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	00	N	Deturn of Organization Example and			OMB No. 1545-0047
For		U	Return of Organization Exempt From Incom			2015
			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except pr		ation	s) Open to Public
Dep	artment of rnal Revenu	the Treasury	 Do not enter social security numbers on this form as it may be made Information about Form 990 and its instructions is at www.irs.gov/it 	•		Inspection
A			dar year, or tax year beginning September 1 , 2015, and ending	August	31	, 20 16
B			Name of organization National Wildlife Federation Endowment, Inc.			ver identification number
	Address of		Doing business as			52-0806695
	Name cha	ange	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	ET	elepho	one number
	Initial retu	ırn 1	1100 Wildlife Center Drive			703-438-6000
	Final return	n/terminated	City or town, state or province, country, and ZIP or foreign postal code			
	Amended		Reston, VA 20190-5362			eceipts \$ 10,133,619
L	Applicatio					subordinates? Yes No
	••••					s included? Yes No a list. (see instructions)
.1	Website:	pt status: ► N/A		c) Group exe		
ĸ			Corporation Trust Association Other ► L Year of formation:			of legal domicile: DC
-	art I	Summa				
	1 1	Briefly des	cribe the organization's mission or most significant activities: The Mission	of the Nati	onal	Wildlife Federation
e S	<u> </u>	Endowmen	t is to provide through its investments for the financial stability of the National	Wildlife Fe	derat	ion (NWF) in a manner
nan			sistent with the mission and values of NWF			
Governance	1		box \blacktriangleright if the organization discontinued its operations or disposed of mo-	1		its net assets.
ဗီ			voting members of the governing body (Part VI, line 1a)		3	9
80	1		independent voting members of the governing body (Part VI, line 1b)		4 5	9
vitie	1		per of individuals employed in calendar year 2015 (Part V, line 2a) Der of volunteers (estimate if necessary)		5 6	0
Activities &	1		ated business revenue from Part VIII, column (C), line 12		7a	9
-			ed business taxable income from Form 990-T, line 34		7b	<u>U</u>
				Prior Year		Current Year
Ø	8 0	Contributio	ms and grants (Part VIII, line 1h)	51:	2,203	3,243,858
Revenue	9 F	Program se	ervice revenue (Part VIII, line 2g)			
šě (1		income (Part VIII, column (A), lines 3, 4, and 7d)	3,26	,682	1,479,858
Lin			nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,925	8,818
••••••			ue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,810	4,732,534
			similar amounts paid (Part IX, column (A), lines 1–3)	3,56	3,566	2,355,000
			hid to or for members (Part IX, column (A), line 4)			
ses			al fundraising fees (Part IX, column (A), line 11e)			
Expen			aising expenses (Part IX, column (D), line 25) ►			
ň			nses (Part IX, column (A), lines 11a–11d, 11f–24e)	42:	3,227	322,020
			nses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,99'		2,677,020
	19 F	levenue le	ss expenses. Subtract line 18 from line 12	-214	,983	2,055,514
r S			Beginni	ng of Curren	Year	End of Year
ssets			s (Part X, line 16)	49,829		52,796,555
Net Assets or Fund Balances			ies (Part X, line 26)		,717	805,446
			or fund balances. Subtract line 21 from line 20	49,053	,295	51,991,109
		Signatu		and to the h		w knowledge, and holiaf it is
			I declare that I have examined this return, including accompanying schedules and statements, . Declaration of preparer (other than officer) is based on all information of which preparer has an			ny knowledge and beller, it is
	T	the	ren Unimen-	41	10L	117
Sig	n 🗍	Signatu	re of officer	Date /	19	<u> </u>
Her		Ka	ien Wagner VPot Finance/Treusurer			
		· · ·	print name and title			
Pai	d	Print/Type	preparer's name Preparer's signature Date	, с	neck [
	parer	tran	KH. Jm. K. F.H. H. 4-7-		lf-emp	
	Only	Firm's nam	· · · · · · · · · · · · · · · · · · ·	Firm's El	N 🕨	くノー イダリッツィー

For Paperwork Reduction Act Notice, see the separate instructions.

KAFFA

 Firm's address
 IB 99 L Street, N-U
 Ø350, Walk - tr

 May the IRS discuss this return with the preparer shown above? (see instructions)

Firm's name

Use Only

DC

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20031

Phone no. 202-828-5000

🛛 Yes 🗌 No

Form	990 (2015)	Page 2
Pa	rt III Statement of Program Service Accomplishments	
1	Check if Schedule O contains a response or note to any line in this Part III	<u>. </u>
1	The Mission of the National Wildlife Federation Endowment is to provide through its investments for the financial stability of the	9
	National Wildlife Federation (NWF) in a manner that is consistent with the mission and values of NWF.	¥
2	Did the organization undertake any significant program services during the year which were not listed on the	
-	prior Form 990 or 990-EZ?	V No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
		∕ No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measu	rod by
•	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to a	others,
	the total expenses, and revenue, if any, for each program service reported.	,
4		
4a	a (Code:) (Expenses \$ 2,355,000 including grants of \$ 2,355,000) (Revenue \$)
	To provide funding to the National whome redefation's conservation programs and operation.	
	••••••	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	

4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)	
		~~

		*
4d	Other program services (Describe in Schedule O.)	
40	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 2.355.000	

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Par	t IV Checklist of Required Schedules		+	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	No
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	2	V	✓
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		~
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		~
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		~
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		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		~
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		✓
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .	10	1	
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		1
b	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	1	
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? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		~
đ	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		✓
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .	11e 11f	✓ ✓	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		✓
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	 Image: A start of the start of	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>√</u>
14 a b	Did the organization maintain an office, employees, or agents outside of the United States? 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.	14a 14b		<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		✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		<u>·</u> √
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 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		 ✓
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		√
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19		✓

Form 9	990 (2015)			Page 4
Par	IV Checklist of Required Schedules (continued)			
•••			Yes	No
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		1
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	-		,
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22		V
20	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.	23	~	
24a	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		1
b c		24b 24c		
d		24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		~
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	200		•
20	current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		✓
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):	- 21		
a b	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		✓
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	28b		<u> </u>
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		✓
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	29		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		<u> </u>
32	Part I	31		✓
33	complete Schedule N, Part II	32		✓
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		✓
34	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	~	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
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		
36	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		✓
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		✓
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.	38	~	

Form §	90 (2015)			Page 5
Par	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			. 🗸
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		1
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		\checkmark
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	1		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a	√	
b	If "Yes," enter the name of the foreign country: See Schedule O for list of foreign country			1.2000
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		\checkmark
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	ļ	\checkmark
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	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	ļ	 ✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	<u>6b</u>	200403344	268820085
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		√
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		<u>v</u>
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
·	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	83233333	1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		\checkmark
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	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. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			55565
а	Did the sponsoring organization make any taxable distributions under section 4966? , ,	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:		No.	
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:		84-86C	
a b	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a		12a	S.S.S.S.S.	SEISENS
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	· · · · · · · · · · · · · · · · · · ·	13a		<u>-megalika</u>
-	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			
с	Enter the amount of reserves on hand			
14a		14a		\checkmark
		14b		

Form	990 (2015)		Page 6
Par	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.	See instru	uctions.
	Check if Schedule O contains a response or note to any line in this Part VI	<u>.</u>	🗹
Sect	tion A. Governing Body and Management		
		Y	'es No
1a	Enter the number of voting members of the governing body at the end of the tax year <u>1a</u>	9	8-4
	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.		0.0
ь 2	Enter the number of voting members included in line 1a, above, who are independent . <u>1b</u> 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?	9 2	
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	1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5	
6	Did the organization have members or stockholders?	6	\checkmark
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 🗸	/
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 🗸	<i>,</i>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
а	The governing body?	8a √	9000 1000 100 1
b	Each committee with authority to act on behalf of the governing body?	8b √	·····
9	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	1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	nue Cod	e.)
			es No
10a	Did the organization have local chapters, branches, or affiliates?	10a	\checkmark
b		10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a 🗸	,
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 🗸	1
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b √	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c √	,
13	Did the organization have a written whistleblower policy?	13 🗸	
14	Did the organization have a written document retention and destruction policy?	14 🗸	
15	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?		
а	The organization's CEO, Executive Director, or top management official	15a √	aar oo ah yaa ah ya
b	Other officers or key employees of the organization	15b	\checkmark
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	✓
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	
Section	on C. Disclosure	·,	ù
17	List the states with which a copy of this Form 990 is required to be filed See Schedule O for list of states		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	n 501(c)(3)s only)

- Own website I Another's website I Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records: ► Karen Wagner 703-438-6000_11100 Wildlife Center Dr., Reston, VA_2190-5362

Form 990 (2015)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors П

Check if Schedule O contains a response or note to any line in this Part VII .

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within 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.

				- {•	C)					
(A)	(B)	(do r	ot of		ition		000	(D)	(E)	(F)
Name and Title	Average						h an	Reportable	Reportable	Estimated
	hours per week (list any	<u> </u>	er and a direc					compensation from	compensation from related	amount of other
	hours for related	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizations (W-2/1099-MISC)	compensation from the
	organizations	idua	utio	ď,	emp	est c oyee	Ĩer	(W-2/1099-MISC)	(**-2/1055-14630)	organization
	below dotted	or fa	nal t		loye	"in				and related organizations
		stee	uste		, o	ensi				organization o
			ĕ			Ited	ļ,			
(1) Rob Speidel	3									
Trustee - Chair		✓		✓			 			
(2) William Houston	3	/		,						
Trustee - Vice Chair		✓		√						
(3) Alex Speyer, III	3	,								
Prior Trustee 6/17/16		✓								
(4) Wayne Nordberg	3	,								
Trustee		✓	\square							
(5) Lori Ensinger	3	1								
Trustee		✓								
(6) Seth Ross	3	\checkmark								
Trustee (7) E to a to the										
(7) Eric Steinmiller	3	\checkmark								
Trustee (8) Mett Tachilan	3	v								
(8) Matt Tashjian Trustee	3	1								
(9) Bruce Wallace	3	*	-+							
Trustee		\checkmark								
(10) Nicole Wood	3	•								· · · · · · · · · · · · · · · · · · ·
Trustee	·ÿ	\checkmark								
(11) Collin P. O'Mara	4	•								
President - NWF	36			\checkmark					343,694	20,142
(12) Karen Wagner	4								040,004	20,142
Treasurer	36			\checkmark					146,947	23,060
(13) Benjamin Kota	4									
Secretary	36			\checkmark					137,757	21,631
(14) John Ashley	4									
Assistant Treasurer	36			\checkmark					120,966	25,627
		L								Earm 990 (2015)

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	990 (2015)											Page 8
Pa	rt VII Section A. Officers, Directors, Trus	tees, Key E	mplo:	yee		nd H C)	lighe	st C	compensated E	Imployees	(contir	nued)
	(A) Name and title	(B) Average hours per	box,	Position (do not check more than box, unless person is bo officer and a director/tru			is both	าลก	(D) Reportable compensation from	related	on from	(F) Estimated amount of
		week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	relate organizat (W-2/1099-	ions	other compensation from the organization and related organizations
(15) (Malea Stenzel-Gilligan	4										
	stant Secretary	36			1	ļ	·····			12	27,153	27,769
	.arry J Schweiger er President - NWF	4 36						1		. 1/)8,975	
<u>(17)</u>	er rresident - NWI	30						•			10,975	
(18)												
(19)												
(20)												
(21)												
(22)												
(23)									-			
(24)												
(25)												
1b				, ,	•	l. · •	•••••••••••••••••••••••••••••••••••••••			98	5,492	118,229
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)			•			.			00	5 402	110.000
2	Total number of individuals (including but reportable compensation from the organized)	not limited					bove) wł	no received mo		<u>5,492 </u> 00,000	<u>118,229</u> D of
3	Did the organization list any former off	icer, direct								•	ensated	Township and the second s
4	employee on line 1a? If "Yes," complete S For any individual listed on line 1a, is the organization and related organizations	sum of rep	ortab	le c	om	pen	satior	n an		ensation fr		
5	individual	accrue coi	 mpen	 sati	on t	from	, . n any	unr	elated organiza			4 🗸
	for services rendered to the organization?	If "Yes," co	omple	te S	Sche	ədul	le J fo	or su	uch person .		• •	5 🗸
1	on B. Independent Contractors Complete this table for your five highest c compensation from the organization. Repr year.											
	(A) Name and business addr	ess							(B) Description of se	rvices		(C) Compensation
None												
					•••••••	•••••						
2	Total number of independent contractor received more than \$100,000 of compensa							tho	se listed abov	ve) who		

Form	990 (20	015)					Page 9
Pa	rt VIII	Statement of Revenue Check if Schedule O contains a	response or note	to any line in th	is Part VIII		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
its tts	1a	Federated campaigns	1a				
Contributions, Gifts, Grants and Other Similar Amounts	b		1b				0.00000000000
S a	c		1c				
ili a	d		1d 3,230,26	2			
s, ji	e	Government grants (contributions)	1e				
r Si	f	All other contributions, gifts, grants,			5 (1) (1) (1) (1) (1)		0.0000000000000000000000000000000000000
the		and similar amounts not included above	1f 13,596	3			386000000
d UT	g	Noncash contributions included in lines 1a-1	:\$	1			
မှုလ်	h	Total. Add lines 1a-1f	· · · · · · >	3,243,85	8	And the second	
ne			Business Code				
ven	2a						
Program Service Revenue	b						
vice.	c						
Sen	d						
E	e						
ogr	f	All other program service revenue					
ă.	g						
	3	Investment income (including di					
		and other similar amounts) .	🕨	637,476	3		637,476
	4	Income from investment of tax-exemp	ot bond proceeds 🕨				
	5	Royalties <u></u>	<u> ></u>				
		(i) Real	(ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses			0.000000000		
	С	Rental income or (loss)					
	d	Net rental income or (loss)	<u> Þ</u>				
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 6,243,4	167		6. State 10. State	0.000.000	
	b	Less: cost or other basis					
		and sales expenses . 5,401,0]			
	С	Gain or (loss)842,3	182				
	d	Net gain or (loss)	. <u></u> 🕨	842,382			842,382
61							
ทย	8a	Gross income from fundraising					
Ne		events (not including \$			1000 B		
å		of contributions reported on line 1c).				1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	
ler		See Part IV, line 18	a				
Other Revenue	b	Less: direct expenses	b				
-	С	Net income or (loss) from fundraisi					
	9a	Gross income from gaming activities					
		See Part IV, line 19	а				
	b	Less: direct expenses , , , ,	b				
	С	Net income or (loss) from gaming a					
	10a	Gross sales of inventory, les					
		returns and allowances	a				
		Less: cost of goods sold	b				
Ļ	С	Net income or (loss) from sales of i					
ļ		Miscellaneous Revenue	Business Code				
		Miscellaneous	900099	8,818			8,818
	b						
	С						
	d	All other revenue					
		Total. Add lines 11a-11d		8,818			
	12	Total revenue. See instructions.	Þ	4,732,534			1,488,676

	990 (2015)				Page 10
	rt IX Statement of Functional Expenses ion 501(c)(3) and 501(c)(4) organizations must co		All other organizatio	ne must complete c	olumn (A)
000	Check if Schedule O contains a respo				
	ot include amounts reported on lines 6b, 7b, bb, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,355,000	2,355,000		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management	58,989		58,989	
b					
с С		29,825		29,825	
d e	Lobbying	······	2		
f	Investment management fees	219,200		219,200	5
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)			213,200	
12	Advertising and promotion				
13	Office expenses	13,731		13,731	
14	Information technology				
15	Royalties				
16					
17 18	Travel				
19	Conferences, conventions, and meetings				1
20	Interest		·		
21	Payments to affiliates		· · · · · · · · · · · · · · · · · · ·		
22	Depreciation, depletion, and amortization				
23	Insurance				
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.)				
a	Miscellaneous	275		275	
b					
C d					
d e	All other expenses		· · · · · · · · · · · · · · · · · · ·		
25 25	Total functional expenses. Add lines 1 through 24e	2,677,020	2,355,000	322,020	
26	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	2,077,020	2,555,000	322,020	
	following ŠOP 98-2 (ASC 958-720)				F 000 (00(C)

Form 990 (2015)

	Part X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Pa	antX	• •	[]
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	18,660	1	31,337
	2	Savings and temporary cash investments	97,135	2	306,446
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	7,959,566	4	7,968,384
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
ts	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 organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
Ą	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments-publicly traded securities	17,930,372	11	20,083,347
	12	Investments-other securities. See Part IV, line 11	22,546,282	12	23,153,611
	13	Investments-program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1,276,997	15	1,253,431
	16	Total assets. Add lines 1 through 15 (must equal line 34)	49,829,012	16	52,796,555
	17	Accounts payable and accrued expenses	443,145	17	415,257
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
Lia	23	Secured mortgages and notes payable to unrelated third parties		23	······
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
	20	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	332,572	25	390,189
	26	Total liabilities. Add lines 17 through 25	775,717	26	805,446
ses		Organizations that follow SFAS 117 (ASC 958), check here ► ☑ and complete lines 27 through 29, and lines 33 and 34.			
aŭ	27	Unrestricted net assets	48,345,587	27	51,305,700
Sal	28	Temporarily restricted net assets	42,214	28	0
Q	29	Permanently restricted net assets	665,493	29	685,409
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ► _ and complete lines 30 through 34.			
ts.	30	Capital stock or trust principal, or current funds		30	
sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ťĂ	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Ne		Total net assets or fund balances	49,053,295	33	51,991,109
	34	Total liabilities and net assets/fund balances	49,829,012	34	52,796,555

Form §	990 (2015)			Р	age 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. 🔽
1	Total revenue (must equal Part VIII, column (A), line 12)	1		4,7	32,534
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,6	77,020
3	Revenue less expenses. Subtract line 2 from line 1	3		2,0	55,514
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .	4		49,0	53,295
5	Net unrealized gains (losses) on investments	5		9	90,423
. 6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-1	08,121
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		51,9	91,111
Par	XII. Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			<u></u>	<u> </u>
				Yes	No
1	Accounting method used to prepare the Form 990: Cash 🛛 Accrual 🗌 Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	in		
	Schedule O.			9 9000	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			na i se navidativa	
	If "Yes," check a box below to indicate whether the financial statements for the year were com	oiled	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	 ✓ 	
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on	a		
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis 🗹 Both consolidated and separate basis				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov				
	of the audit, review, or compilation of its financial statements and selection of an independent accou		1	\checkmark	Victoria
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	in 🚺	de de	
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set				
	the Single Audit Act and OMB Circular A-133?				✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under		1		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3 b		

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.

n 000 or "-000 57

OMB No. 1545-0047

2015

Depar Intern	rtment of the Treasury al Revenue Service	► Information abo		ach to Form 990 or For orm 990 or 990-EZ) and it			/ww.irs.gov/form990.	Open to Public Inspection
Name	e of the organization		`				Employer identification	
Natio	onal Wildlife Feder	ation Endowment	, Inc.				52-0	306695
Pa	rt I Reason	for Public Ch	a <mark>rity Status</mark> (A	Il organizations mus	st compl	ete this		
The	organization is no	ot a private found	lation because it	is: (For lines 1 throug	h 11, che	eck only c	one box.)	
1	🗌 A church, co	nvention of chur	ches, or associa	tion of churches desc	ribed in s	section 1	70(b)(1)(A)(i).	
2	🗌 A school des	scribed in <mark>sectio</mark>	n 170(b)(1)(A)(ii)	. (Attach Schedule E (Form 990) or 990-E	EZ).)	
3	🗌 A hospital or	a cooperative he	ospital service o	rganization described	in sectio	n 170(b)((1)(A)(iii).	
4		search organizat me, city, and sta		conjunction with a hos	spital des	cribed in	section 170(b)(1)(A)	(iii). Enter the
5		ion operated for (b)(1)(A)(iv). (Con		a college or university	/ owned	or operat	ed by a governmen	tal unit described in
6 7	🗌 An organizat		receives a sub	nmental unit describe stantial part of its su ete Part II.)				n the general public
8	A community	rtrust described	in section 170(b	o)(1)(A)(vi). (Complete	Part II.)			
9	receipts fron support fron	n activities relate n gross investm	d to its exempt ent income and	ore than 331/₃% of its functions—subject t unrelated business 975. See section 509(o certain taxable	exceptic income (ons, and (2) no more (less section 511 ta	e than 331/3% of its
10	🗌 An organizati	on organized and	d operated exclu	sively to test for publ	ic safety.	See sect	tion 509(a)(4).	
11	An organizati one or more	on organized and oublicly supporte	operated exclus d organizations	sively for the benefit of described in section 5 the type of supporting	, to perfo i09(a)(1) (rm the fur or sectior	nctions of, or to carry n 509(a)(2). See sect	ion 509(a)(3). Check
а	Type I. A set the support	upporting organized organized organization(zation operated, s) the power to r	supervised, or contro egularly appoint or ele Sections A and B.	led by its	s support	ed organization(s), t	pically by giving
b	control or n	nanagement of th	e supporting or	ed or controlled in cor ganization vested in tl /, Sections A and C .				
с				ng organization opera s). You must comple				y integrated with,
d	that is not f	unctionally integr	ated. The organ	porting organization or ization generally must mplete Part IV, Sect	satisfy a	distribut	ion requirement and	
e				written determination onally integrated supp				I, Type III
f <u>, g</u>	Enter the numb Provide the follo	er of supported of wing information	organizations . n about the supp	oorted organization(s)	• • •	,		1
	(i) Name of supported	d organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above (see instructions))	listed in yo	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No	1	
(A) Nat	tional Wildlife Fed	eration	53-0204616	7	~		2,355,000	
(B)								ı
(C)				· · ·				
(D)								

(E)

Total

2,355,000

	lule A (Form 990 or 990-EZ) 2015						Page 2
Par							
	(Complete only if you checked t Part III. If the organization fails to						ality under
Sect	tion A. Public Support	o quality and	er the tests is	sted below, p	nease comple		· · ·
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3.						
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)						
6	Public support. Subtract line 5 from line 4.						
******	ion B. Total Support	(-) 0011	(1-) 0010	(-) 0010	(1) 0011	(2) 0015	(6) Tatat
Caler 7	ndar year (or fiscal year beginning in) Amounts from line 4	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.				• • • •	12	
13	First five years. If the Form 990 is for the organization, check this box and stop here						
Secti	on C. Computation of Public Suppor			• • • • •			· · • •
14	Public support percentage for 2015 (line 6			1, column (f))		14	%
15	Public support percentage from 2014 Sch	nedule A, Part I	I, line 14			15	%
16a	331/3% support test - 2015. If the organization and						b
b	box and stop here. The organization qual 33 ¹ / ₃ % support test-2014. If the organ	•	• • • •	•			
U	check this box and stop here. The organi					10 18 00 73 70 0	
17a							
b	10%-facts-and-circumstances test -20 15 is 10% or more, and if the organizati Explain in Part VI how the organization me supported organization	ion meets the eets the "facts	"facts-and-cir -and-circumst	cumstances" † ances" test. Th	test, check thi ne organizatior	is box and sto n qualifies as a	p here . publicly
18	Private foundation. If the organization dic						••••••
	instructions						

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015

Part III Support 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.)

Sect	tion A. Public Support			········		/	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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						
0	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a			·				
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disgualified						
	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.)						
	ion B. Total Support	r			r	l	
	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,	Į					
	payments received on securities loans, rents, royalties and income from similar sources						
h	Unrelated business taxable income (less						
b	section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	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 VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for th	•			•		
	organization, check this box and stop her						· · ► 🔲
*****	on C. Computation of Public Suppor	<u>_</u>				11	
15	Public support percentage for 2015 (line 8				· · · · ·	15	%_
<u>16</u>	Public support percentage from 2014 Sch			<u></u>		16	%
*******	on D. Computation of Investment Inc			line 19. oolur		47	
17 18							
	33 ¹ /3% support tests – 2015. If the organi					18	% and line
19a	17 is not more than 33 ¹ / ₃ %, check this box a						
b	33 ¹ / ₃ % support tests – 2014. If the organize						
ų	line 18 is not more than 331/3%, check this b						
20	Private foundation. If the organization did						

Schedule A (Form 990 or 990-EZ) 2015

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- C Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, Ioan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes No 1 J 2 3a 3b 3c 4a 4b 4c5a 5b 5c 6 √ 7 1 8 9a 9b 9c 10a 10b

Schedule A (Form 990 or 990-EZ) 2015

Par	V Supporting Organizations (continued)	
	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? A family member of a person described in (a) above? A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	Yes N 11a - 11b - 11c -
Sect	ion B. Type I Supporting Organizations	Yes N
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1 1
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2
Sect	on C. Type II Supporting Organizations	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	Yes N
ecu	on D. All Type III Supporting Organizations	Yes N
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If</i> " <i>No</i> ," <i>explain in</i> Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3
ecti	on E. Type III Functionally-Integrated Supporting Organizations	-A
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	
2	Activities Test. Answer (a) and (b) below.	Yes N
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	
ĥ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	2a

- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or а trustees of each of the supported organizations? Provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

2b 3a 3b

Schedule A (Form 990 or 990-EZ) 2015		- f	Page
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or 1 □ Check here if the organization satisfied the Integral Part Test as a qualifyin			instructions. All
other Type III non-functionally integrated supporting organizations must co	omp	lete Sections A through E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			0.0000000000000000000000000000000000000
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	J		N]

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2015

Sched	lule A (Form 990 or 990-EZ) 2015			Page 7
Par	t V Type III Non-Functionally Integrated 509(a)	3) Supporting Organ	izations (continued)	
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers ex organizations, in excess of income from activity	orted		
3		poses of supported ora	anizations	
4		, <u></u>		
5)		
6			····· ·	
7	Total annual distributions. Add lines 1 through 6.	•		
8		ch the organization is re	sponsive	
- 9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			· ·
	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
a				
b				
d	From 2013			
e	E			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
<u>g</u>	Applied to 2015 distributable amount			
<u>h</u> :				
i	Carryover from 2010 not applied (see instructions)			
J	Remainder, Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D, line 7: \$			
a	Applied to underdistributions of prior years		the forder in the soft of the test of the second statements in the second statements of the second statements a	
b	Applied to 2015 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	Excess distributions carryover to 2016. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а				
b				
С	Excess from 2013			
d	Excess from 2014			
е	Excess from 2015			

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Schedule A (Form 990 or 990-EZ) 2015

Part VI	Form 990 or 990-EZ) 2015 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part
	III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section
	B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b,
	3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E,
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	Schedule of Contributors <ul> <li>Attach to Form 990, Form 990-EZ, or Form 99     </li> <li>Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instruction</li> </ul>	OMB No. 1545-0047			
Name of the organization		Employer iden	tification number		
National Wildlife Federation	on Endowment, Inc.	52	2-0806695		
Organization type (che	ck one);				
Filers of:	Section:				
Form 990 or 990-EZ	501(c)( 3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a	a private foundation			
	527 political organization				
Form 990-PF	-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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### **Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of crueity to children or animals. Complete Parts I, II, and III.
- □ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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 totaling \$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. Cat. No. 30613X Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

ame of organi:	zation	En	ployer identification numb
ational Wildlife	Federation Endowment, Inc.		52-0806695
Part I Co	ontributors (see instructions). Use duplicate c	opies of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$\$	Person Payroll Noncash (Complete Part If for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of or	rganization	Em	Page ployer identification number
National W	ildlife Federation Endowment, Inc.		52-0806695
Part II	Noncash Property (see instructions). Use duplicate co	opies of Part II if additional spa	ce is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	· · · · · · · · · · · · · · · · · · ·	s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		• • • \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		  \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

	(Form 990, 990-EZ, or 990-PF) (2015) organization		Emn	Pa loyer identification numb		
	Vildlife Federation Endowment, Inc.			52-0806695		
art III	Exclusively religious, charitable, et (10) that total more than \$1,000 for the following line entry. For organiza contributions of \$1,000 or less for the Use duplicate copies of Part III if add	r <b>the year from any one con</b> tions completing Part III, enter ne year. (Enter this information	t <mark>ributor.</mark> Complete colun r the total of <i>exclusively</i> r	t <b>ion 501(c)(7), (8), or</b> nns <b>(a)</b> through <b>(e) and</b> religious, charitable, et		
a) No.	······································					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descript	ion of how gift is held		
F		(e) Transfer of gift				
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transfere	or to transferee		
a) No. from Part I	(b) Purpose of gift (c) Use		Ise of gift (d) Description			
	(e) Transfer of gift					
	Transferee's name, address, an	ud ZIP + 4	Relationship of transferor to transferee			
i) No.		·····	 			
rom art I	(b) Purpose of gift	(c) Use of gift	(d) Descripti	ion of how gift is held		
		(e) Transfer of gift				
	Transferee's name, address, an		Relationship of transferor to transferee			
	·					
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Descripti	on of how gift is held		
	······					
-		(e) Transfer of gift	sfer of gift			
.	Transferee's name, address, and	d ZIP + 4	Relationship of transfero	r to transferee		

	HEDULE D rm 990)		tal Financial Statements		OMB No. 1545-0047
		Part IV, line 6, 7, 8, 9,	10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 1		
	tment of the Treasury al Revenue Service		Attach to Form 990. form 990) and its instructions is at www.i	irs.gov/form990.	Open to Public Inspection
Name	of the organization			Employer identifica	<ul> <li>A the set of the states of all the states of the set of the set</li></ul>
		ation Endowment, Inc.			-0806695
Pa			vised Funds or Other Similar Fur		s.
	Comple	ete if the organization answered	"Yes" on Form 990, Part IV, line 6.	1	and other accounts
1	Total number a	at end of year			
2		ue of contributions to (during year)			
3		le of grants from (during year)			
4		le at end of year			
5			r advisors in writing that the assets h		
			ne organization's exclusive legal contro		
6	only for charita	ble purposes and not for the bene	and donor advisors in writing that gra fit of the donor or donor advisor, or f	or any other pur	oose
De		ermissible private benefit? vation Easements.			· _ Yes _ No
Ра			"Yes" on Form 990, Part IV, line 7.		
1		onservation easements held by the			***************************************
•		•	tion or education)	f a historically im	portant land area
		of natural habitat	·	f a certified histo	
		n of open space			
2			eld a qualified conservation contribution	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
		ne last day of the tax year.			at the End of the Tax Year
a					
b			ts		
c d			nistoric structure included in (a) (c) acquired after 8/17/06, and not	the second se	
ŭ					
3		-	sferred, released, extinguished, or terr		ganization during the
4	Number of state	es where property subject to conse	rvation easement is located >		
5			garding the periodic monitoring, ins		
_			sements it holds?		
6	Staff and volunte	er hours devoted to monitoring, inspect	ting, handling of violations, and enforcing o	conservation easen	nents during the year
7	Amount of experi		g, handling of violations, and enforcing	concernation accor	monto durina the year
,	► \$	ises incurred in monitoring, inspectin	g, handling of violations, and enforcing	CONSERVATION EASE	anents outsig the year
8			2(d) above satisfy the requirements of		
9	In Part XIII, desc	cribe how the organization reports o	conservation easements in its revenue	and expense sta	tement, and
	organization's a	ccounting for conservation easeme			
	Complet	e if the organization answered "	s of Art, Historical Treasures, or 'Yes" on Form 990, Part IV, line 8.		
<b>1</b> a			AS 116 (ASC 958), not to report in its		
			assets held for public exhibition, ed potnote to its financial statements that		
b			FAS 116 (ASC 958), to report in its i		
~	works of art, his public service, p	storical treasures, or other similar provide the following amounts relation	assets held for public exhibition, ed ng to these items:	ucation, or resea	arch in furtherance of
	(i) Revenue incl	uded on Form 990, Part VIII, line 1		🕨 \$	*****
~	(ii) Assets includ	led in Form 990, Part X		🕨 💲	
2	If the organizati	on received or held works of art,	historical treasures, or other similar FAS 116 (ASC 958) relating to these ite	assets for finan	cial gain, provide the
а			· · · · · · · · · · · · · · · ·		
	Assets included	in Form 990, Part X	· · · · · · · · · · · · · · · · · · ·	Þ \$	
For Pa	perwork Reduction	n Act Notice, see the Instructions for	Form 9925 Caf. No. 52283D		chedule D (Form 990) 2015

Schee	ule D (Form 990) 2015					Page <b>2</b>
	t III Organizations Maintaining					
3	Using the organization's acquisition, collection items (check all that apply)		ther records, che	ck any of the follo	wing that are a sig	gnificant use of its
а	Public exhibition		di 🗌 Loar	n or exchange prog	jrams	
b	Scholarly research		e 🗌 Othe	er .		
с	Preservation for future generation	S				
4	Provide a description of the organiza XIII.		and explain how	they further the or	ganization's exem	pt purpose in Part
5	During the year, did the organization assets to be sold to raise funds rathe					. 🗌 Yes 🗌 No
Par	t IV Escrow and Custodial Arr					
	Complete if the organization	n answered "Yes	" on Form 990,	Part IV, line 9, or	reported an am	ount on Form
	990, Part X, line 21.		·····,	,,	· - I · · · · · · · · · · · · · · · ·	
1a	Is the organization an agent, trustee included on Form 990, Part X?					∏ Yes ∏ No
b	If "Yes," explain the arrangement in P	art XIII and comple	ete the following t	able:		
					Am	ount
c	Beginning balance		<i>.</i>	10		
d	Additions during the year			10	ł	
e	Distributions during the year			10	9	
f	Ending balance			11	F	
2a	Did the organization include an amou	nt on Form 990, Pa	art X, line 21, for e	escrow or custodia	I account liability?	🗌 Yes 🗌 No
b	If "Yes," explain the arrangement in P	art XIII. Check here	e if the explanatio	n has been provid	ed on Part XIII .	🔲
Pai	tV Endowment Funds.					
	Complete if the organizatior	answered "Yes'	' on Form 990, I	Part IV, line 10.		
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	1,527,652	1,522,652	1,497,652	1,497,652	1,497,652
b	Contributions	10,000	5,000			11011002
c	Net investment earnings, gains, and	.0,000	0,000	20,000		
				62,074	43,687	26,798
đ	Grants or scholarships				40,007	20,700
e	Other expenditures for facilities and					
	programs			62,074	43,687	26,789
f	Administrative expenses			02,074	43,007	20,709
	End of year balance	1,537,652	1,527,652	1 500 650	1,497,652	1 407 652
9 2	Provide the estimated percentage of t					1,497,652
	Board designated or quasi-endowmer			, column (a)) neiu	d5.	
a h		/	<i>J</i> 70			
a		.40%				
C	Temporarily restricted endowment	0.00%	00/			
20	The percentages on lines 2a, 2b, and 2 Are there endowment funds not in the			at are held and ad	ministered for the	
3a	organization by:	possession of the	e organization tha	at are new and au	ministered for the	Vee Ne
	0 ,					Yes No
	(i) unrelated organizations					3a(i) ✓
	(ii) related organizations					3a(ii) ✓
b	If "Yes" on line 3a(ii), are the related or	•	•			3b ✓
4	Describe in Part XIII the intended uses		n's endowment fu	inas.		
Part			E 000 E	5 1 15 Z 15		
	Complete if the organization			1		
	Description of property	(a) Cost or oth (investme			Accumulated preciation	(d) Book value
	Land					
b	Buildings					
č	Leasehold improvements					
ď	Equipment					
e	Other					
	Add lines 1a through 1e. (Column (d) m		0. Part X. column	(B) line 10c )	•	

Schedule D (Form 990) 2015

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Part VII Investments-Other Securities.		- m		
Complete if the organization answered "Ye (a) Description of security or category (including name of security)		), Part IV, IIn Book value	(c) M	m 990, Part X, line 12 ethod of valuation: id-of-year market value
Financial derivatives				
Closely-held equity interests	• • •			
Other	· · · [			
(A) Institutional Commingled Funds		23 153 611	End of year Mark	ot Value
(B)		20,100,011	Life of year wark	ervalue
(C)				
(D)		· ·		
(E)				
(F)		·		
(G)				
(H)				
tal. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►		23,153,611		
art VIII Investments – Program Related.				
Complete if the organization answered "Ye				
(a) Description of investment	(b)	Book value		ethod of valuation: d-of-year market value
λ				
)				
)		··		
)				
]				
)				
)				
)				
)				
) ) al. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►				
) al. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets.				
) al. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Ye:	s" on Form 990	, Part IV, line	e 11d. See Forr	
) al. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Ye (a) Description	s" on Form 990	, Part IV, line	e 11d. See Forr	n 990, Part X, line 15 (b) Book value
) al. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Ye (a) Description	s" on Form 990	, Part IV, line	e 11d. See Forr	
) al. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Ye: (a) Description	s" on Form 990	, Part IV, line	e 11d. See Forr	
) al. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Ye: (a) Description	s" on Form 990	, Part IV, line	e 11d. See Forr	
) al. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Ye: (a) Description	s" on Form 990	, Part IV, line	e 11d. See Forr	
) al. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Ye: (a) Description	s" on Form 990	, Part IV, line	e 11d. See Forr	
) al. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Ye: (a) Description	s" on Form 990	, Part IV, line	e 11d. See Forr	
) al. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Ye: (a) Description	s" on Form 990	, Part IV, line	e 11d. See Forr	
) al. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Ye: (a) Description	s" on Form 990	, Part IV, line	e 11d. See Forr	
) al. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Ye: (a) Description		, Part IV, line	e 11d. See Forr	
) al. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Ye: (a) Description		, Part IV, line		
) al. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (b) must equal Form 990, Part X, col. (B) line 18 art X Other Liabilities.	5.)	· · · ·	·	(b) Book value
) al. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes (a) Description (a) Description (a) Description (a) Description (b) must equal Form 990, Part X, col. (B) line 15	5.)	· · · ·	·	(b) Book value
) al. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes (a) Description (a) Description (b) must equal Form 990, Part X, col. (B) line 18 art X Other Liabilities. Complete if the organization answered "Yes line 25.	5.)	· · · ·	·	(b) Book value
) al. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes (a) Description (a) Description al. (Column (b) must equal Form 990, Part X, col. (B) line 15 art X Other Liabilities. Complete if the organization answered "Yes line 25.	5.)	· · · ·	·	(b) Book value
) al. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes (a) Description al. (Column (b) must equal Form 990, Part X, col. (B) line 15 art X Other Liabilities. Complete if the organization answered "Yes line 25. (a) Description of liability (b) B	5.)	· · · ·	·	(b) Book value
) al. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes (a) Description al. (Column (b) must equal Form 990, Part X, col. (B) line 15 art X Other Liabilities. Complete if the organization answered "Yes line 25. (a) Description of liability (b) B Federal income taxes	5.)	· · · ·	·	(b) Book value
) al. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes (a) Description al. (Column (b) must equal Form 990, Part X, col. (B) line 15 art X Other Liabilities. Complete if the organization answered "Yes line 25. (a) Description of liability (b) B Federal income taxes	5.)	· · · ·	·	(b) Book value
) al. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes (a) Description al. (Column (b) must equal Form 990, Part X, col. (B) line 15 art X Other Liabilities. Complete if the organization answered "Yes line 25. (a) Description of liability (b) B Federal income taxes	5.)	· · · ·	·	(b) Book value
) al. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes (a) Description al. (Column (b) must equal Form 990, Part X, col. (B) line 15 art X Other Liabilities. Complete if the organization answered "Yes line 25. (a) Description of liability (b) B Federal income taxes	5.)	· · · ·	·	(b) Book value
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) al. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes (a) Description al. (Column (b) must equal Form 990, Part X, col. (B) line 15 art X Other Liabilities. Complete if the organization answered "Yes line 25. (a) Description of liability (b) B Federal income taxes	5.)	· · · ·	·	(b) Book value
) al. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes (a) Description al. (Column (b) must equal Form 990, Part X, col. (B) line 15 art X Other Liabilities. Complete if the organization answered "Yes line 25. (a) Description of liability (b) B Federal income taxes	5.)	· · · ·	·	(b) Book value

Par	le D (Form 990) 2015 XI Reconciliation of Revenue per Audited Financial Statem	ents \	Nith Revenue ner	Retu	Page 4
	Complete if the organization answered "Yes" on Form 990,			netu	F 1 1.
1	Total revenue, gains, and other support per audited financial statements			1	81,902,306
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	• •	,	1000005	81,902,300
a	Net unrealized gains (losses) on investments	2a	2,824,881		
b	Donated services and use of facilities	2b	2,024,001		
c	Recoveries of prior year grants	2c			
ď	Other (Describe in Part XIII.)	2d	74,344,891		
e	Add lines 2a through 2d			2e	77,169,772
3	Subtract line <b>2e</b> from line <b>1</b>			3	4,732,534
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	· · I			4,752,554
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines <b>4a</b> and <b>4b</b>	Lanning and		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	4,732,534
Part					turn.
	Complete if the organization answered "Yes" on Form 990,				
1	Total expenses and losses per audited financial statements			1	76,570,002
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				10,070,002
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
ď	Other (Describe in Part XIII.)	2d	76,247,982		
e				2e	76,247,982
3	Subtract line <b>2e</b> from line <b>1</b>		3	3	322,020
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	i i	,		522,020
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	2,355,000		
				4c	2,355,000
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	2,677,020
Part 2				<u> </u>	2,077,020
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part				
	line 4: In addition to its investments, the National Wildlife Federation Endow		•		
	andound funds. The andound funds support the concernation educat	ion nre	around of the Mational	14/12/1	ifa Enderation
*******	endowed funds. The endowed funds support the conservation educat	<u>ion pre</u>			ne Federadon.
	They are held in accordance with each donor's stipulations and wishe	es conc	erning various enviro	nment	al issues and
	internally designation on the use of these funds.				
Part X, I	ine 2: Management believed it has no material uncertain tax positions and, a	ccordi	ngly, it has not recogr	ized a	iny liability for
	unrecognized taxes or tax benefits.				
Dort VI					
	line 2d: National Wildlife Federation revenue \$74,344,891				
Part XII,	line 2d: National Wildlife Federation expense & losses, audited financial state	ments	\$76,247,982		
Part XII,	line 4b: Grant to National Wildlife Federation of \$2,355,000				
		~~~~~	•••		

	orm 990) 2015 Supplemental Information (continued)	Page
	Supplemental mormation (conunced)	

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Schedule D (Form 990) 2015

Inference of the Treasury at Revenue Service     Inference       e of the organization     oral Wildlife Federation Endowment. Inc.       Int General Information on Grants an Does the organization ward the grant Describe in Part IV the organization's proceed 0900, Part IV, line 21, for any recipier (a) Name and address of organization     (b) ElN       Int Grants and Other Assistance to D     990, Part IV, line 21, for any recipier (a) Name and address of organization     (b) ElN       Int One and address of organization     (b) ElN     (c) and recipier (a) Name and address of organization     (c) any recipier (a) Name and address of organization       Int One and address of organization     (b) ElN     (c) and recipier (a) National Wildlife Federation       International Wildlife Center Dr. Reston. VA     53-0204616	SCHEDULE I (Form 990)	<b>U</b> ö	Grants and Governments omplete if the organ	and Other Assistance to Organizations, ents, and Individuals in the United State organization answered "Yes" on Form 990, Part IV. line 21 o	tance to Org luals in the l	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV. line 21 or 22.	a		OMB No. 1545-0047 20 <b>15</b>	
e of the constant of the statistic for and the constituence of the grants or assistance. The constituence of the grants and Assistance of the grants or assistance. The constituence of the grants are assistance of the grants or assistance. The constituence of the grants are assistance of the grants are assistance. The constraint and the constraint of the grants or assistance. The constraint and the constraint	Department of the Treasury Internal Revenue Service	► Infor	nation about Schee	► Attach to dule i (Form 990) an	Form 990. Id its instructions	s at www.irs.gov/for	m990,		Open to Public Inspection	
And Total Free Registration of Carrier and Assistance         Total Total Free Registration of Carrier and Assistance         Description Of Carrier and Of Carrier and Carrier	Name of the organization							Employer ider	ntification number	
Des Variant minimum our automatique de anticolar la quanta or assistance. The grants or assistance and the organization manifam reords to substantine the arround of the grants or assistance or assistance and the second and anticolar reords to assistance of a second trans and Other Assistance stances in the United State. Complete if the organization and answere a grant and anticolar reords to substantiations and Domestic Governments. Complete if the organization answere a grant and other Assistance to Domestic Governments. Complete if the organization and answere a grant and other Assistance to Domestic Governments. Complete if the organization and answere a grant and other Assistance to Domestic Governments. Complete if a diditional grace is needed. Mathematications and domestic Governments and other Assistance to Domestic Governments. Complete if the organization and answere a grant and other Assistance to Domestic Governments. Complete if the organization and answere a grant and other Assistance to Domestic Governments. Complete if the organization and a grant organization and answere a grant and other and and and a grant and other and and and a domestic Government or a grant and other and and and and and a domestic Governments. Complete if a difficuent space is needed. Mathematication and and and and and and a domestic Government organization and and and a domest	Part I Canaral Information	ent, Inc.	A		*****			5	52-0806695	
The selection characterize and and in evaluation to substanting the lower of grant of assistance, and a selection characterize and and mean revolution of the grants or assistance, and a selection characterize and	1 Doe the organization mainta	i on Grants and	Assistance		:					
Describe in Part IV the organization's procedures for monitoring the use of grant tinds in the United States.         Gents and Other systematics of promotion precision monitoring the use of grant tinds in the United States.         90 Num are databaset of organization in the United States.         90 Num are databaset of organization in the United States.         90 Num are databaset of organization in the United States.         90 Num are databaset of organization in the United States.         90 Num are databaset of organization in the United States.         90 Num are databaset of organization in the United States.         90 Num are databaset of organization in the United States.         91 Num are databaset of organization in the United States.         91 Num are databaset of organization in the United States.         91 Num are databaset of organization in the United States.         91 Num are databaset of organization in the United States.         91 Num are databaset of organization in the United States.         91 Num are databaset of organization in the United States.         91 Num are databaset of organization in the United States.         91 Num are databaset of organization in the United States.         91 Num are databaset of organization in the United States.         91 Num are databaset of organizations isteed in the Intel Inte	the selection criteria used to	ant records to subs	stantiate the amou or assistance?	nt of the grants or	assistance, the c	jrantees' eligibility fi	or the grants or assi	istance, anc	[	
Carants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answere organization answere the organization answere organization and the control of the organization answere organization answere organization and the organization and the organization and the organization and answere organization and the control of the organization and the organization of the organization or government.     Complete if the organization answere organization answere organization answere organization answere organization and the organization of the organization of the organization and the organization and the organization of the organization of the organization of the organization and the organization answere organization and organization answere organization and organization and organization organization organization organization organization answere organization and organization and orgene orgene organization and orgene organization answere organizat		nization's procedur	es for monitoring t	the use of grant fu	nds in the United	•				
Image: state of the state o	Ē	ssistance to Do	mestic Organization that received models	ations and Dom ore than \$5,000.	Part II can be d	ents. Complete i unlicated if additi	f the organization	answered	"Yes" on Form	
Matterial Wildlife Factoration         Solution         Solution         Pro           00 Wildlife Factoration         5330204616         501c(3)         2.355,000         Pro         Pro           01 Middlife Camber Dr. Reston. VA         5330204616         501c(3)         2.355,000         Pro         Pro           01 Middlife Camber Dr. Reston. VA         5330204616         501c(3)         2.355,000         Pro         Pro           11 Middlife Camber Dr. Reston. VA         5330204616         501c(3)         2.355,000         Pro         Pro           11 Middlife Camber Dr. Reston. VA         5330204616         501c(3)         2.355,000         Pro         Pro           11 Middlife Camber Dr. Solution         11	<ol> <li>(a) Name and address of organization or government</li> </ol>	(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,	(g) Description of non-cash assistance	; 	(h) Purpose of grant or assistance	
Final	(1) National Wildlife Federation 11100 Wildlife Center Dr. Reston, VA	53-0204616	501c(3)	2 355 000		lano				
Effect total number of section SOT(c)(3) and government organizations listed in the line 1 table	(2)			000-00-00-00-00-00-00-00-00-00-00-00-00				001	Jram Funding	
Effect total number of section SO1(e)(3) and government organizations listed in the line 1 table	(3)									
Enter total number of section S01(e)(3) and government organizations listed in the line 1 table       Itable       Itable         Enter total number of other organizations listed in the line 1 table       Itable       Itable       Itable         Paperwork Reduction At Notice, see the Instructions for Form 990.       Itable       Itable       Itable	(4)				44 y - y - y - y - y - y - y - y - y - y					
Enter total number of section SO1(c)(3) and government organizations listed in the line 1 table       Image: Construction SO1(c)(3) and government organizations listed in the line 1 table         Paperwork Reduction Act Notice, see the Instructions for Form 90.       Cat. No. 50056P	(5)									
Enter total number of section Sol(c)(3) and government organizations listed in the line 1 table       Cat. No. 50050         Cat. No. 50050       Cat. No. 50050	6									
Enter total number of section 501(c)(3) and government organizations listed in the line 1 table     Image: Control of table	(9)									
Enter total number of section 501(c)(3) and government organizations listed in the line 1 table <td <<="" <td="" td=""><td>(2)</td><td></td><td></td><td></td><td></td><td></td><td></td><td>-</td><td></td></td>	<td>(2)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>-</td> <td></td>	(2)							-	
Enter total number of section 501(c)(3) and government organizations listed in the line 1 table     Cat No. 50056P	(8)									
Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	(6)									
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Enter total number of section 501(c)(3) and government organizations listed in the line 1 table       Itable										
Izations listed in the line 1 table	(12)									
Cat. No. 50055P		1 1 501(c)(3) and gov	ernment organizat	tions listed in the li	ine 1 table	· · · · · · · · · · · · · · · · · · ·	•	A _ /  	-	
	For Paperwork Reduction Act Notice,	see the Instructions	s for Form 990.	•		at. No. 50055P	•	<b>A</b> .	0 Schedule I (Earm 990) (2015)	

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e 22.	(f) Description of non-cash assistance								ation.	deration (NWF), its ucation programs.						Schedule I (Form 990) (2015)
), Part IV, lin	(f) Descript								tional inform	rvation and ed						
ered "Yes" on Form 990	(e) Method of valuation (book, FMV, appraisal, other)								ו (b), and any other addi	arrizational support to Natio						
e organization answ	(d) Amount of non-cash assistance								1e 2, Part III, columr	rance of NWF's mission					< < < < < < < < < < < < < < < < < < <	
<mark>als.</mark> Complete if th	(c) Amount of cash grant								equired in Part I, li	t monies are in furthe	* * * * * * * * * * * * * * * * * * * *	5		1 2 3 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	) ) 1 1 1 1 1 1 1 1 1 1 1 1 1	
Domestic Individu lal space is neede	(b) Number of recipients								le the information r	trol. Usage of the gran						
Schedule I (Form 990) (2015) Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.	(a) Type of grant or assistance								Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	related organization under common control. Usage of the grant monies are in furtherance of NWF's mission of providing wildlife conservation and education programs.						
Schedule I (Fo Part III		F	2	8	4	5	9	7	Part I. line 2							

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(Form	DULE J 990) ent of the Treasury evenue Service	Compensation Information For certain Officers, Directors, Trustees, Key Employees, and H Compensated Employees ► Complete if the organization answered "Yes" on Form 990, Part I ► Attach to Form 990. ► Information about Schedule J (Form 990) and its instructions is at www.	V, line 23.	Open t	15	) blic
	the organization		Employer identification			
Nationa Part I		ation Endowment, Inc.	52-08	06695		
					Yes	No
[	990, Part VII, Se First-class of Travel for co Tax indemni	ropriate box(es) if the organization provided any of the following to or for a ection A, line 1a. Complete Part III to provide any relevant information regardi or charter travelImage: Housing allowance or residence ompanionsImage: Housing allowance or residence Image: Health or social club dues or initial Image: Personal services (e.g., maid, character of the second services (e.g., maid, character of the se	ng these items, for personal use rsonal residence ation fees	ſſſ		
(	or reimbursem	oxes on line 1a are checked, did the organization follow a written polic nent or provision of all of the expenses described above? If "No,"				
(	directors, trust	ization require substantiation prior to reimbursing or allowing expe ees, and officers, including the CEO/Executive Director, regarding the				
( r [	organization's ( related organiz Compensati	if any, of the following the filing organization used to establish the compo CEO/Executive Director. Check all that apply. Do not check any boxes for ation to establish compensation of the CEO/Executive Director, but expla on committee t compensation consultant other organizations Compensation survey or study other organizations	r methods used by a ain in Part III.	3		
		, did any person listed on Form 990, Part VII, Section A, line 1a, with resp a related organization:	pect to the filing			
b F c F	Participate in, c Participate in, c	rance payment or change-of-control payment?		4a 4b 4c	✓	<u>√</u> √
5 F C	For persons list	01(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5 ed on Form 990, Part VII, Section A, line 1a, did the organization pay or a contingent on the revenues of:	accrue any			
b A	Any related orga	n?		5a 5b		<u>√</u> √
		ed on Form 990, Part VII, Section A, line 1a, did the organization pay or a contingent on the net earnings of:	iccrue any			
b A	ny related orga	on?		6a 6b		$\frac{}{}$
р	ayments not d	ted on Form 990, Part VII, Section A, line 1a, did the organization prescribed on lines 5 and 6? If "Yes," describe in Part III		d 7	unian interference inter	√
to	o the initial c	nts reported on Form 990, Part VII, paid or accrued pursuant to a contract ontract exception described in Regulations section 53.4958-4(a)(3)?	' If "Yes," describ	e 8		<u> </u>
		8, did the organization also follow the rebuttable presumption pro-		n 9	-3948999 	√
r Pape	rwork Reductio	n Act Notice, see the Instructions for Form 990. Cat. No. 50053		dule J (Fo	rm 990)	2015

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instructions, on row (ii) Do not list any individuals that are not listed			History on Farm 200	RECURPERSAUUT RU	im the organization	on row (i) and from	equile 9, report compensation from the organization on row (i) and from related organizations, described in the	as, described in the
Note: The sum of columns (B)()-(iii) for each listed individual must equal the total amount of Form 990. Part VII. Section A line 1a amolicable column (D) and (E) amounts for the final section.	ny inc vr each	dividuals that are no h listed individual mu:	t listed of Form 330, Part VII. st equal the total amount of Fo	и, магц vit. ount of Form 990. Ран	rt VII. Section A line	1a annlicahle colum	n (D) and (E) amounts	for thot is all if all in
		(B) Breakdown oi	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation		14, applicable coluit		S IOT ITTAL IFICINIQUAL
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	<ul> <li>Hetirement and other deferred compensation</li> </ul>	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	e							****
1 Collin P. O'Mara		307,323	0	36,371	11,846	8,295	363.836	************************
	Ξ (							
z Larry J. Schweiger		108,975	0	0	0	0	108,975	
3 Karen I - Wanner	€ €	060 661						
	: ©	800'77 I		24,908	10,570	12,490	170,007	
4 John E. Ashley	(ii)	95,886	0	25,080	7.571	18.056	146 593	
	<b>e</b> (							
o Benjamin P. Kota	Ee	137.063	0	694	3,432	18,199	159,388	
6 Malea K. Stenzel	≥ €	108 000	c					
	0			10, 133	100.8	18,189	154,922	
7	E							
	e				-			
8								
	e :							
6								~~~~~
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10								
	8							
<b>11</b>	8							
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13		-						
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14								*************
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# Page 2

Schedule J (Form 990) 2015 Page 3
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
Part I. Line 4A:
The following individuals recieved severance payments from the Natinal Wildlife Federation:
Larry J. Schweiger, Former President - NWF, \$108,975
Schedule J (Form 990) 2015

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990- Complete to provide information for responses to specific question Form 990 or 990-EZ or to provide any additional information.		омв №. 1545-0047 20 <b>15</b>
Department of the Treasury Internal Revenue Service	<ul> <li>Attach to Form 990 or 990-EZ.</li> <li>Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www</li> </ul>	v.irs.gov/form990.	Open to Public Inspection
Name of the organization		Employer identific	ation number
National Wildlife Feder	ation Endowment, Inc.		0806695
Part V, line 4b: Caym	an Islands, Netherlands Antilles		
Part VI, line 7a: The N	ational Wildlife Federation Endowment trustees are appointed by the board of d	irectors of the Na	tional Wildlife
Feder	ation.		
Part VI, line 7b: The c	hanges to the by-laws of the National Wildlife Federation Endowment are appro	ved by the board	of directors of the
Natio	nal Wildlife Federation.		
Part VI, line 11b: The N	WF Finance staff compiles the data and schedules, as well as prepares the IRS	Form 990 from au	idited financial
stater	nents. Raffa reviews the return. NWF board members are provided with a draft c	copy of the 990 re	turn.
The ti	ustees are invited to participate in a conference call to discuss the 990. NWF Fi	nance staff, Gene	ral Counsel and
Raffa	tax partner address and answer any questions that the trustees may have.		
Part VI, line 12c: Office	rs and trustees are required to disclose any potential issues that may cause a c	onflict. General C	Counsel and Human
Reso	urces communicate policy to the board of trustees. Forms are reviewed and disc	closures are revie	wed by a
comm	ittee of the board.		
Part VI, line 15a: All Pe	rsonnel listed on this Form 990 are employed by the National Wildlife Federation	n and are subject	to its compensation
polici	es and procedures as described on its Form 990.		
Part VI-C, line 17: New	Jersey, New York, Washington, Washington DC		
Part VI-C, line 19: The f	inancial statements for the National Wildlife Federation Endowment are availab	e by request.	
Part XI, line 5: Net u	nrealized gain on investments \$990,423		
Part XI, line 9: Chan	ge in split interest agreements -\$108,121		
	·		

Cat. No. 51056K

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Schedule O (Form 990 or 990-EZ) (2015) Name of the organization	Page .
Name of the organization	Employer identification number
· · · · · · · · · · · · · · · · · · ·	
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	<b>,</b> ,
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SCHEDULE R (Form 990)	Related 0	<b>Related Organizations and Unrelated Partnerships</b>	id Unrelated	Partnership	(0	BMO	OMB No. 1545-0047
Department of the Treasury	Complete if the o	Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.	vered "Yes" on Form 990, Part IV, ∥ ▶ Attach to Form 990.	ine 33, 34, 35b, 36, or 3	7.		Doen to Public
Internal Revenue Service	Information ab	Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.	and its instructions is at	www.irs.gov/form990.			linspection
						Employer ident	Employer identification number
딁	ation Endowment, Inc.					52-06	52-0806695
Part I Identific	Identification of Disregarded Entities Complet	e if the organization answered "Yes" on Form 990, Part IV, line 33.	answered "Yes" o	n Form 990, Part	IV, line 33.		
Name, a	(a) Name, address, and EIN (if applicable) of disregarded entity	Prime	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) (e) End-of-year assets [	(f) Direct controlling entity
(1)							
(2)							
(3)							
(4)							
(5)							
(9)							
Partili Identific	Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.	ations Complete if th uring the tax year.	e organization an	swered "Yes" on	Form 990, Part IV	V, line 34 becaus	se it had
Name, a	(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domícile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
(1) Nickiews (1000)							Yes No
<ul> <li>VI WAUDIAL WIIGHE FEDERATION</li> <li>11100 Wildlife Center Dr. Reston</li> <li>(2)</li> </ul>	<ul> <li>VI Watuorial Wildlife Center Dr. Reston, VA 20190 EIN: 53-0204616</li> <li>(2)</li> </ul>	Conservation educatn	20	501(c)(3)	509(a)(1) N/A	N/A	>
(3)							
(4)							
(5)		-					
(6)							
(2)							
For Paperwork Reduct	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	, ,		Lat. No. 50135Y		Schedule R	Schedule R (Form 990) 2015
		e	37				

country) controlling controlling controlling controlling control control control country)		(6) (1)	4		
-	income (related, unrelated, excluded from tax under sections 512-514)	are of total Share of end-of- income year assets	cd-of- Disproportionate ets allocations?	Code amount of Sche (Forn	General or Percentage managing ownership partner?
			Yes No		Yes No
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.	tion or Trust Comp as a corporation or t	lete if the organiz trust during the ta	ttion answered x year.	d "Yes" on Forn	1 990, Part IV,
(a)         (b)         (c)           Name, address, and EIN of related organization         Primary activity         Legal domicile           (c)         (c)         (c)         (c)	cele Direct controlling country) entity	(e) Type of entity (C corp. S corp, or trust)	(f) Share of total income enc	(g) Share of end-of-year assets own	(h) Percentage Section 512(b)(13) ownership controlled
					Yes No

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# Schedule R (Form 990) 2015

Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. PartV

Page 3

	ered "Yes" on Form	990, Part IV, line 34	l, 35b, or 36.	
Note. Complete line 1 if any entity is listed in Parts II, II, or IV of this schedule.				L
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Borto II wo	or more related orda	ritatione lietod in Douto		Tes No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		וודמווחווא ווארבה זוו במנוא		•
b Gift, grant, or capital contribution to related organization(s)	• • • • •	• • • •	<b>1</b> a	>
c Gift, grant, or capital contribution from related organization(s)				
d Loans or loan marantees to or for related accountering of the relation of th		•		
		•	1d	
Country of Idail guarantees by related organization(s)	• • • •	•	 	>
f Dividends from volated exercite (a)				
		· · · ·	¥m.	>
b Durchand of and the dealed organization(s)		· · · ·	19	>
			- - - - -	
Exchange of assets with related organization(s)		- - - - -		. >
I Lease of tacilities, equipment, or other assets to related organization(s)		•		
			•	•
k Lease of facilities, equipment, or other assets from related organization(s)			<u>ب</u>	\ \
Performance of services or membership or fundraising solicitations for related organization(s)	•		· · · · · · · · · · · · · · · · · · ·	>
m Performance of services or membership or fundraising solicitations by related or solicitations	•	• • • • •		>
2 Charing of family continuous of the answer of the ans	• • • • •	· · ·	<b>. 1</b> m	>
		· · · ·	· · · · ·	
o sharing of paid employees with related organization(s)		· · · ·		
	• • • •	•		<u>,</u>
q Heimbursement paid by related organization(s) for expenses		· · · ·		<b>\</b>
			r ·	
	•	· · · ·	 	>
	• • • • •	•	· · · · · · · · · · · · · · · · · · ·	
Z IT THE ANSWER TO ANY OF THE ADOVE IS "YES," SEE THE INSTRUCTIONS FOR INFORMATION ON WHO MUST COMPLETE THIS FIRE, INCLUDING COVERED RELATIONSHIPS AND TRANSACTION THRESHOLDS.	omplete this line, inclu	uding covered relations	ships and transaction thresh	iolds.
(a) Name of related or consistent	(q)	(c)	(q)	
	type (as)	Amount involved	Method of determining amount involved	volved
(1) National Wildlife Federation	٩	2 355 000 rash	200	
	2	000,000,2	CdSII	
(2) National Wildlife Federation	U	3,230,262 cash	cash	
3				
(4)				

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Schedule R (Form 990) 2015

<b>Earwin</b> Unrelated Organizations Taxable as a Partner	l'axable as a	Partnershin	ship (complete if the organization answered "Voc" on Earn 000. For $0.7$		nizatio		200 ao "20V"					Page 4
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	entity taxed as	a partnership t	hrough which th	re orga	nization	i conducted m	ires ou ron	ercent of	aru rv, iirte 37. its activities (mea	sured	ov tota	assets
or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.	ganization. See	instructions re	egarding exclusi	on for c	certain i	nvestment pa	tnerships.			5		
(a) Name, address, and EiN of entity	(b) Primary activity	(c) Legal domicite		(e) Are all partners		(f) Share of	(g) Share of	(h) Disproportions	() Code V—UBI	General or	<u> </u>	(k) Percentada
	-	(state or foreign country)		section 501(c)(3) organizations?		total income	end-of-year assets	allocations?	amount in box 20 of Schedule K-1 (Form 1065)			ownership
				Yes No	No No			Yes No		Yes No	Q	
(1)										}	, .	
(2)												
5					_							
(2)												
(4)											-	
(5)												
(6)									N.			
(1)												
(8)												
(6)												
(10)											_	
(11)												
(12)												
(13)												
(14)												
(15)												
(16)												
									Sche	dule R	(Form (	Schedule R (Form 990) 2015

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Schedule R (Form 990) 2015

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	Form 990) 2015 Supplemental Information	Page 5
Part VII	Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions).	
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Schedule R (Form 990) 2015