARE REVIEWED FOR

COMPLIANCE WITH GRANT DELIVERABLES.

	Supplemer	tal Information R	egarding	g Fundrai	sing or Gaming	Activities	OMB No. 1545-0047
SCHEDULE G Form 990 or 990-EZ)	Complete if t	he organization answer organization entered n				I9, or if the	2013
,		Attach t	o Form 990	or Form 990	-EZ.		Open to Public
Department of the Treasury nternal Revenue Service	Information at	out Schedule G (Form 9	990 or 990-E	Z) and its in	structions is at www.ir	s.gov/form990.	Inspection
Name of the organization						Employer identification	on number
NATIONAL WILDLIF	'E FEDERATION					53-0204610	5
Fundraisi	ng Activities. Con	plete if the organ	ization a	nswered	"Yes" to Form 9	90, Part IV, line	17.
Dort)-EZ filers are not					, ,	
	the organization rais				activities. Check a	Ill that apply.	
a X Mail solicitat	-	e		-	non-government g		
b X Internet and	email solicitations	f			government grants		
c X Phone solicit		q			ising events		
d X In-person so		3	0 рос		ienig erenie		
2a Did the organizat		r oral agreement w	ith any ind	tividual (in	cluding officers d	irectors trustees	
	s listed in Form 990						X Yes No
b If "Yes," list the t						-	fundraiser is to be
	east \$5,000 by the		`	, ,	J		
(i) Name and addre or entity (fur		(ii) Activity	custody o	draiser have r control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
SHARE GROUP		TELEMARKETI		Х	83,830.	65,632.	. 18,198.
2							
DONOR SERVICES G	GROUP, INC.	TELEMARKETI		X	130,641.	221,002.	90,361.
3							

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<u>..</u>. ►

List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from

63,268.

13,852

291,591.

49,171

18,007

432,176

66,396

64,300

12,322

156,432

410,486

1,495,924.

14,097.

-4,155.

-432,176.

-66,396.

-64,300.

-12,322.

-156,432.

-410,486.

-1,204,333.

TELEMARKETI

TELEMARKETI

DIRECT MAIL

CONSULTANTS

FUNDRAISING

CONSULTANTS

FUNDRAISING

CONSULTANTS

FUNDRAISING

CONSULTANTS

FUNDRAISING

CONSULTANTS

DIRECT MAIL

CONSULTANTS

KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NH, NJ, NM, NY, NC, ND, OH,

SD&A TELESERVICES, INC.

6 CHAPMAN, CUBINE, ADAMS, &

AVALON CONSULTING GROUP, INC

AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL,

OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI,

registration or licensing.

TELEFUND, INC.

HUSSEY, INC.

BRICKMILL MARKETING

VERITUS GROUP, LLC

PARADYSZ, INC.

MERKLE, INC.

4

5

7

8

9

10

Total

3

Schedule G (Form 990 or 990-EZ) 2013

Part II

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

			(a) Event #1 CONNIE DINNER	(b) Event #2 HIKE & SEEK	(c) Other events	(d) Total events (add col. (a) through col. (c))
Ð			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	561,614.		1,031.	562,645.
œ		Less: Contributions	477,974.		1,027.	479,001.
	3	Gross income (line 1 minus line 2).	83,640.		4.	83,644.
	4	Cash prizes				
	5	Noncash prizes				
lses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	30,000.			30,000.
Direct	8	Entertainment				
	9	Other direct expenses	20,599.	167,990.	97,846.	286,435.
	10	Direct expense summary. Add lines 4	4 through 9 in column (d))	►	316,435.
_	11	Net income summary. Subtract line 1	0 from line 3, column (d	<u>)</u>	<u></u>	-232,791.
Pa	rt l	Gaming. Complete if the orgative than \$15,000 on Form 990-E	anization answered "Y	es" to Form 990, Par	t IV, line 19, or repo	rted more
				(b) Pull tabs/instant		(d) Total gaming (add
snue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue	1	Gross revenue				
es	2	Cash prizes				
xpense		Noncash prizes				
Direct Expenses	4	Rent/facility costs				
		Other direct expenses				
	6	Volunteer labor	Yes%	Yes% No	Yes%	
	7	Direct expense summary. Add lines 2	2 through 5 in column (d))		
	8	Net gaming income summary. Subtra	act line 7 from line 1, col	umn (d)		
9	F	nter the state(s) in which the organizat	tion operates daming ac	tivities		
		the organization licensed to operate g				Yes No
		"No " eveloie:				
		/ere any of the organization's gaming I "Yes," explain:	licenses revoked, suspe		ng the tax year?	YesNo

Sched	ule G (Form 990 or 990-EZ) 2013 Page 3
11	Does the organization operate gaming activities with nonmembers?
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming? No
13	Indicate the percentage of gaming activity operated in:
а	The organization's facility 13a%
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	records.
	Name
	Address ►
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the
	amount of gaming revenue retained by the third party ► \$
С	If "Yes," enter name and address of the third party:
	News b
	Name ►
	Address ►
	Address ►
16	Gaming manager information:
	Name
	Gaming manager compensation ► \$
	Description of services provided
	Director/officer Employee Independent contractor
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license? Yes 🔄 No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations
Der	or spent in the organization's own exempt activities during the tax year > \$
Par	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any
	additional information (see instructions).
FOR	M 990, SCHEDULE G, PART I, LINE 2B - TEN HIGHEST PAID FUNDRAISERS
(I)	NAME OF FUNDRAISER: SHARE GROUP
(I)	ADDRESS OF FUNDRAISER:73 CHAPEL STREET, NEWTON, MA 02458
(I)	NAME OF FUNDRAISER: DONOR SERVICES GROUP, INC.
(I)	ADDRESS OF FUNDRAISER:6715 SUNSET BLVD., HOLLYWOOD, CA 90028

Sched	ule G (Form 990 or 990-EZ) 2013 Page 3
11	Does the organization operate gaming activities with nonmembers?
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity operated in:
а	The organization's facility 13a%
b	An outside facility 13b %
14	Enter the name and address of the person who prepares the organization's gaming/special events books and
	records:
	Name
	Address
15 2	Does the organization have a contract with a third party from whom the organization receives gaming
10 a	revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the
	amount of gaming revenue retained by the third party ► \$
с	If "Yes," enter name and address of the third party:
	Name
	Address ►
16	Gaming manager information:
	Nama N
	Name
	Gaming manager compensation ► \$
	Description of services provided
	Director/officer Employee Independent contractor
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
-	retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations
Part	or spent in the organization's own exempt activities during the tax year > \$ Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and
I al	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any
	additional information (see instructions).
(I)	NAME OF FUNDRAISER: SD&A TELESERVICES, INC.
(I)	ADDRESS OF FUNDRAISER: 5757 WEST CENTURY BLVD., LOS ANGELES, CA
	90045
(I)	NAME OF FUNDRAISER: TELEFUND, INC.
(T)	איז
(I)	ADDRESS OF FUNDRAISER: 2923 N. MILWAUKEE AVE., SUITE #903,
	CHICAGO, IL 60618

Schedule G (Form 990 or 990-EZ) 2013

Sched	ule G (Form 990 or 990-EZ) 2013 Page 3
11	Does the organization operate gaming activities with nonmembers?
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity operated in:
а	The organization's facility 13a %
	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Tecolus.
	Name N
	Name
	Address ►
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the
	amount of gaming revenue retained by the third party ► \$
С	If "Yes," enter name and address of the third party:
	News A
	Name
	Address ►
16	Gaming manager information:
	Name
	Gaming manager compensation ► \$
	Description of services provided
	Director/officer Employee Independent contractor
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license? Yes No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations
Part	or spent in the organization's own exempt activities during the tax year > \$ Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and
Fai	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any
	additional information (see instructions).
(I)	NAME OF FUNDRAISER: MERKLE, INC.
/ ·	
(V)	ADDRESS OF FUNDRAISER: 7001 COLUMBIA GATEWAY DRIVE, COLUMBIA, MD
	21046
	21010
(I)	NAME OF FUNDRAISER: CHAPMAN, CUBINE, ADAMS, & HUSSEY, INC.
(I)	ADDRESS OF FUNDRAISER: 2000 15TH STREET NORTH, SUITE 550,
	Schedule G (Form 990 or 990-EZ) 2013

Sched	ule G (Form 990 or 990-EZ) 2013 Page 3
11	Does the organization operate gaming activities with nonmembers?
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity operated in:
a	The organization's facility 13a%
	An outside facility
14	records:
	Name
	Address ►
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the
	amount of gaming revenue retained by the third party ► \$
С	If "Yes," enter name and address of the third party:
	Name
	Address ►
16	Gaming manager information:
	Name
	Gaming manager compensation ► \$
	Description of services provided
	Director/officer Employee Independent contractor
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license? Yes 🔄 No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations
	or spent in the organization's own exempt activities during the tax year 🕨 \$
Par	
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any
	additional information (see instructions).
	ARLINGTON, VA 22201
(I)	NAME OF FUNDRAISER: AVALON CONSULTING GROUP, INC.
(I)	ADDRESS OF FUNDRAISER: 527 MAPLE AVENUE EAST, SUITE 200,
	VIENNA, VA 22180
(I)	NAME OF FUNDRAISER: BRICKMILL MARKETING

Schedule G (Form 990 or 990-EZ) 2013

Sched	ule G (Form 990 or 990-EZ) 2013 Page 3
11	Does the organization operate gaming activities with nonmembers?
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity operated in:
а	The organization's facility 13a%
	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and
	records:
	Name b
	Name
	Address ►
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the
	amount of gaming revenue retained by the third party ► \$
С	If "Yes," enter name and address of the third party:
	Name
	Address ►
16	Gaming manager information:
-	
	Name
	Gaming manager compensation ► \$
	Description of services provided
	Director/officer Employee Independent contractor
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations
Dan	or spent in the organization's own exempt activities during the tax year > \$
Part	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any
	additional information (see instructions).
(I)	ADDRESS OF FUNDRAISER: 785 ELKRIDGE LANDING ROAD, SUITE 300,
(=)	
	LINTHICUM, MD 21090
(I)	NAME OF FUNDRAISER: VERITUS GROUP, LLC
(I)	ADDRESS OF FUNDRAISER: 838 EAST HIGH STREET, #292, LEXINGTON, KY
	40502
	70,502

11 12	ule G (Form 990 or 990-EZ) 2013 Page 3
12	Does the organization operate gaming activities with nonmembers?
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming?
3	Indicate the percentage of gaming activity operated in:
а	The organization's facility 13a%
b	An outside facility
4	Enter the name and address of the person who prepares the organization's gaming/special events books and
	records:
	Name
	Address ►
5 a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the
~	amount of gaming revenue retained by the third party \triangleright \$
c	If "Yes," enter name and address of the third party:
U	
	Name
	Address ►
5	Gaming manager information:
,	
	Name
	Gaming manager compensation ► \$
	Description of services provided
	Director/officer Employee Independent contractor
	Mandatory distributions:
7	
7 a	Is the organization required under state law to make charitable distributions from the gaming proceeds to
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No Enter the amount of distributions required under state law to be distributed to other exempt organizations
a b	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$
a b	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and
a b	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any
a b ar	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).
a b Par	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any
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a b Parr	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).
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a b Parr	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions). NAME OF FUNDRAISER: PARADYSZ, INC.
b	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions). NAME OF FUNDRAISER: PARADYSZ, INC. ADDRESS OF FUNDRAISER: 5 HANOVER SQUARE, 6TH FLOOR, NEW YORK, NY
a b Part	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions). NAME OF FUNDRAISER: PARADYSZ, INC. ADDRESS OF FUNDRAISER: 5 HANOVER SQUARE, 6TH FLOOR, NEW YORK, NY
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C	Governme	nts, and li	Assistance t ndividuals in swered "Yes" to For tach to Form 990.	n the United	d States		омв №. 1545-0047 20 13 Ореп to Public
Department of the Treasury Internal Revenue Service	mation about S	chedule I (Forn	n 990) and its instr	uctions is at www	v.irs.gov/form990.		Inspection
Name of the organization						Employer identificat	ion number
NATIONAL WILDLIFE FEDERATION						53-0204616	5
Part I General Information on Grants a							
 Does the organization maintain records to the selection criteria used to award the gra Describe in Part IV the organization's proc Part II Grants and Other Assistance to Part IV, line 21, for any recipient 	ants or assistance edures for mon Governments	e? itoring the use o s and Organiz	of grant funds in the ations in the Unit	United States. ed States. Com	plete if the organiz	ation answered "Y	X Yes No
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ALLIANCE FOR THE GREAT LAKES							
17 N. STATE STREET, STE 1390	23-7104524	501(C)(3)	17,500.				CONSERVATION ASSIST
(2) ARIZONA WILDLIFE FEDERATION							
644 N. COUNTRY CLUB DRIVE, STE E	86-0076994	501(C)(3)	6,371.				CONSERVATION ASSIST
(3) ASSOCIATION OF NORTHWEST STEELHEADERS							
6641 SE LAKE RD MILWAUKIE, OR 97222	91-1031100	501(C)(3)	6,131.				CONSERVATION ASSIST
(4) AUDUBON NEW YORK 200 TRILLIUM LN ALBANY, NY 12203		501(C)(3)	24,000.				CONSERVATION ASSIST
288 UNIVERSITY AVENUE, SE #200	26-4086284	501(C)(4)	10,000.				CONSERVATION ASSIST
(6) CHAMPAIGN COUNTY SOIL & WATER CONSERVATION	N						
2110 W. PARK, STE C CHAMPAIGN, IL 61821	37-0918769	170(C)(1)	5,300.				CONSERVATION ASSIST
(7) CITIZENS CAMPAIGN FUND FOR THE ENVIRONMEN	<u>r, </u>		Y				
225-A MAIN ST FARMINGDALE, NY 11735	11-2983418	501(C)(3)	10,000.				CONSERVATION ASSIST
(8) DELAWARE NATURE SOCIETY							
PO BOX 700 HOCKESSIN, DE 19707	51-6018321	501(C)(3)	73,983.				CONSERVATION ASSIST
(9) DUCKS UNLIMITED INC							
1 WATERFOWL WAY MEMPHIS, TN 38120	13-5643799	501(C)(3)	45,500.				CONSERVATION ASSIST
(10) ENVIRONMENT AMERICA RESEARCH & POLICY CEN	<u>re</u>						
218 D STREET SE WASHINGTON, DC 20003	13-4339865	501(C)(3)	84,000.				CONSERVATION ASSIST
(11) ENVIRONMENT MARYLAND RESEARCH & POLICY CE	NT						
3121 ST. PAUL STREET, #26	20-4690070	501(C)(3)	36,460.				CONSERVATION ASSIST
(12) ENVIRONMENTAL DEFENSE FUND							
1875 CONNECTICUT AVENUE, NW STE 600	11-6107128		<u>394,237.</u>				CONSERVATION ASSIST
2 Enter total number of section 501(c)(3) an3 Enter total number of other organizations						🏲	

(Form 990) Go	vernme	nts, and li	Assistance t ndividuals in swered "Yes" to Fo tach to Form 990.	n the United	d States		омв No. 1545-0047 20 13 Open to Public
Internal Revenue Service Informa	tion about Se	chedule I (Forn	n 990) and its instr	uctions is at www	v.irs.gov/form990.		Inspection
Name of the organization						Employer identificat	ion number
NATIONAL WILDLIFE FEDERATION						53-0204610	6
Part I General Information on Grants and							
1 Does the organization maintain records to su							
the selection criteria used to award the grants	or assistance	e?					X Yes No
2 Describe in Part IV the organization's proceed	ures for moni	itoring the use o	of grant funds in the	United States.			
Part II Grants and Other Assistance to G Part IV, line 21, for any recipient th					dditional space is n		(h) Purpose of grant
or government		if applicable	grant	cash assistance	(book, FMV, appraisal, other)	non-cash assistance	or assistance
(1) ENVIRONMENTAL LAW AND POLICY CENTER							
35 EAST WACKER DRIVE, STE 1600	36-3866530	501(C)(3)	8,000.				CONSERVATION ASSIST
(2) FLORIDA WILDLIFE FEDERATION	30 3000330	501(0)(3)	0,000.				CONDERVITION RODIDI
PO BOX 6870 TALLAHASSEE, FL 32314	59-1398265	501(C)(3)	51,251.				CONSERVATION ASSIST
(3) FRESHWATER FUTURE	55 1550205	501(0)(5)	517251.				CONSERVATION ASSIST
PO BOX 2479 PETOSKEY, MI 49770	20-5693503	501(C)(3)	134,000.				CONSERVATION ASSIST
(4) IDAHO WILDLIFE FEDERATION	20 3093303	501(0)(5)	154,000.				CONSERVATION ASSIST
PO BOX 6426 BOISE, ID 83707	23-7039340	501(C)(3)	6,650.				CONSERVATION ASSIST
	23 7039340	501(0)(3)	0,030.				CONDERVATION ADDIDI
1920 L STREET, NW STE 800	52-1379661	501(C)(3)	95,000.				CONSERVATION ASSIST
	52-1379001	501(0)(3)	95,000.				CONSERVATION ASSIST
880 WEST COLLEGE TROY, MO 63379	43-6013526	CTT CONT	8,300.				CONSERVATION ASSIST
LOUISIANA_WILDLIFE_FEDERATION	43-0013320	51 6011	8,300.				CONSERVATION ASSIST
AUDUBON STATION, PO BOX 65239	72-0445638	501(0)(2)	108,269.				CONSERVATION ASSIST
(8) LOWER NINTH WARD CENTER FOR SUSTAINABLE ENG	72-0445058	501(0)(3)	100,209.				CONSERVATION ASSIST
5130 CHARTRES STREET NEW ORLEANS, LA 70117	27-0185863	E01(C)(2)	50,000.				CONSERVATION ASSIST
(9) MICHIGAN LEAGUE OF CONSERVATION VOTERS EDUC.	27 0103003	501(0)(3)	50,000.				CONDERVATION ADDIDI
213 W LIBERTY, STE 300 ANN ARBOR, MI 48104	37-1430158	501(C)(3)	30,000.				CONSERVATION ASSIST
(10) MICHIGAN UNITED CONSERVATION CLUB	37-1430138	501(0)(3)	30,000.				CONSERVATION ASSIST.
2101 WOOD ST LANSING, MI 48909	38-0831862	501(C)(2)	11,471.				CONSERVATION ASSIST
(11) MINNESOTA CONSERVATION FEDERATION	30-0031002	501(0)(3)	11,4/1.				CONSERVATION ASSIST.
542 SNELLING AVE S., SUITE 104	41-0808383	501(C)(2)	69,371.				CONSERVATION ASSIST
(12) MINNESOTA ENVIRONMENTAL PARTNERSHIP	TT-0000303	501(0)(3)					CONSERVATION ASSIST
394 LAKE AVE S, STE 223 DULUTH, MN 55809	41-1986433	501(C)(2)	6,500.				CONSERVATION ASSIST
2 Enter total number of section 501(c)(3) and g				e	1	L	CONSERVATION ASSIST.

Internal Revenue Service ► Information about Name of the organization NATIONAL WILDLIFE FEDERATION Part I General Information on Grants and Assistant 1 Does the organization maintain records to substantiate the selection criteria used to award the grants or assistant 2 Describe in Part IV the organization's procedures for maintain Part II Grants and Other Assistance to Government Part IV, line 21, for any recipient that received 1 (a) Name and address of organization	the amount of the nce? onitoring the use nts and Organiz d more than \$5	e grants or assistan of grant funds in the zations in the Unit	ce, the grantees' United States. red States. Com	eligibility for the grants	ation answered "Y	X Yes No
NATIONAL WILDLIFE FEDERATION Part I General Information on Grants and Assistant 1 Does the organization maintain records to substantiate the selection criteria used to award the grants or assistant 2 Describe in Part IV the organization's procedures for maintain records to Government Part II Grants and Other Assistance to Government Part IV, line 21, for any recipient that received 1 (a) Name and address of organization	the amount of the nce? nts and Organiz d more than \$5 (c) IRC section if applicable	of grant funds in the tations in the Unit ,000. Part II can b (d) Amount of cash	United States. ed States. Com e duplicated if a	plete if the organiz dditional space is no (f) Method of valuation (book, FMV, appraisal,	53-0204616 s or assistance, and cation answered "Y eeded. (g) Description of	X Yes No
Part I General Information on Grants and Assistant 1 Does the organization maintain records to substantiate the selection criteria used to award the grants or assistant 2 Describe in Part IV the organization's procedures for maintain records to Government Part II Grants and Other Assistance to Government Part IV, line 21, for any recipient that received 1 (a) Name and address of organization	the amount of the nce? nts and Organiz d more than \$5 (c) IRC section if applicable	of grant funds in the tations in the Unit ,000. Part II can b (d) Amount of cash	United States. ed States. Com e duplicated if a	plete if the organiz dditional space is no (f) Method of valuation (book, FMV, appraisal,	s or assistance, and ration answered "Y eeded. (g) Description of	X Yes No
 Does the organization maintain records to substantiate the selection criteria used to award the grants or assistan Describe in Part IV the organization's procedures for maintain Part II Grants and Other Assistance to Government Part IV, line 21, for any recipient that receive 1 (a) Name and address of organization (b) EIN 	the amount of the nce? nts and Organiz d more than \$5 (c) IRC section if applicable	of grant funds in the tations in the Unit ,000. Part II can b (d) Amount of cash	United States. ed States. Com e duplicated if a	plete if the organiz dditional space is no (f) Method of valuation (book, FMV, appraisal,	ation answered "Y eeded. (g) Description of	es" to Form 990,
	if applicable			(book, FMV, appraisal,		
or government	31 501(C)(3)					
(1) MISSISSIPPI WILDLIFE FEDERATION	31 501(C)(3)					
		23,616.				CONSERVATION ASSISTA
(2) MONTANA WILDLIFE FEDERATION						
5530 NORTH MONTANA AVENUE HELENA, MT 59602 81-030394	18 501(C)(3)	16,641.				CONSERVATION ASSISTA
(3) NATIONAL WILDLIFE FEDERATION ACTION FUND						
11100 WILDLIFE CENTER DRIVE 74-255653	32 501(C)(4)	244,623.				CONSERVATION ASSISTA
(4) NATURAL RESOURCES COUNCIL OF MAINE						
3 WADE STREET AUGUSTA, ME 04330 01-027069	90 501(C)(3)	98,771.				CONSERVATION ASSISTA
(5) NEBRASKA WILDLIFE FEDERATION						
4547 CALVERT ST, STE 12 LINCOLN, NE 68501 23-740152	28 501(C)(3)	5,521.				CONSERVATION ASSISTA
(6) NEW HAMPSHIRE AUDUBON SOCIETY						
84 SILK FARM ROAD CONCORD, NH 03301 02-600532	22 501(C)(3)	5,731.				CONSERVATION ASSISTA
_(7) NEW JERSEY AUDUBON SOCIETY		ľ				
· · · · · · · · · · · · · · · · · · ·	12 501(C)(3)	196,867.				CONSERVATION ASSISTA
(8) NEW MEXICO WILDLIFE FEDERATION						
	17 501(C)(3)	11,201.				CONSERVATION ASSISTA
(9) NORTH CAROLINA STATE UNIVERSITY						
	56 501(C)(3)	31,071.				CONSERVATION ASSISTA
(10) NORTH CAROLINA WILDLIFE FEDERATION						
	76 501(C)(3)	8,811.				CONSERVATION ASSISTA
(11) NORTH DAKOTANS FOR CLEAN WATER, WILDLIFE &		10.000				
118 BROADWAY, STE 716 FARGO, ND 58102 45-046076 (12) NORTHERN PLAINS RESOURCE COUNCIL	57 501(C)(3)	10,000.				CONSERVATION ASSISTA
)5 501(C)(3)	10,000.				CONSERVATION ASSISTA
2 Enter total number of section 501(c)(3) and governmen			 e	1	L	TCTEEN NOTINATERIO
3 Enter total number of section so (c)(s) and government 3 Enter total number of other organizations listed in the lin	•					

SCHEDULE I (Form 990)				Assistance t ndividuals ir				OMB No. 1545-0047
			-	swered "Yes" to F				2013
			-	tach to Form 990.	orini 000, r art rr,			Open to Public
Department of the Treasury Internal Revenue Service	Information	tion about Se	chedule I (Form	n 990) and its instr	uctions is at www	v.irs.gov/form990.		Inspection
Name of the organization							Employer identificati	on number
NATIONAL WILDLIFE FEI	DERATION						53-0204616	5
Part I General Informati	on on Grants and	Assistance	•					
1 Does the organization ma	intain records to sul	bstantiate the	amount of the	grants or assistan	ce, the grantees'	eligibility for the grants	s or assistance, and	
the selection criteria used								X Yes 🗌 No
2 Describe in Part IV the org	ganization's procedu	ures for moni	toring the use of	of grant funds in the	United States.			
Part II Grants and Other Part IV, line 21, fo	r any recipient th	at received	more than \$5,	000. Part II can be	e duplicated if a		eeded.	1
 (a) Name and address o or government 		(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) OHIO ENVIRONMENTAL COUNCI	г.							
1207 GRANDVIEW AVE, SUITE		31-0805578	501(C)(3)	23,750.				CONSERVATION ASSIST
(2) PEPIN COUNTY	201	51 0003370	501(0)(3)	25,750.				
PO BOX 39 DURAND, WI 5473	 6	39-6005728	170(C)(1)	6,800.				CONSERVATION ASSIST
(3) POWDER RIVER BASIN RESOURCE								
934 NORTH MAIN STREET SHE		74-2183158	501(C)(3)	10,000.				CONSERVATION ASSIST
_(4) PRACTICAL FARMERS OF IOWA								
600 5TH STREET, SUITE 100		42-1255174	501(C)(3)	65,000.				CONSERVATION ASSIST
(5) RENEWABLE_RESOURCES_FOUND.	ATION_INC							
605 WEST 2ND AVENUE ANCHO	RAGE, AK 99501	20-4949871	501(C)(3)	13,771.				CONSERVATION ASSIST
_(6) RESTORE OR RETREAT								
PO BOX 2048-NSU THIBODAUX	, LA 70310	72-1474850	501(C)(3)	75,000.				CONSERVATION ASSIST
_(7) SAVE THE DUNES CONSERVATI	ON FUND, INC							
444 BARKER ROAD MICHIGAN	CITY, IN 46360	35-1915468	501(C)(3)	7,500.				CONSERVATION ASSIST
(8) SENECA SOIL AND WATER CON	SERVATION_DISTRICT_							
3140 S. SR 100, STE D TIF	FIN, OH 44883	30-0114825	170(C)(1)	5,500.				CONSERVATION ASSIST
(9) SOUTH DAKOTA WILDLIFE FED	ERATION							
PO BOX 7075 PIERRE, SD 57	501	23-7314554	501(C)(3)	87,495.				CONSERVATION ASSIST
(10) SOUTHERN ENVIRONMENTAL LA	W CENTER							
201 WEST MAIN STREET, STE	14	52-1436778	501(C)(3)	184,000.				CONSERVATION ASSIST
(11) THE_SIERRA_CLUB_FOUNDATIO								
85 SECOND STREET SAN FRAN		94-6069690	501(C)(3)	13,541.				CONSERVATION ASSIST
(12) THE UNITED CHRISTIAN COMM		-						
1618 COUNTY RD 65 STAFFOR		63-1205867		7,500.				CONSERVATION ASSIST
2 Enter total number of sect			-					
3 Enter total number of othe	A 44 44 44 44 44							

SCHEDULE I (Form 990)	Go	vernme	nts, and In	Assistance t ndividuals in swered "Yes" to F tach to Form 990.	n the United	d States		омв №. 1545-0047 20 13 Ореп to Public
Department of the Treasury Internal Revenue Service	► Informat	tion about S	chedule I (Forn	n 990) and its instr	uctions is at www	v.irs.gov/form990.		Inspection
Name of the organization							Employer identificati	on number
NATIONAL WILDLI	FE FEDERATION						53-0204616	,
	formation on Grants and							
the selection crite 2 Describe in Part I Part II Grants and	ation maintain records to sub ria used to award the grants V the organization's procedu d Other Assistance to G e 21, for any recipient that	or assistance ures for mon overnments	e? itoring the use o s and Organiz	of grant funds in the ations in the Unit	United States. ed States. Com	plete if the organiz	ation answered "Y	X Yes No Tes" to Form 990,
	address of organization government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF WIS	CONSIN STEVENS POINTS FOUN							
	E FRIENDSHIP, WI 53934	39-6098038	501(C)(3)	122,777.				CONSERVATION ASSISTA
(2) VIRGINIA CONSERVA	TION SOCIETY							
422 FRANKLIN STE	303 RICHMOND, VA 23219	51-0198762	501(C)(3)	66,152.				CONSERVATION ASSISTA
(3) WEST VIRGINIA RIV	ERS COALITION	_						
329 MACCORKLE AVE	SE, STE 109	52-1736621	501(C)(3)	29,711.				CONSERVATION ASSISTA
(4) WESTERN ORGANIZAT	ION OF RESOURCES COUNCILS	_						
220 S. 27TH STREE		45-0356819	501(C)(4)	10,000.				CONSERVATION ASSISTA
	NS	-						
()	ANTA FE, NM 87508	85-0406306	501(C)(3)	30,000.				CONSERVATION ASSISTA
(6) YAHARA PRIDE FARM		-						
150 EAST GILMAN S		46-2488086	501(C)(4)	6,300.				CONSERVATION ASSISTA
(7) CITIZENS FOR PENN		31-1607866	501(C)(3)	87,500.				CONSERVATION ASSISTA
	TREET HARRISBURG, PA 17101 NC.	31-1007800	501(C)(3)	87,500.				CONSERVATION ASSISTA
	STE 200 MADISON, WI 53703	39-1413448	501(C)(3)	10,000.				CONSERVATION ASSISTA
(9) CONSERVATION FEDE		55 1115110	501(0)(5)	10,000.				
	T JEFFERSON CITY, MO 65101	44-0606356	501(C)(3)	5,941.				CONSERVATION ASSISTA
(10) CONSERVATION LAW								
62 SUMMER STREET		04-6149986	501(C)(3)	60,000.				CONSERVATION ASSISTA
(11)								
(12)								
	er of section 501(c)(3) and g							55
3 Enter total number	er of other organizations liste	ed in the line	1 table	<u></u>	<u></u>	<u></u>	<u> </u>	3.
For Paperwork Reduc	ction Act Notice, see the Ins	structions fo	or Form 990.				Sched	ule I (Form 990) (2013)

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Part III can be duplicated if additional space is needed. (f) Description of non-cash assistance (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of (e) Method of valuation (book, recipients , cash grant non-cash assistance FMV, appraisal, other) 1 COVER CROP CHAMPION 1. 7,000. 2 3 4 5 6 7 Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional Part IV information. FORM 990, SCHEDULE I, PART I, LINE 2: THE NATIONAL WILDLIFE FEDERATION (NWF) PROVIDES ORGANIZATIONAL SUPPORT THROUGHOUT THE YEAR IN THE FORM OF GRANTS AND AWARDS. THIS SUPPORT IS GIVEN TO BOTH ORGANIZATIONS AND INDIVIDUALS WHOSE WORK WILL FURTHER BENEFIT THE MISSION OF NWF'S CONSERVATION AND EDUCATION PROGRAMS. FOR GRANTS THAT ARE SUB-AWARDS AND WHERE THE ORIGINAL FUNDS WERE GRANTED TO NWF, WE REQUIRE THE AWARDEE TO REPORT TO NWF ON HOW THE FUNDS ARE USED. IN CASES WHERE IT IS NWF FUNDS THAT ARE GIVEN OUT AS A GRANT, THERE ARE TWO TYPES:

Page **2**

Part III Grants and Other Assistance to Individ Part III can be duplicated if additional spa			mplete if the o	rganization answered	l "Yes" on Form 990, Part IV, line 22.
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
_7					
Part IV Supplemental Information. Complete th information.	is part to pro	ovide the informa	tion required in	Part I, line 2, Part III,	column (b), and any other additional
1.) IF THE GRANT IS FOR ORGANIZATIONAL	SUPPORT T	O A 501(C)(3) AFFILIATE,	,	
NWF DOES NOT ASK THEM TO REPORT TO US.	THE GRANT	CONTRACT SPI	ECIFIES THE		
TERMS AND USES OF THE GRANT.		\frown			
2.) THE OTHER TYPE OF GRANT WOULD BE FO	OR A NON-A	FFILIATE OR 1	NON 501(C)(3	3)	
ENTITY THAT IS IN THE CONSERVATION AND	EDUCATION	FIELD. NATIO	ONAL WILDLIE	₹E	
FEDERATION SPECIFIES IN ITS AWARD LETT	ER TO GRAN	TEES THE REPO	ORTING		
REQUIREMENTS ON THE USE OF THE FUNDS AN	ND IN SOME	CASES RESERV	VES THE RIGH	łT	
TO EXAMINE THE RECORDS ASSOCIATED WITH	THE AWARD				

Schedule I (Form 990) (2013)

Departm	n 990) nent of the Treasury Revenue Service	► Complete if the organiza ► Attach to For	Directors, Trustees, Key Employees, and Highest Compensated Employees Ition answered "Yes" to Form 990, Part IV, line 23. Im 990. ► See separate instructions. (Form 990) and its instructions is at www.irs.gov/fe	Ор	20 en to Inspec	3 Public
	of the organization			Employer identification n		stieff
NAT	IONAL WILDI	IFE FEDERATION		53-0204616		
Part	Question	s Regarding Compensation				
1a	990, Part VII, First-clas Travel fo Tax inder		provided any of the following to or for a person I to provide any relevant information regarding Housing allowance or residence for p Payments for business use of person Health or social club dues or initiation Personal services (e.g., maid, chauffer	these items. personal use al residence n fees	2	Yes No
b 2	or reimburser	ment or provision of all of the	the organization follow a written policy re- expenses described above? If "No," comp ior to reimbursing or allowing expenses	plete Part III to	1b	
	directors, trus	tees, and officers, including the C	EO/Executive Director, regarding the items	checked in line	2	
3	Indicate which organization's related organiz X Compensi	, if any, of the following the filing org CEO/Executive Director. Check all zation to establish compensation of sation committee	ganization used to establish the compensatio that apply. Do not check any boxes for method the CEO/Executive Director, but explain in Pa X Written employment contract	Is used by a		
	X Form 99	lent compensation consultant 0 of other organizations	XCompensation survey or studyXApproval by the board or compensation			
4	organization o	r a related organization:	0, Part VII, Section A, line 1a, with respect to	-		
a h	Receive a sev	erance payment of change-of-contro	I payment? mental nonqualified retirement plan?	•••••	4a 4b	X
	Participate in,	or receive payment from, an equity	-based compensation arrangement? provide the applicable amounts for each ite		40 4c	X
5	For persons lis	501(c)(3) and 501(c)(4) organizatio sted in Form 990, Part VII, Section contingent on the revenues of:	ns must complete lines 5-9. A, line 1a, did the organization pay or accrue a	ny		
а					5a	X
b	Any related or	ganization? 5a or 5b, describe in Part III.			5b	X
6	compensation	contingent on the net earnings of:	A, line 1a, did the organization pay or accrue a	-		
а	The organization	on?			6a	X
b	Any related or If "Yes" to line	ganization? 6a or 6b, describe in Part III.			6b	X
7	payments not	described in lines 5 and 6? If "Yes,"	tion A, line 1a, did the organization provic describe in Part III		7	X
8	to the initial	contract exception described in	VII, paid or accrued pursuant to a contract Regulations section 53.4958-4(a)(3)? If	"Yes," describe		
9	If "Yes" to lin	ne 8, did the organization also f	follow the rebuttable presumption procedu	ire described in	8	X
		tion Act Notice, see the Instructions for				m 990) 20 [°]

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred in prior Form 990
LARRY J. SCHWEIGER	(i)	298,277.	C	43,272.	12,755.	12,051.	366,355.	0
1 PRESIDENT - NWF	(ii)	00	C	0	0	0	С	00
JAIME B. MATYAS	(i)	225,915.	C	18,090.	17,009.	18,473.	279,487.	0
2 CHIEF OPERATING OFFICER	(ii)	O	C	0	Q	0	C	0 0
DULCE M. GOMEZ-ZORMELO	(i)	163,170.	С	19,896.	13,100.	17,270.	213,436.	0
3 TREASURER - NWF	(ii)	0	C	0	Q	0	С	00
BARBARA G. MCINTOSH	(i)	155,805.	C	17,757.	8,858.	17,001.	199,421.	0
4 SECRETARY - NWF	(ii)	0	C	0	Q	0	С	00
JULIE BLESSYN DAVIS	(i)	139,542.	C	3,790.	5,847.	7,098.	156,277.	0
5 FORMER ASSISTANT SECRETARY	(ii)	0	C	0	q	0	С	00
JAMES S. LYON	(i)	156,689.	C	13,786.	12,139.	11,879.	194,493.	0
6 VP OF CONSERVATION POLICY	(ii)	0	C	0	d	0	С	00
KEVIN J. COYLE	(i)	147,636.	C	22,454.	12,137.	11,739.	193,966.	0
7 VP OF EDUCATION & TRAINING	(ii)	0	0	0	0	0	С С	0 0
ANTHONY P. CALIGIURI	(i)	153,061.	C	8,548.	11,562.	17,388.	190,559.	0
8 SR VP CONSERVATION & EDUCATION	(ii)	0	C	0	Q	0	С	00
ANDREW P. BUCHSBAUM	(i)	126,176.	C	23,712.	8,583.	2,004.	160,475.	0
9 REGIONAL EXEC DIR/GREAT LAKES	(ii)	0	C	0	0	0	С С	0 0
EDWARD J. COLEMAN	(i)	122,329.	C	25,591.	8,976.	1,528.	158,424.	0
10 GENERAL MANAGER PRODUCT & SUPP	(ii)	0	C	0	0	0	С С	0
MERI-MARGARET DEOUDES	(i)	130,076.	C	17,720.	8,136.	17,517.	173,449.	0
11 VP/ STRATEGIC ALLIANCES & SPEC	(ii)	0	C	0	0	0	С С	0
ANNE M. SENFT	(i)	129,574.	C	17,704.	9,512.	6,336.	163,126.	0
12 ^{VP OF PHILANTHROPY}	(ii)	0	C	0	0	0	С С	0
SUSAN R. KADERKA	(i)	115,639.	C	24,275.	9,058.	7,054.	156,026.	0
13 REGIONAL EXECUTIVE DIRECTOR	(ii)	0	C	0	0	0	С С	0 0
	(i)							
14	(ii)							
15	(i) (ii)							
16	(i) (ii)							

Schedule J (Form 990) 2013

SCHEDULE L

Transactions With Interested Persons (Form 990 or 990-EZ)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a,

28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ. See separate instructions.

Department of the Treasury Internal Revenue Service

Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number 53-0204616

\$

\$

OMB No. 1545-0047

Open To Public

Inspection

]	NAT	'IO	NAL	WILDLIFE	FEDE	ERATION	
			_	_	.		

Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

			, , , ,		
1	(a) Name of disqualified person) Name of disqualified person (b) Relationship between disqualified person and organization			
(1)					-
(2)					
(3)					
(4)					
(5)					
(6)					
2	Enter the amount of tax incurred by	the organization managers or disqualified pe	ersons during the year		

Enter the amount of tax, if any, on line 2, above, reimbursed by the organization 3

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of Ioan	fron	an to or 1 the zation?	(e) Original principal amount	(f) Balance due	(g) In a	default?		ard or	(i) W agreer	
			То	From			Yes	No	Yes	No	Yes	No
(1) SHELLEY COHEN	DIRECTOR	GREEN BALL		Х	5,000.	200.		Х	Х			Х
(2) SHELLEY COHEN	DIRECTOR	CONNIE'S		Х	2,000.	2,000.		Х	Х			Х
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total					▶\$	2,200.		-		-		

Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990 or 990-EZ) 2013

Part III

Part IV **Business Transactions Involving Interested Persons.** Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (c) Amount of transaction (a) Name of interested person (b) Relationship between (d) Description of transaction (e) Sharing of interested person and the organization's organization revenues? Yes No (1) BRUCE WALLACE DIRECTOR 25,000. LEGAL SERVICES х (2) (3) (1)

(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Part V Supplemental Information		

Provide additional information for responses to questions on Schedule L (see instructions).

BUSINESS TRANSACTION INVOLVING INTERESTED PERSON

HOOPER HATHAWAY P.C. , A LAW FIRM AT WHICH MR. WALLACE IS EMPLOYED, IS

ENGAGED TO PROVIDE ADVICE, SUPPORT, AND LITIGATION SERVICES IN CONNECTION

WITH THE EFFORTS BY NWF TO PREVENT OR LIMIT ENVIRONMENTALLY INJURIOUS

MINING ACTIVITIES IN THE UPPER PENINSULA OF MICHIGAN, SPECIFICALLY TO A

POTENTIAL MINE SITE KNOWN AS "EAGLE PROSPECT".

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047 20

13

Open To Public

Inspection

Complete if the organizations	answered	"Yes"	on Form	990,	Part IV,	lines 2	9 or 3	30.

Attach to Form 990.

►	 Information a 	about Schedule N	(Form 990) and its instruction	s is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification	number
53-0204616	

NATIONAL WILDLIFE FEDERATION

Par	t Types of Property						Y	
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash conti			ts
1	Art - Works of art							
2	Art - Historical treasures					K		
3	Art - Fractional interests							
4	Books and publications			· · · · · · · · · · · · · · · · · · ·				
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	26.	78,660.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►()							
26	Other ►()							
27	Other ►()							
28	Other ►()							
29	Number of Forms 8283 received							
	which the organization completed F	orm 8283,	Part IV, Donee Acknowledg	ement	29			
			h	at a second set of the Devit I. Base	- 1 00 11-11	Ye	s N	lo
30 a	During the year, did the organizat							
	it must hold for at least three year							
	used for exempt purposes for the en	ntire noiding	period?	• • • • • • • • • • • • • • •		30a		X
	If "Yes," describe the arrangement i		ana nalis. that we w'	a the review of our	on stand-ul			
31	Does the organization have a			-				
22-	contributions?	المتحد المقاطة	op on volated annumber that	a to policit process		31	X	
32 a	Does the organization hire or use		•					
	contributions?					32a -	X	
	If "Yes," describe in Part II.	omount !	oolump (o) for a time of and	nombu fon which column (-)	via abastrad			
33	If the organization did not report an describe in Part II.	i amount in	column (c) for a type of pro	perty for which column (a)	is checked,			

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

FORM 990, SCHEDULE M, LINE 32B

NATIONAL WILDLIFE FEDERATION USES A BROKERAGE HOUSE TO SELL NONCASH

CONTRIBUTIONS (PUBLICLY TRADED SECURITIES).

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. OMB No. 1545-0047

20**13** Open to Public Inspection

Name of the organization NATIONAL WILDLIFE FEDERATION Employer identification number

53-0204616

FORM 990, PART I, LINE 1 - DESCRIPTION OF ORGANIZATION MISSION: NWF'S MISSION IS TO INSPIRE AMERICANS TO PROTECT WILDLIFE FOR OUR CHILDREN'S FUTURE. NWF HAS THREE STRATEGIC PROGRAMMATIC AREAS: A) ICONIC LANDSCAPES, B) HEALTHY WATERS AND C) VIBRANT COMMUNITIES. THROUGH EDUCATION, OUTREACH AND ADVOCACY, NWF PURSUES SOLUTIONS THAT REDUCE THREATS TO WILDLIFE AND PEOPLE. NWF IS PROTECTING AND RESTORING HABITATS WITH HIGH WILDLIFE VALUE AND THOSE AT RISK FROM SUBURBAN SPRAWL, RESOURCE EXTRACTION AND CLIMATE CHANGE. WE ALSO PRETECT AND RESTORE FRESHWATER, ESTUARINE AND MARINE ECOSYSTEMS THREATENED BY NUTRIENT POLLUTION, INVASIVE SPECIES, CLIMATE CHANGE IMPACTS, HABITAT DESTRUCTION, SEWAGE OVERFLOWS, TOXIC WASTE AND IMPROPER DIVERSION OF NEEDED SEDIMENT.

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES: MEMBERSHIP EDUCATION PROGRAMS MAINTAIN AN ACTIVE, ENGAGED AND INFORMED MEMBERSHIP PROVIDING SUPPORTERS WITH THE INFORMATION AND INSPIRATION TO MAKE A DIFFERENCE IN THEIR OWN BACKYARDS, THEIR COMMUNITIES, AND ACROSS THE COUNTRY. NWF REACHES MILLIONS OF SUPPORTERS ON A MONTHLY BASIS TO COMMUNICATE THE MOST PRESSING NEEDS FACING THE ENVIRONMENT TODAY - FROM PEOPLE BECOMING MORE DISCONNECTED FROM NATURE TO LOSS OF HABITAT AND THE IMPACTS OF CLIMATE CHANGE. THROUGH SUCH PUBLICATIONS AS NATIONAL WILDLIFE MAGAZINE, THE NWF WEBSITE, AND OTHER SOURCES OF INFORMATION, NWF IS EDUCATING OUR MEMBERSHIP BASE ON HOW NWF IS WORKING TO PROTECT WILDLIFE AND HABITAT. EVERY MONTH, THROUGH NATIONAL WILDLIFE MILLIONS OF PEOPLE CAN READ INFORMATIVE FEATURE ARTICLES ABOUT WILDLIFE AND WILDLIFE Name of the organization NATIONAL WILDLIFE FEDERATION

CONSERVATION , THE LATEST ENVIRONMENTAL NEWS AND SUCCESS STORIES FROM NWF AND AROUND THE NATION.

IN ADDITION TO ADVOCATING FOR POLICIES THAT MAKE LANDS AND WATERS MORE RESILIENT TO HARMFUL CLIMATE CHANGE IMPACTS, NWF SERVES AS A NATIONAL LEADER ON TRAINING THE PROFESSIONALS WHO MANAGE LAND AND WATER TO ADDRESS THIS CHALLENGE. NWF PRODUCES REPORTS AND WORKSHOPS TO HELP STATE AND FEDERAL AGENCIES UNDERSTAND AND ADDRESS THE VULNERABILITY OF WILDLIFE TO CLIMATE CHANGE IMPACTS. THIS GROUND-BREAKING WORK LED THE DEPARTMENT OF THE INTERIOR TO AWARD TO NWF THE PARTNERS IN CONSERVATION AWARD. NWF ALSO WORKS WITH LAND TRUSTS, WATERSHED PROTECTION GROUPS AND OTHERS IN INCORPORATING INFORMATION ABOUT CHANGING TEMPERATURES AND PRECIPITATION PATTERNS SO THAT THEY CAN MAXIMIZE THE CHANCES OF SUCCESS FOR THEIR HABITAT PROTECTION AND RESTORATION WORK.

OTHER NATURE EDUCATION MATERIALS COMMUNICATE NWF'S MISSION TO RAISE PUBLIC AWARENESS AROUND OUR THREE MAIN OBJECTIVES: GETTING KIDS BACK OUTSIDE, SAFEGUARDING WILDLIFE AND HABITAT AND FINDING SOLUTIONS TO CLIMATE CHANGE. WITH OUR CARDS AND WILDLIFE INSPIRED ITEMS, NWF HAS MORE WAYS TO ENGAGE OUR 4 MILLION MEMBERS AND SUPPORTERS WHILE ALSO GETTING OUR MESSAGE TO NEW AUDIENCES WHO HAVE AN INTEREST IN PROTECTING WILDLIFE.

FORM 990, PART VI, SECTION A, LINE 1B:

THE NWF EXECUTIVE COMMITTEE IS COMPOSED OF THE BOARD CHAIR AND SIX OTHER MEMBERS OF THE BOARD. THE EXECUTIVE COMMITTEE HAS AND EXERCISES THE POWERS DELEGATED TO THEM BY THE FEDERATION BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 6:

NWF'S 49 STATE AND TERRITORIAL AUTONOMOUS AND UNRELATED ENTITIES ARE

NATIONAL WILDLIFE FEDERATION

MEMBERS OF THE FEDERATION.

FORM 990, PART VI, SECTION A, LINE 7A: AFFILIATE REPRESENTATIVES ELECT THE MAJORITY OF THE BOARD OF DIRECTORS OF THE NATIONAL WILDLIFE FEDERATION.

FORM 990, PART VI, SECTION B, LINE 11B:

NWF'S FINANCE DEPARTMENT COMPILES DATA AND SCHEDULES FOR THE IRS FORM 990 FROM AUDITED FINANCIAL STATEMENTS. BDO USA, LLP PREPARES AND REVIEWS THE RETURN. NWF BOARD MEMBERS ARE PROVIDED WITH A DRAFT COPY OF THE 990 RETURN. A NWF AUDIT COMMITTEE MEETING IS HELD WHERE THE FULL BOARD IS INVITED TO PARTICIPATE IN DISCUSSING THE 990 PRIOR TO FILING. THE NWF FINANCE STAFF, GENERAL COUNSEL, AND THE BDO TAX PARTNER ADDRESS AND ANSWER ANY QUESTIONS THAT THE BOARD MAY HAVE.

FORM 990, PART VI, SECTION B, LINE 12C:

OFFICERS, DIRECTORS, TRUSTEES, AND EMPLOYEES ARE REQUIRED TO DISCLOSE ANY POTENTIAL ISSUES THAT MAY CAUSE A CONFLICT. GENERAL COUNSEL AND HUMAN RESOURCES COMMUNICATE POLICY TO BOARD AND EMPLOYEES. FORMS ARE REVIEWED AND DISCLOSURES REVIEWED BY A COMMITTEE OF THE BOARD.

FORM 990, PART VI, SECTION B, LINE 15A:

THE COMPENSATION OF THE CEO OF NATIONAL WILDLIFE FEDERATION IS SET BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS, WHICH CONSISTS OF SEVEN INDEPENDENT BOARD MEMBERS. THE EXECUTIVE COMMITTEE RELIES ON THE ANNUAL COMPRHENSIVE COMPENSATION STUDY PREPARED BY AN INDEPENDENT OUTSIDE Name of the organization NATIONAL WILDLIFE FEDERATION

Schedule O (Form 990 or 990-EZ) 2013

CONSULTING FIRM SPECIFICALLY FOR THE NATIONAL WILDLIFE FEDERATION.

FORM 990, PART VI, SECTION C, LINE 19:

NWF MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND 990'S AVAILABLE TO THE PUBLIC UPON REQUEST. NWF MAKES ITS AUDITED FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC ON ITS OWN WEBSITE AND UPON REQUEST.

FORM 990, PART XI, LINE 9 - CHANGES IN NET ASSETS: CHANGE IN SPLIT INTEREST AGREEMENTS 338,570 PENSION EXPENSE (190,487)

PENSION GAIN

1,531,637

TOTAL TO FORM 990, PART XI, LINE 9 1,679,721 FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

ATTACHMENT 1

NATIONAL WILDLIFE FEDERATION'S (NWF) MISSION IS TO INSPIRE AMERICANS TO PROTECT WILDLIFE FOR OUR CHILDREN'S FUTURE. NWF HAS THREE STRATEGIC PROGRAMMATIC AREAS: A) ICONIC LANDSCAPES, B) HEALTHY WATERS AND C) VIBRANT COMMUNITIES. THROUGH EDUCATION, OUTREACH AND ADVOCACY, NWF PURSUES SOLUTIONS THAT REDUCE THREATS TO WILDLIFE AND PEOPLE. NWF REPRESENTS A DIVERSE SET OF INTERESTS, MADE UP OF OUR VAST NETWORK OF AFFILIATES, MEMBERS AND PARTNERS. NWF AFFILIATES ARE AUTONOMOUS, NONPROFIT ORGANIZATIONS THAT LEAD IN STATE AND LOCAL CONSERVATION EFFORTS AND PARTNER WITH NWF ON A WIDE VARIETY OF REGIONAL AND NATIONAL ISSUES. AFFILIATION IS A VOLUNTARY RELATIONSHIP BETWEEN EACH ORGANIZATION AND NWF, AND THERE IS ONLY ONE AFFILIATE PER STATE OR U.S. TERRITORY. THIS DIVERSE NETWORK OF PARTNERS ELECTS Name of the organization

Employer identification number

ATTACHMENT 1 (CONT'D)

NATIONAL WILDLIFE FEDERATION

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

KEY MEMBERS OF NWF'S LEADERSHIP AND SETS NWF'S CONSERVATION POLICY PRIORITIES THROUGH AN ANNUAL RESOLUTION PROCESS.

AS IN NATURE, WE HAVE STRENGTH IN NUMBERS AND DIVERSITY. NWF REGULARLY WORKS CLOSELY WITH THOSE WHO SPAN THE SOCIAL AND POLITICAL SPECTRUM AND CONNECT THEM BY A COMMON COMMITMENT TO CONSERVATION. OUR ABILITY TO MEET THE NEEDS OF WILDLIFE IS INEXTRICABLY LINKED TO THE AMAZING INDIVIDUALS, GROUPS, ORGANIZATIONS AND CORPORATIONS WE CALL OUR SUPPORTERS. TOGETHER, WE FORM A PACK, LEVERAGING OUR INFLUENCE TO SAFEGUARD AMERICA'S WILDLIFE AND WILD PLACES.

SOME OF OUR KEY CAPABILITIES INCLUDE: 80 YEARS OF HISTORY ADVOCATING ON BEHALF OF WILDLIFE, 49 AFFILIATES, 2 MILLION MEMBERS, REGIONAL CENTERS IN MD, VT, TX, MI, MT, CO, STAFF SCIENTIFIC EXPERTS, STAFF LEGISLATIVE EXPERTS, REGULARLY PARTNERING WITH U.S. GOVERNMENTAL AGENCIES TO ON THE GROUND WORK, THE KEY PLAYER OTHERS LOOK TO BUILD COALITIONS, AND PUBLISHER OF AWARD WINNING MAGAZINES.

ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

ICONIC LANDSCAPES:

A CENTERPIECE OF NWF'S STRATEGY IS PROTECTING AND RESTORING HABITAT THROUGHOUT THE UNITED STATES TO BENEFIT WILDLIFE. NWF DEFENDS FEDERAL LAWS, PROTECTS AND RESTORES PUBLIC AND TRIBAL LANDS, AND WORKS WITH LOCAL COMMUNITIES TO PROTECT, RESTORE AND SUSTAIN WILDLIFE HABITAT. NWF ALSO WORKS TO PROVIDE GUIDANCE ON SCIENTIFIC AND SUSTAINABLE FISH AND WILDLIFE MANAGEMENT. AS AN Name of the organization NATIONAL WILDLIFE FEDERATION Employer identification number

ATTACHMENT 2 (CONT'D)

EXAMPLE, IN THE ROCKY MOUNTAIN WEST, NWF'S COLORADO AND MONTANA OFFICES ARE OUR STATE AFFILIATES ARE STRONG VOICES FOR PUBLIC LANDS AND WORK WITH PARTNERS, SPORTSMEN, AND OUTDOOR RECREATIONISTS TO PROTECT PUBLIC LANDS FOR THE WILDLIFE THAT INHABITS THEM AND ALSO FOR OUTDOOR RECREATION FOR THE PUBLIC. ENERGY DEVELOPMENT IN THE WEST IS A LARGE AREA OF CONCERN AND NWF AND ALSO WORKS WITH ENERGY COMPANIES TO PROMOTE RESPONSIBLE ENERGY DEVELOPMENT ON PUBLIC LANDS THAT ADDRESSES THE POTENTIAL IMPACT ON WILDLIFE AND THEIR HABITAT.

SOME EXAMPLES OF SUCCESS INCLUDE:

1. WE WORKED CLOSELY WITH THE MONTANA WILDLIFE FEDERATION AND OTHER PARTNERS TO ACHIEVE A STUNNING BREAKTHROUGH FOR WILD BISON -RETURNING 138 OF THESE MAGNIFICENT BEASTS TO THEIR HISTORIC RANGE ON ASSINIBOINE AND SIOUX TRIBAL LANDS ON FORT PECK RESERVATION IN MONTANA.

2. ON MAY 21, 2014 PRESIDENT BARACK OBAMA DESIGNATED THE ORGAN MOUNTAINS-DESERT PEAKS A NATIONAL MONUMENT. THE PROCLAMATION FOLLOWED YEARS OF WORK BY NWF, THE NEW MEXICO WILDLIFE FEDERATION, BUSINESS OWNERS, THE PUBLIC AND LOCAL COMMUNITY LEADERS TO PROTECT THE SOUTHERN NEW MEXICO SITE THAT INCLUDES THE QUARTZ SPIRES OF THE ORGAN MOUNTAINS, VOLCANIC MOUNTAINS AND CLIFFS, BOX CANYONS, ANCIENT ROCK CARVINGS AND HISTORIC RANCHING SITES. THE NEARLY HALF-MILLION-ACRE AREA IS HOME TO A BROAD ARRAY OF WILDLIFE, INCLUDING, MULE DEER, MOUNTAIN LIONS, GOLDEN EAGLES AND PEREGRINE FALCONS.

Employer identification number

FORM 990, PART III - PROGRAM SERVICE, LINE 4B

HEALTHY WATERS:

Name of the organization

Schedule O (Form 990 or 990-EZ) 2013

NATIONAL WILDLIFE FEDERATION

NWF'S FOCUSES ON REGIONAL EFFORTS AND LEVERAGING EXISTING RELATIONSHIPS TO ADDRESS LOCALIZED WATER ISSUES. NWF FIELD OFFICES SAND AFFILIATES REGULARLY PROVIDE LEADERSHIP AND BOOTS ON THE GROUND TO SUPPORT THE EFFORTS OF COALITIONS DEDICATED TO CLEANING UP AMERICA'S WATERS. ON THE GULF COAST, NWF IS A VOICE FOR WILDLIFE AND A LEADER IN GULF COAST RESTORATION AFTER THE BP OIL SPILL. THROUGH THE TEXAS LIVING WATERS PROJECT, NWF WORKS TO ENSURE THAT TEXAS HAS ENOUGH FRESH WATER FOR PEOPLE AND WILDLIFE, PROTECTING COASTAL ESTUARIES AND GROUNDWATER. IN THE MISSISSIPPI RIVER DELTA, NWF'S SOUTH CENTRAL OFFICE IS SPEARHEADING THE GULF RESTORATION EFFORTS TO CURB WETLANDS LOSS AND RESTORE NATURE'S FIRST LINE OF DEFENSE FROM HURRICANES.

IN THE GREAT LAKES, NWF'S MICHIGAN OFFICE LEADS THE HEALING OUR WATERS COALITION THAT IS WORKING TO MODERNIZE SEWAGE TREATMENT, CLEAN-UP POLLUTED HARBORS, RESTORE WETLANDS, AND PREVENT UNWANTED, NEW SPECIES FROM INVADING THE LAKES. ON THE EAST COAST, NWF'S ANNAPOLIS OFFICE LEADS THE CHOOSE CLEAN WATER INITIATIVE THAT ADDRESSES SURFACE RUN OFF POLLUTION AFFECTING THE CHESAPEAKE BAY. NATIONALLY, IN FEBRUARY 2014, AFTER YEARS OF PERSISTENT EFFORT BY TENS OF THOUSANDS OF WILDLIFE ADVOCATES AND DOZENS OF NATIONAL WILDLIFE FEDERATION AFFILIATES, CONGRESS PASSED A NEW FARM BILL THAT PROVIDES HUGE WINS FOR WILDLIFE. THE 2014 FARM BILL IS A STRONG, CONSERVATION-FRIENDLY BILL THAT SUPPORTS HEALTHY SOIL, CLEAN WATER AND ABUNDANT HABITAT FOR WILDLIFE. IT CONTAINS A

ATTACHMENT 3

NATIONAL WILDLIFE FEDERATION

Employer identification number

ATTACHMENT 3 (CONT'D)

SUBSTANTIAL INCREASE IN FUNDING TO HELP FARMERS CREATE WILDLIFE HABITAT ON WORKING LANDS AND IMPORTANT IMPROVEMENTS FOR PROTECTING OUR FRAGILE NATIVE GRASSLANDS.

ATTACHMENT 4

FORM 990, PART III - PROGRAM SERVICE, LINE 4C

VIBRANT COMMUNITIES:

THE ORGANIZATION'S EDUCATION OUTREACH AND PUBLICATION PROGRAMS AIM TO RECONNECT CHILDREN AND ADULTS WITH NATURE THROUGH PROGRAMS SUCH AS: GARDENING FOR WILDLIFE (ENCOURAGING SCHOOLS, INDIVIDUALS, AND COMMUNITIES TO SUSTAINABLY BUILD AND CERTIFY WILDLIFE HABITAT), ECO SCHOOLS USA (PRE-K-12 NATURE AND ENVIRONMENTAL EDUCATION PROGRAMS), CAMPUS ECOLOGY AND ECOLEADERS (YOUNG ADULT LEADERSHIP AND SKILLS DEVELOPMENT), GREAT AMERICAN CAMPOUT (ENCOURAGING INDIVIDUALS AND COMMUNITIES TO EXPLORE THE GREAT OUTDOORS), NATIONAL WILDLIFE, RANGER RICK, AND RANGER RICK JR. PUBLICATIONS (AWARD WINNING MAGAZINES DEVOTED TO CONSERVATION AND EDUCATION). IN FISCAL YEAR 14, NWF EDUCATION PROGRAMS REACHED NEARLY 7 MILLION YOUNG PEOPLE WITH HIGH QUALITY PROGRAMMING IN CONSERVATION EDUCATION, CLIMATE SCIENCE, WILDLIFE AWARENESS, READING AND NATURE PLAY. NWF IS NOW IN NEARLY 7,600 K-12 SCHOOLS SERVING MILLIONS OF STUDENTS AND 111,000 EDUCATORS. THIS INCLUDES: 1. ADDING 600 SCHOOLS TO THE GROWING NWF ECO-SCHOOLS USA NETWORK -- ECO-SCHOOLS USA IS PART OF THE WORLD'S LARGEST AND MOST

EFFECTIVE NETWORK OF GREEN SCHOOLS. THESE ARE SCHOOLS THAT DEVOTE

NATIONAL WILDLIFE FEDERATION

Employer identification number

ATTACHMENT 4 (CONT'D)

THEIR BUILDINGS, GROUNDS AND EDUCATIONAL PROGRAMMING TO ENVIRONMENTAL IMPROVEMENTS AND LEARNING. SINCE 2009, NWF HAS BEEN THE OFFICIAL HOST AND OPERATOR OF THE PROGRAM IN THE U.S. IN 2013 THE NUMBER OF PARTICIPATING SCHOOLS INCREASED FROM 2,600 TO 3,100 (20% GROWTH). SCHOOLS ENROLLED IN THE PROGRAM SAVED \$56 MILLION IN UTILITY COSTS.

2. ADDING 350 SCHOOLS TO OUR SCHOOLYARD WILDLIFE HABITAT PROGRAM -- SCHOOLYARD HABITAT® PROGRAM, NOW WITH 4,400 PARTICIPATING SCHOOLS, IS THE LARGEST SCHOOL GARDEN PROGRAM IN AMERICA. IT SUPPORTS SCHOOL AND EDUCATOR EFFORTS TO DEVELOP WILDLIFE AND ECOSYSTEM EDUCATION PROGRAMS DIRECTLY ON THE SCHOOL GROUNDS AND PROVIDES CHILDREN WITH OPPORTUNITIES TO LEARN IN OUTDOOR CLASSROOMS. THE PROGRAM GREW 9.5% IN 2013

3. 45% OF THE YOUNG PEOPLE WE NOW SERVE IN OUR SCHOOL PROGRAMS ARE FROM RACIALLY DIVERSE BACKGROUNDS -- NWF IS A LEADER AMONG NATIONAL CONSERVATION ORGANIZATIONS IN REACHING MINORITIES AND PEOPLE OF COLOR THROUGH ITS PROGRAMMING. THIS IS PARTICULARLY TRUE THROUGH OUR SCHOOL PROGRAMS DUE TO FOCUS ON LARGE URBAN SCHOOL DISTRICTS WHERE AMERICAN CHILDREN ARE THE MOST REMOVED FROM NATURE.

4. THROUGH NWF'S TREES FOR WILDLIFE, CHILDREN PLANTED 20,000 TREES AT 100 LOCATIONS -- THE TREES FOR WILDLIFE PROGRAM PROVIDES TREES AND EDUCATIONAL PROGRAMMING TO SCOUT GROUPS, SCHOOLS GROUPS AND DISASTER-IMPACTED COMMUNITIES. SINCE ITS INCEPTION, CHILDREN HAVE PLANTED A TOTAL OF 170,000 TREES THROUGH THE TREES FOR WILDLIFE PROGRAM. Name of the organization NATIONAL WILDLIFE FEDERATION

ATTACHMENT 4 (CONT'D)

5. WE HELPED 4 MILLION KIDS GET OUTDOORS IN NATURE ON A REGULAR BASIS - IN LATE 2012, NWF ANNOUNCED ITS PLAN TO HAVE 10 MILLION LARGELY INDOOR-BOUND CHILDREN TO HAVE REGULAR TIME OUTDOORS LEARNING AND PLAYING IN NATURE. RESEARCH SHOWS THAT CHILDREN WHO HABITUALLY STAY INDOORS ARE LESS LIKELY TO CARE ABOUT WILDLIFE AND NATURE CONSERVATION AS ADULTS. WE DEFINED "REGULAR TIME" AS A WEEKLY AVERAGE OF 90 MINUTES IN NATURAL SPACES. BY THE END OF 2013, WE HAD ACHIEVED 3 MILLION OUTDOOR KIDS THROUGH OUR SCHOOL AND PUBLIC AGENCY PROGRAMS. THE SCHOOLYARD HABITAT PROGRAM AND THE ECO-SCHOOLS USA PROGRAM ARE PARTICULARLY EFFECTIVE IN HELPING STUDENTS TO SPEND TIME IN NATURAL SETTING LEARNING ABOUT NATURE. THESE PROGRAMS OFFER STUDENTS AND TEACHER THE OPPORTUNITY TO CREATE AND USE OUTDOOR CLASSROOMS ON SCHOOLS GROUNDS AND ENCOURAGE VISITS TO LOCAL PARKS AND NATURE CENTERS. ABOUT ONE-HALF OF THE 3 MILLION YOUNG PEOPLE WE HELPED RECONNECT WITH NATURE DID SO THROUGH THESE SCHOOL-BASED PROGRAMS.

6. WE RECRUITED 650 MAJOR URBAN AND REGIONAL PARK AGENCIES TO HELP GET KIDS OUTDOORS. MOST OF THESE AGENCIES PROVIDE FIELD SPORTS AND INDOOR RECREATION CENTERS AS MAINSTAYS TO THEIR SERVICES. NWF, WORKING WITH THE DEDICATED AND ENTHUSIASTIC SUPPORT OF THE NATIONAL RECREATION AND PARK ASSOCIATION, WAS FORTUNATE TO RECRUIT 650 PARK AND RECREATION AGENCIES INCLUDING: LOS ANGELES, CHICAGO, BALTIMORE, SAN FRANCISCO, ST. LOUIS, WASHINGTON D.C. AND MANY OTHERS.

7. WE SIGNED UP 10 NEW CITIES AND TOWNS FOR THE NWF COMMUNITY WILDLIFE HABITAT PROGRAM -- NWF SUPPORTS CITIES, COUNTIES AND

Name of the organization NATIONAL WILDLIFE FEDERATION Employer identification number

ATTACHMENT 4 (CONT'D)

TOWNS AS THEY TAKE STEPS TO BECOME LOCAL WILDLIFE SANCTUARIES UNDER OUR COMMUNITY WILDLIFE HABITAT PROGRAM. MORE THAN 120 LOCALES, LARGE AND SMALL (WITH A COMBINED POPULATION OF 10 MILLION PEOPLE IN 25 STATES), HAVE EITHER CERTIFIED OR ARE WORKING TOWARD CERTIFICATION. A COMMUNITY UNDERGOES A LOCALLY BASED EFFORT TO INCREASE THE NUMBER OF CERTIFIED BACKYARD, SCHOOLYARD, AND OTHER HABITATS IT HAS AND TO MANAGE ITS LANDS AND EDUCATE STUDENTS AND THE PUBLIC IN WAYS THAT ARE SUPPORTIVE OF HABITAT MANAGEMENT AND PROTECTION.

8. WE HELPED CERTIFY 9,000 INDIVIDUAL PROPERTIES AS HABITATS --NWF'S COMMUNITY HABITAT AND GARDEN FOR WILDLIFE PROGRAM AND ITS HABITAT VOLUNTEERS GENERATE THOUSANDS OF CERTIFICATIONS EACH YEAR.

9. WE TRAINED 1,000 HABITAT VOLUNTEERS -- WE RECRUIT, TRAIN, AND MAINTAIN A CORPS OF HABITAT VOLUNTEERS. VOLUNTEERS ARE ESSENTIAL TO HELPING NWF ACHIEVE ITS HABITAT GOALS AND OBTAINING 1,000 NEW BACKYARD AND SCHOOLYARD CERTIFICATIONS EACH MONTH. NWF TRAINS AND DEPLOYS VOLUNTEERS TO HELP WITH ITS CERTIFIED WILDLIFE HABITAT PROGRAMS. THIS INCLUDES COMMUNITIES, SCHOOLYARDS, AND BACKYARDS. THESE 2,000 VOLUNTEERS CONTRIBUTE 60,000 HOURS PER YEAR AND SUPPORT HANDS ON PROJECTS, HOLDING TABLING AND COMMUNICATIONS EVENTS, GIVING TALKS TO GARDEN CLUBS AND NATURE CENTERS, HELPING EDUCATORS, AND ADVOCATING FOR WILDLIFE FRIENDLY GARDENING AND LANDSCAPING POLICIES AT THE COMMUNITY LEVEL.

chedule O (Form 990 or 990-EZ) 2013 ame of the organization	Employer id	entification number
ATTIONAL WILDLIFE FEDERATION		
		NT 5
FORM 990, PART V, LINE 4B - FOREIGN COUNT		
AYMAN ISLANDS		
ETHERLANDS		
	ATTACHME	NT 6
<u>ORM 990, PART VI, LINE 17 - STATES</u>		
L,AK,AR,CA,CO,CT,		
C,FL,GA,HI,IL,KS,KY,LA,ME,MD,MA,MI,		
N, MS, MO, NH, NJ, NM, NY, ND, OH, OK, OR, PA,		
I,SC,TN,UT,VA,WA,WI,		
	ATTACHME	NT 7
		NT 7
90, PART VII- COMPENSATION OF THE FIVE H		NT 7
	IIGHEST PAID IND. CONTRACTORS	
990, PART VII- COMPENSATION OF THE FIVE H		NT 7
AME AND ADDRESS	IIGHEST PAID IND. CONTRACTORS	COMPENSATION
AME AND ADDRESS HE OCCASIONS GROUP	IIGHEST PAID IND. CONTRACTORS	
AME AND ADDRESS HE OCCASIONS GROUP STATIONARY PLACE	IIGHEST PAID IND. CONTRACTORS	COMPENSATION
NAME AND ADDRESS HE OCCASIONS GROUP STATIONARY PLACE	IIGHEST PAID IND. CONTRACTORS DESCRIPTION OF SERVICES	COMPENSATION
AME AND ADDRESS HE OCCASIONS GROUP STATIONARY PLACE ESBURG, ID 83441	IIGHEST PAID IND. CONTRACTORS DESCRIPTION OF SERVICES CONSULTING	COMPENSATION 2,500,532.
AME AND ADDRESS HE OCCASIONS GROUP STATIONARY PLACE ESBURG, ID 83441 DS GLOBAL, INC.	IIGHEST PAID IND. CONTRACTORS DESCRIPTION OF SERVICES	COMPENSATION
AME AND ADDRESS HE OCCASIONS GROUP STATIONARY PLACE ESBURG, ID 83441 DS GLOBAL, INC. 901 BELL AVE	IIGHEST PAID IND. CONTRACTORS DESCRIPTION OF SERVICES CONSULTING	COMPENSATION 2,500,532.
	IIGHEST PAID IND. CONTRACTORS DESCRIPTION OF SERVICES CONSULTING	COMPENSATION 2,500,532.
AME AND ADDRESS HE OCCASIONS GROUP STATIONARY PLACE ESBURG, ID 83441 DS GLOBAL, INC. 901 BELL AVE ES MOINES, IA 50315	IIGHEST PAID IND. CONTRACTORS DESCRIPTION OF SERVICES CONSULTING MAGAZINE SUBSCRIP	COMPENSATION 2,500,532. 863,136.
AME AND ADDRESS HE OCCASIONS GROUP STATIONARY PLACE ESBURG, ID 83441 DS GLOBAL, INC. 901 BELL AVE ES MOINES, IA 50315 NNERWORKINGS	IIGHEST PAID IND. CONTRACTORS DESCRIPTION OF SERVICES CONSULTING	COMPENSATION 2,500,532.
AME AND ADDRESS HE OCCASIONS GROUP STATIONARY PLACE ESBURG, ID 83441 DS GLOBAL, INC. 901 BELL AVE ES MOINES, IA 50315 NNERWORKINGS 440 BROADWAY, 22ND FLOOR	IIGHEST PAID IND. CONTRACTORS DESCRIPTION OF SERVICES CONSULTING MAGAZINE SUBSCRIP	COMPENSATION 2,500,532. 863,136.
AME AND ADDRESS HE OCCASIONS GROUP STATIONARY PLACE ESBURG, ID 83441 DS GLOBAL, INC. 901 BELL AVE ES MOINES, IA 50315 NNERWORKINGS 440 BROADWAY, 22ND FLOOR	IIGHEST PAID IND. CONTRACTORS DESCRIPTION OF SERVICES CONSULTING MAGAZINE SUBSCRIP	COMPENSATION 2,500,532. 863,136.
AME AND ADDRESS HE OCCASIONS GROUP STATIONARY PLACE ESBURG, ID 83441 DS GLOBAL, INC. 901 BELL AVE ES MOINES, IA 50315 NNERWORKINGS 440 BROADWAY, 22ND FLOOR EW YORK, NY 10018	IIGHEST PAID IND. CONTRACTORS DESCRIPTION OF SERVICES CONSULTING MAGAZINE SUBSCRIP	COMPENSATION 2,500,532. 863,136.
AME AND ADDRESS HE OCCASIONS GROUP STATIONARY PLACE ESBURG, ID 83441 DS GLOBAL, INC. 901 BELL AVE ES MOINES, IA 50315 NNERWORKINGS 440 BROADWAY, 22ND FLOOR EW YORK, NY 10018 ERKLE, INC.	IIGHEST PAID IND. CONTRACTORS DESCRIPTION OF SERVICES CONSULTING MAGAZINE SUBSCRIP PRINT PROCURMENT SVC	COMPENSATION 2,500,532. 863,136. 753,532.
HAME AND ADDRESS HE OCCASIONS GROUP STATIONARY PLACE ESBURG, ID 83441 DS GLOBAL, INC. 901 BELL AVE ES MOINES, IA 50315 NNERWORKINGS 440 BROADWAY, 22ND FLOOR EW YORK, NY 10018 ERKLE, INC. 001 COLUMBIA GATEWAY DRIVE	IIGHEST PAID IND. CONTRACTORS DESCRIPTION OF SERVICES CONSULTING MAGAZINE SUBSCRIP PRINT PROCURMENT SVC	COMPENSATION 2,500,532. 863,136. 753,532.
AME AND ADDRESS HE OCCASIONS GROUP STATIONARY PLACE ESBURG, ID 83441 DS GLOBAL, INC. 901 BELL AVE ES MOINES, IA 50315 NNERWORKINGS 440 BROADWAY, 22ND FLOOR EW YORK, NY 10018 ERKLE, INC.	IIGHEST PAID IND. CONTRACTORS DESCRIPTION OF SERVICES CONSULTING MAGAZINE SUBSCRIP PRINT PROCURMENT SVC	COMPENSATION 2,500,532. 863,136. 753,532.
AME AND ADDRESS HE OCCASIONS GROUP STATIONARY PLACE ESBURG, ID 83441 DS GLOBAL, INC. 901 BELL AVE ES MOINES, IA 50315 NNERWORKINGS 440 BROADWAY, 22ND FLOOR EW YORK, NY 10018 ERKLE, INC. 001 COLUMBIA GATEWAY DRIVE	IIGHEST PAID IND. CONTRACTORS DESCRIPTION OF SERVICES CONSULTING MAGAZINE SUBSCRIP PRINT PROCURMENT SVC	COMPENSATION 2,500,532. 863,136. 753,532.
AME AND ADDRESS HE OCCASIONS GROUP STATIONARY PLACE ESBURG, ID 83441 DS GLOBAL, INC. 901 BELL AVE ES MOINES, IA 50315 NNERWORKINGS 440 BROADWAY, 22ND FLOOR EW YORK, NY 10018 ERKLE, INC. 001 COLUMBIA GATEWAY DRIVE DLUMBIA, MD 21046	IIGHEST PAID IND. CONTRACTORS DESCRIPTION OF SERVICES CONSULTING MAGAZINE SUBSCRIP PRINT PROCURMENT SVC DATABASE DEVELOPMENT	COMPENSATION 2,500,532. 863,136. 753,532. 638,502.
AME AND ADDRESS HE OCCASIONS GROUP STATIONARY PLACE ESBURG, ID 83441 DS GLOBAL, INC. 901 BELL AVE ES MOINES, IA 50315 NNERWORKINGS 440 BROADWAY, 22ND FLOOR EW YORK, NY 10018 ERKLE, INC. 001 COLUMBIA GATEWAY DRIVE DLUMBIA, MD 21046 IRECT MAIL PROCESSORS, INC. 150 CONRAD COURT	IIGHEST PAID IND. CONTRACTORS DESCRIPTION OF SERVICES CONSULTING MAGAZINE SUBSCRIP PRINT PROCURMENT SVC DATABASE DEVELOPMENT	COMPENSATION 2,500,532. 863,136. 753,532. 638,502.
AME AND ADDRESS HE OCCASIONS GROUP STATIONARY PLACE ESBURG, ID 83441 OS GLOBAL, INC. 901 BELL AVE ES MOINES, IA 50315 NNERWORKINGS 440 BROADWAY, 22ND FLOOR EW YORK, NY 10018 ERKLE, INC. 001 COLUMBIA GATEWAY DRIVE DLUMBIA, MD 21046 IRECT MAIL PROCESSORS, INC.	IIGHEST PAID IND. CONTRACTORS DESCRIPTION OF SERVICES CONSULTING MAGAZINE SUBSCRIP PRINT PROCURMENT SVC DATABASE DEVELOPMENT	COMPENSATION 2,500,532. 863,136. 753,532. 638,502.

Name of the organization

NATIONAL WILDLIFE FEDERATION

Employer identification number

ATTACHMENT 8

FORM 990, PART IX - OTHER FEES

	(A) TOTAL	(B) PROGRAM	(C) MANAGEMENT	(D) FUNDRAISING
DESCRIPTION	FEES	SERVICE EXP.	AND GENERAL	EXPENSES
CONTRACTUAL & CONSULTANT	2,944,738.	2,630,240.	314,498.	
GRAPHICS, DESIGN, COPY	187,449.	138,525.	11,059.	37,865.
DATA ENTRY - OUTSOURCE	207,211.	165,375.	15,562.	26,274.
LETTER SHOP - OUTSOURCE	1,601,967.	1,183,854.	94,516.	323,597.
FULFILLMENT - OUTSOURCE	4,117,222.	3,285,955.	309,203.	522,064.
TOTALS	9,058,587.	7,403,949.	744,838.	909,800.

OMB No. 1545-0047 **Related Organizations and Unrelated Partnerships** SCHEDULE R (Form 990) Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. 2

Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Attach to Form 990.

See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization

NATIONAL WILDLIFE FEDERATION

53-0204616

3

Open to Public

Inspection

Employer identification number

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
_(1)					
_(2)					
_(3)					
_(6)					

Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had Part II one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g Section 5 contr ent	3) 512(b)(13) rolled ity?
						Yes	No
(1) NATIONAL WILDLIFE FEDERATION ENDOWMENT 52-0806695							
11100 WILDLIFE CENTER DRIVE RESTON, VA 20190-5362	SUPPORT NWF	DC	501(C)(3)	509(A)(3)I	N/A		Х
_(2)	-						
_(3)	-						
_(4)	-						
_(5)	-						
_(6)	-						
_(7)							

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

Schedule R (Form 990) 2013

Part III

Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

	, v	1		· ·		1				-		
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop	h) portionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	j) eral or aging tner?	(k) Percentage ownership
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					Yes	No		Yes	No	
(1)						5						
(2)												
(3)												
(4)												
(5)				C								
(6)												
(7)				5								

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreigr country)	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percen- tage ownership	(i) Section 512(b)(13) controlled entity?
			country				owneramp	Yes No
<u>(1)</u>								
(2)								
(3)		-						
(4)		_						
(5)		_						
(6)		-						
(7)		-						

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Par	Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note	. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a		Х
b	Gift, grant, or capital contribution to related organization(s)	1b		X
С	Gift, grant, or capital contribution from related organization(s)	1c	Х	
d	Loans or loan guarantees to or for related organization(s)	1d		X
е	Loans or loan guarantees by related organization(s)	1e	Х	
-				
t	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1g		X X
h	Purchase of assets from related organization(s)	1h		X
1	Exchange of assets with related organization(s)	1i		X
J	Lease of facilities, equipment, or other assets to related organization(s)	<u>1j</u>		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
r I	Performance of services or membership or fundraising solicitations for related organization(s)	11		X
r m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Х	
0	Sharing of paid employees with related organization(s)	10		X
Ū				
p	Reimbursement paid to related organization(s) for expenses	1p	х	
a	Reimbursement paid by related organization(s) for expenses	1q		
r	Other transfer of cash or property to related organization(s)	1r		Х
s	Other transfer of cash or property from related organization(s).	1s	Х	
	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction three	sholds	5.	
	(a) (b) (c)	(d)		
	Name of related organization Transaction Amount involved Method type (a-s) amount amount amount	of dete int inve		ig
(1)				
(2)				
(2)				
(3)				
(4)				
(-)				
(5)				
(-)				
(6)				
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Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			section 512-514)	Yes	No			Yes	No	(1 0111 1000)	Yes	No	
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