Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

➤ Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Α	For the	e 2018 cale	ndar year, or tax year beginning September 1 , 2018, and ending		st 31	, 20 19	ımbar
В	Check it	f applicable:	C Name of organization National Wildlife Federation Action Fund		D Employe	er identification nu	Imber
V	Address	s change	Doing business as			74-2556532	
	Name c	hange	Number and street (or P.O. box if mail is not delivered to street address) Room/suite		E Telephor	ne number	
_	Initial re		1200 G St. NW Suite 9	900		703-438-6071	
\Box		urn/terminated	and ZID or foreign postal code				
\exists	100	ed return	Washington DC 20005		G Gross re		514,077
\exists			F Name and address of principal officer: Karla Raettig	H(a) Is this a gr	oup return for s	subordinates? 🗌 Yes	✓ No
	Арриса	don pending				s included? 🔲 Yes	
-			□ 501(c)(3)	If "No	," attach a	list. (see instructio	ns)
<u> </u>		empt status:		H(c) Group	exemption	number 🕨	
<u></u>	Website		witwiacdomand.org	1989		of legal domicile:	DC
			F Colporation Hast Necessary Same	1505	-		
Ľ	art I	Summ	iary	the tools	and reso	ources that ena	ble
-	1	Briefly de	escribe the organization's mission or most significant activities: To provide	mainer fo	r wildlife	and the wild	
Governance	}		om all walks of life and political stripes to elevate their voices and become cha	mpions io	i wiidine	and the wife	
na.		places th	ey call home.	oro than	25% of	ite not assets	
Ve	2	Check th	is box ▶☐ if the organization discontinued its operations or disposed of n	iore man	2378 01	ita Het dagere.	11
ĝ	3	Number	of voting members of the governing body (Part VI, line 1a)	· .	3		11
ంద	4	Number	of independent voting members of the governing body (Part VI, line 1b)		4		11
<u>.e</u>	5	Total nui	liber of individuals chiployed in deterrace, your to to the	5 8 8	5		0
Activities &	6	Total nui	mber of volunteers (estimate if necessary)	8 8 8	6		
Ac	7a	Total uni	related business revenue from Part VIII, column (C), line 12	16 8 2	7a		0
	Ь	Net unre	lated business taxable income from Form 990-T, line 38	0 0 0	7b		0
				Prior Ye		Current Yo	
4.	8	Contribu	tions and grants (Part VIII, line 1h)	0	434,388		513,638
Flevenue	9		service revenue (Part VIII, line 2g)		0		0
	10	Investme	ent income (Part VIII, column (A), lines 3, 4, and 7d)		0		300
퓬	11	Other re	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0	SI WILL	139
	12	Total rov	enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		434388	**	514,077
	13	Cranto	nd similar amounts paid (Part IX, column (A), lines 1–3)		0		0
	3.2%	Danafita	paid to or for members (Part IX, column (A), line 4)		0		0
	14	Colorios	other compensation, employee benefits (Part IX, column (A), lines 5–10)		176,605		271,221
Expenses	15	Salaries,	onal fundraising fees (Part IX, column (A), line 11e)		0		0
ens	16a	Professi	onal fundraising rees (Part IX, column (A), line (1e)		TENATO		
×	þ	lotal fur	ndraising expenses (Part IX, column (D), line 25)		215,587		270,815
ш	17	Other ex	penses (Part IX, column (A), lines 11a-11d, 11f-24e)		391,192		542,036
	18	Total ex	penses. Add lines 13-17 (must equal Part IX, column (A), line 25)		43,196		(27,959)
_	19	Revenue	e less expenses. Subtract line 18 from line 12	inning of Cu		End of Ye	
Net Assets or	2	0.00	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	mining or wa		and the same	326,436
Sets	20		sets (Part X, line 16)	_	319,035		186,177
A	21		pilities (Part X, line 26)		151,320		140,259
_			ets or fund balances. Subtract line 21 from line 20		167,715		140,233
P	art II	Signa	ture Block		1	1	theliaf it is
U	nder per	nalties of perj	ury, I declare that I have examined this return, including accompanying schedules and statemen	nts, and to t	ne bestott edae.	my knowledge all	J Dener, n is
tri	ue, come	et, and comp	ury, I declare that I have examined this fetch, including accompanying the preparer has blete. Declaration of preparer (other than officer) is based on all information of which preparer has	- I			
			Very				
Si	gn -	Sig	nature of officer	Da	10 7H	13/20	7
Не	ere	l k	Karla Kartti			-100	_
		Typ	e or print name and title			LOTIN	
D-	14	Print/T	ype preparer's name Preparer's signature Date		Check		
	aid				self-em	ployed	
	repar	1	name ▶	Firm	n's EIN ▶		
U:	se Or	II y	address >	Pho	ne no.		
Mi	av the	IBS discus	ss this return with the preparer shown above? (see instructions)			<u> </u>	s No

orm 99	90 (2018)	Page 2
Part		
4	Check if Schedule O contains a response or note to any line in this Part III	🗸
1	Briefly describe the organization's mission: The National Wildlife Federation Action Fund provides the tools and resources that enable people from all walks of life.	
	stripes to elevate their voices and become champions for wildlife and the wild places they call home.	and political
		500000000000000000000000000000000000000
		SEARSCARRAGERES RESERVE
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	_ Yes ✓ No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
_		☐ Yes ✓ No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, a expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocathe total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 213,081 including grants of \$) (Revenue \$	
	Comprehensive digital campaigns that included advocacy emails, action alerts, blog posts and organic and paid social	al media were
	executed for more than 40 national and local policy issues throughout the year. We continued work on existing, multi	
	for priority legislation such as the Recovering America's Wildlife Act and the Land and Water Conservation Fund - and	
	our digital audiences to help defend against attacks on the Clean Water Rule, the Clean Power Plan and other environ	**************
	protections that are now in the crosshairs of the Trump administration. New national policy initiatives supported via disease, wildlife corridors/crossings and the renewable fuel	
	Chairness included natural initiastructure, chronic washing disease, wholie contaons cossings and the renewable iden	Starioard,

4b	(Code:) (Expenses \$ 106,808 including grants of \$ 18,000) (Revenue \$	
	In 2019, NWF Action Fund launched a campaign to ensure that Congress included key critical conservation priorities	in the Farm Bill.
	The Action Fund coordinated with other conservation and stakeholder groups and tapped key influencers, including f	armers and
	academics. In addition, the Action Fund's communication strategy included digital and print ads as well as earned me	dia.

	-	

4c	(Code:) (Expenses \$including grants of \$) (Revenue \$	
	3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	

		W
4d	Other program services (Describe in Schedule O.)	
74	(Expenses \$ 61,400 including grants of \$ 20,000) (Revenue \$)	
4e	Total program service expenses	

Part	Checklist of Required Schedules			
	g g		Yes	No
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		1
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	1
3	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	3	1	
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? <i>If "Yes," complete Schedule C, Part II</i>	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		1
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		1
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		1
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? If "Yes," complete Schedule D, Part IV	9	×	1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		✓
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.	1 12		
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	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		√ .
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	✓	
f	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)? If "Yes," complete Schedule D, Part X	11f	1	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
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	✓	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	_	1
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		-
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		1
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		1
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		1
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? If "Yes," complete Schedule G, Part I (see instructions)	17		1
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	4	1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
b		20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	,		
-	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 Forn	990	(2018)
				/

Part	Checklist of Required Schedules (continued)		7	
			Yes	No
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	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
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		√
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	T C	1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		1
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? If "Yes," complete Schedule L, Part III	27	(4)	1
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):			185
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	1	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		27
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		√
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	1	
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	1	
Part				
	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			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0		WX.	
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	1	4-4
	Did the organization comply with backup withholding rules for reportable payments to vendors and	j		1.41

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		44	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0	Q1	A 110	and the
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	0-		,
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
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 over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		1
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		210	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
С	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		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	- 25		
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?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
_	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year		mi	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
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	n in	
9	Sponsoring organizations maintaining donor advised funds.			
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:			
а	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	4	, Щ.	
11	Section 501(c)(12) organizations. Enter:	M 3H	- im,	
а	Gross income from members or shareholders		Щ	
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			4
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		-46	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-	NI I	
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	Title I	
b	Enter the amount of reserves the organization is required to maintain by the states in which	113	1 10	
	the organization is licensed to issue qualified health plans	the l		
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	ا ۔ ا		,
	excess parachute payment(s) during the year?	15		_
-64	If "Yes," see instructions and file Form 4720, Schedule N.	40		,
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		✓
	If "Yes," complete Form 4720, Schedule O.	_	000	(0010)

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	See ins		
Secti	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 1		18.8	
	If there are material differences in voting rights among members of the governing body, or		mg	
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	W 311		-P
b	Enter the property of colors and the colors of the colors	LITTE		The same
2	Enter the number of voting members included in line 1a, above, who are independent . 1b 1: Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			ad .
	any other officer, director, trustee, or key employee?	2		1
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		/
4 5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
6	Did the organization become aware during the year of a significant diversion of the organization's assets?. Did the organization have members or stockholders?	6	_	1
7a	Did the organization have members of stockholders, or other persons who had the power to elect or appoint	-		V
/ a	one or more members of the governing body?	7a		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	-		Ť
_	stockholders, or persons other than the governing body?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	1	DV DV	
	the year by the following:			100
а	The governing body?	8a	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	ue C	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		1
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	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	/	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	1	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
40	describe in Schedule O how this was done	12c		✓
13	Did the organization have a written whistleblower policy?	13	1	
14 15	Did the organization have a written document retention and destruction policy?	14	1	Total A
	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?	10	ILC.	
a	The organization's CEO, Executive Director, or top management official	15a		1
b	Other officers or key employees of the organization	15b		1
160		A SECOND	1	- 5
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		1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	DE N		, Th
	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		-10
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ DC			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own 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 int financial statements available to the public during the tax year.			, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re Karla Raettig, 1200 G Street NW, Suite 900 Washington, DC 20005	cords	•	

Form 990 (2018)

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

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				(6	C) ition					
(A)	(B)	(do n	ot ch			e than d	one	(D)	(E) Reportable compensation from	(F)
Name and Title	Average hours per					is both or/trust		Reportable compensation		Estimated amount of
± ±	week (list any hours for related organizations below dotted fine)	Individua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Martha Darling	2									
Board Chair		1	-	1				0		P.
(2) Jameson French	1			П						
Board Vice-Chair		1		1				0		
(3) Bruce Wallace	1									
Board Secretary		1		1				0		
(4) Stephen Allinger	. 1									
Board Treasurer		1		1					1	
(5) Cristina Antelo										
Added 1/17/19		1						0		
(6) Jessie Bradley	1									
added 3/13/19		1								
(7) Mary Harris Director	1	1						0		
(8) Don Hooper	1 :									
Director		✓			1			0		
(9) Mary Van Kerrebrook	1									
Director		1			0			0		
(10) Rob Vernon	1									
Director		1						0		
(11) Beth Viola	1								9	
Director		1								
(12) Collin O'Mara	1									
President				1				10,500		1,33
(13) Benjamin Kota	111							2 101		
Assistant Secretary				1			_	0		
(14) Malea K Stenzel	2							9.		- Augustin
Interim Executive Director -term 4/19/19				✓				13,459		3,59

	(A) Name and title	(B) Average hours per week (list any	(do n	ot ch	Pos eck s pe	ition more	than o	one an	(D) Reportable compensation from	(E) Reportable compensation from related		(F Estim amou oth	ated int of	
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS	C)	comper from organiz and re organiz	nsatior the zation elated	
(15)														
(16)														
(17)														
(18)	·													
(19)														
(20)														
(21)														
(22)											+			
(23)								-			_			
(24)		***************************************									\perp			
(25)										-				
1b c d	Sub-total	VII, Sectio		*	*		5 •9 6 •6 5 •6		23,959	16				4,929
2	Total number of individuals (including but reportable compensation from the organi	t not limited		ose	list	ed a	above	e) w		ore than \$100	,000 of			
3	Did the organization list any former of employee on line 1a? If "Yes," complete a	ficer, direc	tor, o	r tr	uste indi	e,	key e	emp	loyee, or high	est compens	ated	3	Yes	No ✓
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of rep greater tha	oortal an \$1	ole (com 000	per?	nsatio	n a	nd other comp	ensation from	the	4		
5	Did any person listed on line 1a receive of for services rendered to the organization	r accrue co	mper	nsat	ion	fror	n any	un ors	related organiz	ation or indivi	dual	5		/
-	on B. Independent Contractors													
1	Complete this table for your five highest compensation from the organization. Repyear.	compensation compe	ed inc nsatio	on fo	or th	ent ie c	contr alend	acto ar y	rear ending wit	h or within the	organi	or zation	ı's ta	ı x
	(A) Name and business add	Iress					-		(B) Description of se	ervices	Com	(C) pensat	ion	
	The second secon													
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abo	ove) who				

Part	VIII	Statement of Revenue						
		Check if Schedule O contains	a respo	onse or note to				(5)
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts ts	1a	Federated campaigns	1a				PART OF THE PART	THE PARTY OF THE
Contributions, Giffs, Grants and Other Similar Amounts	b	Membership dues	1b				Water Street	A Description of
B, G	С	Fundraising events	1c				TO THE REAL PROPERTY.	THE PERSON NAMED IN
ar /	d	Related organizations	1d				A STATE OF THE REAL PROPERTY.	A RESIDENCE OF
S E	е	Government grants (contributions)	1e				marin ales	to a street is
Sign	f	All other contributions, gifts, grants,					The same of the same	AND THE REAL PROPERTY.
3 6		and similar amounts not included above	1f	513,777			drawstin set	A STATE OF THE PARTY OF THE PAR
₹ ō	g	Noncash contributions included in lines 1a-		0.0,				A PROPERTY A
and	h	Total. Add lines 1a-1f			513,777		the research	6 4 4 4
9				Business Code			aut. magazi	
en.	2a		_ h					
Š	b							
8	C							
Z	d	2744			_			
Š								
<u>ra</u>	e	All other program service revenu						
Program Service Revenue	g	Total. Add lines 2a–2f	_	9 9 9 •				
	3	Investment income (including						
	"	and other similar amounts) .			300			
		Income from investment of tax-exer		_	300			
	4							
	5	Royalties		(ii) Personal		7		
			·	(ii) i croonai				
	6a	Gross rents						
	ь	Less: rental expenses			A - A			On the Party of th
	C	Rental income or (loss)					the state of	
	d	(0.0.0)	3 9 B					
	7a	Gross amount from sales of (i) Securiti	ies	(ii) Other				
		assets other than inventory					A AMERICAN PARTY OF THE PARTY O	to Control San A
	b	Less: cost or other basis						THE PERSON NAMED IN STREET
		and sales expenses .					THE PERSON NAMED IN	A STATE OF THE PARTY AND
	С	Gain or (loss)						The second second
	d	Net gain or (loss)	a e <u>a</u>	•				
								P. Britani
enne	8a	Gross income from fundraising					SERVICE TO VICE	STATE OF THE PARTY OF
Ne Ne		events (not including \$	200				STATE OF BRIDE	AND RESIDENCE
S.		of contributions reported on line 1					Marine Control of	
9		See Part IV, line 18	. a					Committee of the
Other Rev	b	Less: direct expenses	. b					National State of Sta
0	င	Net income or (loss) from fundra	ising e	vents . ►				
	9a	Gross income from gaming activi						Description of the
		See Part IV, line 19					The second second	Annual annual de la
	Ь	Less: direct expenses	. ь					
		Net income or (loss) from gamin		ties				
		Gross sales of inventory,					Colonia de la Co	HITCHIAN II
		returns and allowances						Association of the
	ь	Less: cost of goods sold	-				1 1 1 1 1	
	c	Net income or (loss) from sales of		tory				
		Miscellaneous Revenue		Business Code	The last state of			
	11a	Edianallamanus			139			
	b	Miscellaneous			135			
		: 						
	c	All other revenue	-		-			
	ď		_				THE RESERVE	
	e 10	Total Add lines 11a-11d						
	12	Total revenue. See instructions			514,077			

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must com				
	Check if Schedule O contains a respons	se or note to any lin	e in this Part IX	200 00 740 04 04 04 04 04	
	t include amounts reported on lines 6b, 7b, , 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	Grants and other assistance to domestic individuals. See Part IV, line 22	550			Conv. 10 121
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	54,827	38,709	13,285	2,833
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	34,021	30,703	13/203	2,033
7 8	Other salaries and wages	216,395	170,357	46,037	0
9 10	Other employee benefits				
11 a	Fees for services (non-employees): Management	67,646	13,418	54,228	0
b	Legal	1,994	0	1,619	375
C	Accounting	2,350	0	2,350	0
d	Lobbying	1,660	1,660	0	0
e f	Professional fundraising services. See Part IV, line 17 Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
3	(A) amount, list line 11g expenses on Schedule O.)	88,637	84,454	4,183	0
12	Advertising and promotion	20,000	20,000	0	0
13	Office expenses	4,249	402	2,157	1,689
14	Information technology	55,890	40,467	1,343	14,080
15	Royalties				
16	Occupancy				
17	Travel	12,493	6,406	6,031	56
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	9,907	5,311	4,577	20
20	Interest	2,294	0	2,294	0
21 22	Payments to affiliates				
23	Insurance	3,540	0	3,540	. 0
24	Other expenses. Itemize expenses not covered	HE HALL STATE			
	above (List miscellaneous expenses in line 24e. If			A DESCRIPTION OF	
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)			maker much so and	
а	Income Taxes	51	0	51	0
b	Other Expenses	106	105	1	0
C	: ::::::::::::::::::::::::::::::::::::				
d	The state of the s				
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	542,037	381,289	141,695	19,053
26	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Par	1X	E VE	
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	267,599	1	312,627
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	51,436	3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,		1	
		trustees, key employees, and highest compensated employees.		-	
		Complete Part II of Schedule L	5		
	6	Loans and other receivables from other disqualified persons (as defined under section	Water to Bridge	4 44	A PARTY NAME OF PARTY
		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	CONTRACTOR AND ADDRESS.	1 2	
ets		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
٩	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		4.4	
				10-	The second second
	a b	Less: accumulated depreciation		10c	46.067
	11	Investments—publicly traded securities Investments—other securities. See Part IV, line 11		12	16,067
	12 13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	319,035		328,694
_	17	Accounts payable and accrued expenses	33,134		81,945
	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	
80	22	Loans and other payables to current and former officers, directors,	The state of the state of		Participant of the state of
Liabilities		trustees, key employees, highest compensated employees, and	Ulayana Markat		
abi		disqualified persons. Complete Part II of Schedule L		22	
ت	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			
		parties, and other liabilities not included on lines 17–24). Complete Part X			
		of Schedule D	118,186	25	104,233
_	26	Total liabilities. Add lines 17 through 25	151,320	26	186,178
Ces		Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and complete lines 27 through 29, and lines 33 and 34.			
a	27	Unrestricted net assets	138,982		114,478
Ba	28	Temporarily restricted net assets	28,733	28	28,038
ᅙ	29	Permanently restricted net assets		29	
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	
556	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
¥	32	Retained earnings, endowment, accumulated income, or other funds		32	
8	33	Total net assets or fund balances	167,715		142,516
_	34	Total liabilities and net assets/fund balances	319.035	34	328,694
		and the second s			Form 990 (2018)

orm 9	90 (2018)			Pε	ge 12		
Par	t XII Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI				V		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		44.00	14,077		
2	Total expenses (must equal Part IX, column (A), line 25)	2		54	12,037		
3	Revenue less expenses. Subtract line 2 from line 1	3	.0	(2	7,960)		
4	The second of th						
5	Net unrealized gains (losses) on investments	5			2,476		
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8			285		
, 9	Other changes in net assets or fund balances (explain in Schedule O)	9	14				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
		10		14	12,516		
Part	Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII	2					
				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," expl Schedule O.	ain in	64786 J2204				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .		2a		1		
	If "Yes," check a box below to indicate whether the financial statements for the year were compil	led or					
	reviewed on a separate basis, consolidated basis, or both:						
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		L-A				
b	Were the organization's financial statements audited by an independent accountant?		2b	1			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	l on a					
	separate basis, consolidated basis, or both:		20 75		t.		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		100				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ove						
	of the audit, review, or compilation of its financial statements and selection of an independent account		2c	✓			
	If the organization changed either its oversight process or selection process during the tax year, expl Schedule O.	lain in			5/4		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	orth in					
	the Single Audit Act and OMB Circular A-133?		За		1		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b				

Form 990 (2018)

Schedule B

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

Department of the Treasury Internal Revenue Service Name of the organization

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF. ▶ Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number

74-2556532

National Wildlife Federation Action Fund Organization type (check one): Filers of: Section:) (enter number) organization Form 990 or 990-EZ √ 501(c)(4947(a)(1) nonexempt charitable trust **not** treated as a private foundation ☐ 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, 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 cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), 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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

National Wildlife Federation Action Fund

Employer identification number

74-2556532

(a)	(b)	(c)	(d) Type of contribution
No.	Name, address, and ZIP + 4	Total contributions	
1	N/A	\$ 10,000	Person
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	N/A	\$ 8,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
3	N/A	\$ 5,500	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4	N/A	\$ 5,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
WAXWAZZI:		s	Person Payroll Noncash

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below.
Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form990 for instructions and the latest information. If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

• Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.

		that have NOT filed Form 5768 (elect			
	organization answered "Yes see separate instructions), t	s," on Form 990, Part IV, line 5 (Pro hen	xy Tax) (see separat	e instructions) or Form 9	90-EZ, Part V, line 35c (Proxy
• 8	section 501(c)(4), (5), or (6) orga	anizations: Complete Part III.			
Name	of organization			Employer id	entification number
Natio	nal Wildlife Federation Actio	n Fund			74-2556532
Par	I-A Complete if the	e organization is exempt un	der section 501(c) or is a section 527	organization.
1	Provide a description of definition of political car	f the organization's direct and mpaign activities")	indirect political ca	ampaign activities in Pa	art IV. (see instructions for
2		ty expenditures (see instructions)		an la cran ran dan par ray 🕨	\$ 1,660
3		cal campaign activities (see instr			0
Par	II-B Complete if the	e organization is exempt un	der section 501(c)(3).	
1		excise tax incurred by the organi			\$
2	Enter the amount of any	excise tax incurred by organizati	on managers under	section 4955 🔒 . 🕨	\$
3	If the organization incurre	ed a section 4955 tax, did it file F	orm 4720 for this y	ear?	Yes No
4a					🗌 Yes 🔲 No
b		IV.			
Par		e organization is exempt un)1(c)(3).
1	activities	tly expended by the filing organ			\$
2	527 exempt function act	filing organization's funds contrivities			\$
3	Total exempt function of line 17b	expenditures. Add lines 1 and	2. Enter here and	on Form 1120-POL,	\$
4		n file Form 1120-POL for this yea			√ Yes
5	Enter the names, address	ses and employer identification nents. For each organization listed	umber (EIN) of all s	ection 527 political orga	nizations to which the filing
	the amount of political co	ontributions received that were pi I fund or a political action commit	romptly and directly	delivered to a separate	political organization, such
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filling organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)	8				
(3)					
(4)				ū	
(5)					
(6)					

Par	t II-A Complete if the organization section 501(h)).	n is exempt ເ	ınder section 50	01(c)(3) and file	d Form 5768 (ele	ction under
A C	Check ► ☐ if the filing organization belon- address, EIN, expenses, and				iliated group membe	er's name,
ВС	Check ► ☐ if the filing organization check	ed box A and "	limited control" pr	ovisions apply.		
	Limits on Lobb				(a) Filing	(b) Affiliated
	(The term "expenditures" me				organization's totals	group totals
1a	Total lobbying expenditures to influence	public opinion	(grass roots lobby	ing)		
b	Total lobbying expenditures to influence	a legislative bo	dy (direct lobbying	3)		
C	Total lobbying expenditures (add lines 1a	a and 1b) .				
d	Other exempt purpose expenditures .					
е	Total exempt purpose expenditures (add	l lines 1c and 1	d)			
f	Lobbying nontaxable amount. Enter columns.	the amount fr	om the following	table in both		
	If the amount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amount	is:		
	Not over \$500,000	20% of the an	ount on line 1e.		ALCO LANGE	
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess	over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess	over \$1,000,000.	AND THE PERSON NAMED IN	
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess of	ver \$1,500,000.	Section (Ashron)	
	Over \$17,000,000	\$1,000,000.				
g		,	8.8			
h	3					
i	Subtract line 1f from line 1c. If zero or les					
j	If there is an amount other than zero reporting section 4911 tax for this year?					Yes N
	4-Ye (Some organizations that made a sec	ar Averaging I	Jawia al Illa dan Caa			
	See the			e to complete al	of the five column	s below.
		separate instr	ection do not have	e to complete al 2a through 2f.)	of the five column	s below.
		separate instr	ection do not have ructions for lines	e to complete al 2a through 2f.)	(d) 2018	s below. (e) Total
2 a	Calendar year (or fiscal year beginning in)	separate instr	ection do not have uctions for lines During 4-Year Av	e to complete al 2a through 2f.) veraging Period		
2a	Calendar year (or fiscal year beginning in) Lobbying nontaxable amount	separate instr	ection do not have uctions for lines During 4-Year Av	e to complete al 2a through 2f.) veraging Period		
	Calendar year (or fiscal year beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column (e))	separate instr	ection do not have uctions for lines During 4-Year Av	e to complete al 2a through 2f.) veraging Period		
b	Calendar year (or fiscal year beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column (e)) Total lobbying expenditures	separate instr	ection do not have uctions for lines During 4-Year Av	e to complete al 2a through 2f.) veraging Period		
c	Calendar year (or fiscal year beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column (e)) Total lobbying expenditures Grassroots nontaxable amount	separate instr	ection do not have uctions for lines During 4-Year Av	e to complete al 2a through 2f.) veraging Period		

Schedule C (Form 990 or 990-EZ) 2018

	(election under section 501(h)).	(;	a)		(b)	
	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed ption of the lobbying activity.	Yes		<i>p</i>	moun	t
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
С	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total. Add lines 1c through 1i	ii ii				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				A.	
b	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .					_
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part	Complete if the organization is exempt under section 501(c)(4), section 501(c 501(c)(6).)(5),	or se	ection		
				_	Yes	N
1	Were substantially all (90% or more) dues received nondeductible by members?	6 640 G		1	_	L
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	_	<u> </u>
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the Complete if the organization is exempt under section 501(c)(4), section 501(c)	prior	year?	3		V
1	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O answered "Yes." Dues, assessments and similar amounts from members)R (b)	Par 1	t III-A	, line	3, i
	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts	of				
2	political expenses for which the section 527(f) tax was paid).		20			
a	Current year		2a	-		-
þ	Carryover from last year		2b 2c			
C	Total	•	3	-		
3 4	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues . If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of	the	3			
•	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb and political expenditure next year?	ying	4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5	-		_
Par		V 10.00	5			_
Provid	e the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated groinstructions); and Part II-B, line 1. Also, complete this part for any additional information.	up lis	t); Pa	rt II-A,	lines	1 ar
	ule C, Part I-A, Line 1					
Sched	uie C, Pattra, Line 1				*******	****
				he orga	nizatio	on's
NWF /	action Fund engaged in candidate endorsements at the Federal and State level. The endorsements were	put ou	t on t			
NWF /	action Fund engaged in candidate endorsements at the Federal and State level. The endorsements were	put ou	t on t			
	e and social media and communicated to members.	put ou	t on t			
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	m 990 or 990-EZ) 2018	-	Page 4
Part IV	Supplemental Information (cor	tinued)	

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2018
Open to Public

Inspection

Employer identification number Name of the organization 74-2556532 National Wildlife Federation Action Fund Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) . Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 🗌 Yes 🗌 No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. Total number of conservation easements 2a **b** Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 . . . (ii) Assets included in Form 990, Part X \$ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

D	le D (Form 990) 2018	0-11	A	_		Page
3	Using the organization's acquisition, a					
	collection items (check all that apply):					
a	Public exhibition			n or exchange prog		
b	Scholarly research		e ∐ Oth	er		
С 4	Preservation for future generations Provide a description of the organizat		and evaloin how	thou further the er	achization's ever	nt numero in Do
7	XIII.	ion's collections	and explain now	they further the or	ganization's exem	pt purpose in Pai
5	During the year, did the organization	solicit or receive	donations of art	historical treasure	es or other similar	•
	assets to be sold to raise funds rather	than to be mainta	ained as part of t	he organization's c	ollection?	Yes No
Par	IV Escrow and Custodial Arra					
	Complete if the organization 990, Part X, line 21.	answered "Yes	" on Form 990,	Part IV, line 9, or	reported an ame	ount on Form
1a	Is the organization an agent, trustee,	custodian or oth	ner intermediary	for contributions of	r other assets not	
	included on Form 990, Part X?					☐ Yes ☐ No
b	If "Yes," explain the arrangement in Pa	art XIII and compl	ete the following	table:		
	B 1 1 1 1 1					nount
. C	Beginning balance			* * * * 1		
d	Additions during the year Distributions during the year	01 690 686 686 390 39 3		A A A A C 1		
e f	Ending balance	K SESTED IN THE STATE OF		· · · · · 1		
2a	Did the organization include an amour					- 4
			art X line 21 for	escrow or custodis	al account liability?	Voc No
b	If "Yes," explain the arrangement in Patt V Endowment Funds.					
b	If "Yes," explain the arrangement in Pa t V Endowment Funds.	art XIII. Check her	e if the explanati	on has been provid		
b	If "Yes," explain the arrangement in Pa	art XIII. Check her	e if the explanati	on has been provid		
b	If "Yes," explain the arrangement in Pa t V Endowment Funds.	art XIII. Check her answered "Yes	e if the explanati " on Form 990,	on has been provid	led on Part XIII .	
Par 1a b	If "Yes," explain the arrangement in Patt V Endowment Funds. Complete if the organization Beginning of year balance	art XIII. Check her answered "Yes	e if the explanati " on Form 990,	on has been provid	led on Part XIII .	
Par 1a b	If "Yes," explain the arrangement in Pat V Endowment Funds. Complete if the organization Beginning of year balance Contributions Net investment earnings, gains, and	art XIII. Check her answered "Yes	e if the explanati " on Form 990,	on has been provid	led on Part XIII .	
Par 1a b	If "Yes," explain the arrangement in Pat V Endowment Funds. Complete if the organization Beginning of year balance Contributions	art XIII. Check her answered "Yes	e if the explanati " on Form 990,	on has been provid	led on Part XIII .	
Par 1a b	If "Yes," explain the arrangement in Pat V Endowment Funds. Complete if the organization Beginning of year balance Contributions Net investment earnings, gains, and losses	art XIII. Check her answered "Yes	e if the explanati " on Form 990,	on has been provid	led on Part XIII .	
Par 1a b c	If "Yes," explain the arrangement in Pat V Endowment Funds. Complete if the organization Beginning of year balance Contributions Net investment earnings, gains, and losses	art XIII. Check her answered "Yes	e if the explanati " on Form 990,	on has been provid	led on Part XIII .	
Par 1a b c	If "Yes," explain the arrangement in Pat V Endowment Funds. Complete if the organization Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs	art XIII. Check her answered "Yes	e if the explanati " on Form 990,	on has been provid	led on Part XIII .	
Par 1a b c d e	If "Yes," explain the arrangement in Pat V Endowment Funds. Complete if the organization Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses	art XIII. Check her answered "Yes	e if the explanati " on Form 990,	on has been provid	led on Part XIII .	
b Par 1a b c d e	If "Yes," explain the arrangement in Pat V Endowment Funds. Complete if the organization Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance	art XIII. Check her answered "Yes (a) Current year	e if the explanati " on Form 990, (b) Prior year	Part IV, line 10. (c) Two years back	(d) Three years back	
Par 1a b c d e	If "Yes," explain the arrangement in Pat V Endowment Funds. Complete if the organization Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the service o	answered "Yes (a) Current year	e if the explanati " on Form 990, (b) Prior year	Part IV, line 10. (c) Two years back	(d) Three years back	
1a b c d e f g 2 a	If "Yes," explain the arrangement in Pat V Endowment Funds. Complete if the organization Beginning of year balance	art XIII. Check her answered "Yes (a) Current year he current year er	e if the explanati " on Form 990, (b) Prior year	Part IV, line 10. (c) Two years back	(d) Three years back	
1a b c d e f g 2 a b	If "Yes," explain the arrangement in Pat V Endowment Funds. Complete if the organization Beginning of year balance	art XIII. Check her answered "Yes (a) Current year he current year er %	e if the explanati " on Form 990, (b) Prior year	Part IV, line 10. (c) Two years back	(d) Three years back	
1a b c d e f g 2 a	If "Yes," explain the arrangement in Pat V Endowment Funds. Complete if the organization Beginning of year balance	art XIII. Check her answered "Yes (a) Current year he current year er *** %**	on Form 990, (b) Prior year nd balance (line 1	Part IV, line 10. (c) Two years back	(d) Three years back	
1a b c d e f g 2 a b c	If "Yes," explain the arrangement in Pat V Endowment Funds. Complete if the organization Beginning of year balance	art XIII. Check her answered "Yes (a) Current year the current year er % % 2c should equal 1	" on Form 990, (b) Prior year nd balance (line 1 %	Part IV, line 10. (c) Two years back	(d) Three years back	(e) Four years back
1a b c d e f g 2 a b c	If "Yes," explain the arrangement in Pat V Endowment Funds. Complete if the organization Beginning of year balance	art XIII. Check her answered "Yes (a) Current year the current year er % % 2c should equal 1	" on Form 990, (b) Prior year nd balance (line 1 %	Part IV, line 10. (c) Two years back	(d) Three years back	(e) Four years back
1a b c d e f g 2 a b c	If "Yes," explain the arrangement in Pat V Endowment Funds. Complete if the organization Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the Board designated or quasi-endowment Permanent endowment Temporarily restricted endowment The percentages on lines 2a, 2b, and 2 Are there endowment funds not in the organization by:	answered "Yes (a) Current year the current year er % % 2c should equal 1 possession of the	" on Form 990, (b) Prior year nd balance (line 1 %	Part IV, line 10. (c) Two years back	(d) Three years back	(e) Four years back
1a b c d e f g 2 a b c	If "Yes," explain the arrangement in Pat V Endowment Funds. Complete if the organization Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the Board designated or quasi-endowment Permanent endowment Temporarily restricted endowment The percentages on lines 2a, 2b, and Are there endowment funds not in the organization by: (i) unrelated organizations	answered "Yes (a) Current year the current year er % 2c should equal 1 e possession of th	" on Form 990, (b) Prior year nd balance (line 1 % 00%. ne organization ti	Part IV, line 10. (c) Two years back g, column (a)) held hat are held and ac	(d) Three years back as:	(e) Four years back Yes No
1a b c d e f g 2 a b c	If "Yes," explain the arrangement in Pat V Endowment Funds. Complete if the organization Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the Board designated or quasi-endowment Permanent endowment Temporarily restricted endowment The percentages on lines 2a, 2b, and 2 Are there endowment funds not in the organization by:	answered "Yes (a) Current year the current year er % 2c should equal 1 possession of th	" on Form 990, (b) Prior year nd balance (line 1 % 00%. ne organization the company of the com	Part IV, line 10. (c) Two years back g, column (a)) held hat are held and ac	(d) Three years back as:	(e) Four years back

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

					1
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land			THE RESERVE AND	
b	Buildings			if and a second	
C	Leasehold improvements				
d	Equipment			5	
е	Other		5,028	5,028	
Total.	Add lines 1a through 1e (Column (d) must e	equal Form 990 Part	Column (R) line 10	(1)	

Complete if the organization answered "Yes" on Form 990, Part IX, line 11b. See Form 990, Part X, line 12. (g) Description of investments (g) Closerly-held equity interests (g) Description of investment value (g) Descript	Part VII	Investments—Other Securities	wayad "Vaa" on Far	- 000 Port IV	line 11h Coe Form	000 Part V line 12
(1) Financial derivatives (2) Closely-held quity interests						
				(b) Book value		
	(1) Financial	derivatives				
(9) Chor (A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B						
(A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C				100		
Co Column (a) must equal Form 990, Part X, col. (B) line 12) Part VIII Investment (b) Sook value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (d) Method of valuation: Cost or end-of-year market value (e) Sook value (e) Method of valuation: Cost or end-of-year market value (f) (e) Sook value (f) Method of valuation: Cost or end-of-year market value (f) (e) (f)						
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 15. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 15. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 15. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 15. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 15. Compl	(B)					
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 12e or 11f. See Form 990, Part X, line 12e or 11f. See Form 990, Part X, line 12e or 11f. See Form 990, Part X, line 12e or 11f. See Form 990, Part X, line 12e or 11f. See Form 990, Part X, line 12e or 11f. See Form 990, Part X, line 12e or 11f. See						
(G) (G) (T) Total, Column (b) must equal Form 990, Part X, col. (B) line 12) ▶ Part XIII Investments — Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) (c) (d) (e) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f						
Column (s) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments — Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.						
Total, Column (b) must equal Form 990, Part X, col. (B) line 12. Part VIII						
Total, Column (b) must equal Form 990, Part X, col. (B) line 12.)	************					
Investments — Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.		15 000 B 4V - 170 E 401 B				
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Cost or end-of-year market value (f) Cost or end-of-year market value (g) Cost or end-of-year market value (h) Cost or end-of-year market value (g) Cost or end-of-year market value (h) Cost or end-of-year market					had been been	
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Z. Liability for uncertain tax positions. In Fart All, provide the text of the footnote to the organization a financial statements that reports the	O Liebility f	runcortain tay positions. In Bart VIII prov			tion's financial statem	ents that reports the
Organization's liability for uncertain tax dositions under FIN 40 (ASC 740). Check here if the text of the footbole has been provided in Part XIII.	organization	's liability for uncertain tax positions under	FIN 48 (ASC 740). Che	ck here if the text	of the footnote has be	en provided in Part XIII

Schedule	D (Form	990\ 201B	

Page 4

Part			Return.
2	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	ATT N
b	Donated services and use of facilities	2b	Tarani I
С	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1	* * * * * * * * * * * * * * * * * * *	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
C	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)	5
Part	XII Reconciliation of Expenses per Audited Financial Statem	ents With Expenses pe	er Return.
	Complete if the organization answered "Yes" on Form 990,		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	B.O.
С	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	<u>x 11 </u>
е	Add lines 2a through 2d	6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
р	Other (Describe in Part XIII.)	4b	
	Add lines 4a and 4b	* * * * * * * * * * * * * * * * * * *	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 18.)	5
	XIII Supplemental Information.	145 187 11 41 101	B 114 E 1 B 1 W E
2. Par	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	to provide any additional in	o; Part V, line 4; Part X, line
	ganization performed an evaluation of uncertainty in income taxes for the year		
THE O	ganization performed an evaluation of uncertainty in income taxes for the year	rs ended August 31, 2019 and	a August 31, 2018 and
detern	ined that here were no matters that would require recongnition in the consolic	ted statements or that may b	save any effect on its
ueteiii	inied that here were no matters that would require recongnition in the consolid	neo statements or that may r	have any effect on its
tax-ex	empt status. U.S. Federal jurisdiction and/or the various states and local jurisd	lictions in which the Organiz	ation files toy returns on
	mipt settes. Other today jurisdiction arialor the various states and local jurisc	incuons in which the Organiz	audit mes tax returns are
open f	or examination; however there are currently no examinations pending or in pro	orress It is the Organization	's noticy to recognize
		gress, kis the organization	is policy to recognize
interes	t and/or penalities relared to uncertainty in income taxes, if any, in income tax	expense. As of August 31, 2	2019 and 2018 the
Organ	zation had no accruals for interest and/or penalities.		

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Schedule D (Fo	rm 990) 2018						Page 5
Part XIII	Supplemental I	nformation (continu	ued)		ē.		
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SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

> Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 20**18** Open to Public Inspection

Employer identification number

74-2556532

Department of the Treasury Internal Revenue Service Name of the organization

National Wildlife Federation Action Fund

Firn 990, Part III, Line 4d Other Programs NWF Action Fund educates its members on important conservation and wildlife issues through its website, email lists and social media channels. NWFAF also facilitates member communication with legislative and administrative officials through petitions, phone calls and emails. In addition, NWF Action Fund works in coalition with other organizations to promote civic engagement and participation in important federal and state elections. Form 990, Part VI, Line 11b - Organization's Process to review Form 990 NWF Action Fund's Finance department complies data and schedules for the IRS Form 990 from audited financial statements. The draft return is reviewed by the Executive Director. The NWF Action Fund's board members are provided with a draft copy of the 990 return. A Finance Committee meeting is held where the full board is invited to participate in discussing the 990 prior to filing. The Action Fund's Finance staff, General Counsel and Executive Director address and answer any questions that the board my have. Form 990, Part VI, line 12c No enforcement required during fiscal year. Form 990, Part VI, line 19: The NWF Action Fund makes its governing documents and conflict of interest policy available to the public upon request. The Action Fund makes its audited financial statements and 990's available to the public on its own website and upon request. Form 990, Part IX, Line 11G, Other fees: Total Program M&G Fundraising Expense \$38,000 \$0 \$0 Conservation Assistance \$38,000 \$46,454 \$4,183 \$0 Consultants - Outreach \$50,537 \$84,454 \$4,183 \$0 Total \$88,637 Form 990, Part VII, Section A Compensation of Oficers, Directors, Trustees, Key Employees NWF Action Fund is part of a Common Paymaster and all employees working on Action Fund projects are reported under the National Wildlife Federation's payroll. The Action Fund reimbursed NWF for compensation paid on its behalf. All compensations are reported on Col D even though NWF is the common paymaster.

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization National Wildlife Federation Action Fund	Employer identification number 74-2556532
Form 990, Part XI Line 8:	
A two year audit for the period September 1, 2017 to August 31, 2019 was pro	formed in 2020. There were expenses that should have been
included in fiscal year 2018 resulting in a change in net assets of \$285. The	ending balance on line 10 agrees with the audited financial
statements.	
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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

National Wildlife Federation Action Fund

Part

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 980, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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

OMB No. 1545-0047 2018 Open to Public Inspection **Employer identification number**

74-2556532

Schedule R (Form 990) 2018 Section 512(b)(13) controlled entity? (1) Direct controlling entity Yes No 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. Direct controlling of entity (e) End-of-year assets Filing Ord (e)
Public charity status
(if section 501(c)(3)) (d) Total income 527 (d) Exempt Code section (c) Legal domicite (state or foreign country) Cat, No. 50135Y (c) Legal domicile (state or foreign country) (b) Primary activity 8 Political Committee (b) Primary activity For Paperwork Reduction Act Notice, see the Instructions for Form 980. (a) Name, address, and EIN (if applicable) of disregarded entity (a) (a) Name, address, and EIN of related organization 1200 G St., NW Suite 900, Washington, DC 20005 (1)NWFAF PAC Part II 3 Ξ (2) 9 2 4 (2) 4 9 2 ල

Page 2 (k) Percentage ownership Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. (i) General or managing å partner? Yes (i)
Code V—UBI
amount in box 20
of Schedule K-1
(Form 1065) (h) Disproportionate Yes No allocations? (g) Share of end-ofyear assets (f) Share of total income (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512—514) (d)
| Direct controlling | entity (c)
Legal
domicile
(state or
foreign (b) Primary activity (a) Name, address, and EIN of related organization Schedule R (Form 990) 2018 Part III Ξ 2 € (2) 9 E ල

(i) Section 512(b)(13) controlled entity? å 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. Yes (h) Percentage ownership end-of-year assets (g) Share of (f) Share of total income (C corp, S corp, or trust) (d)
Direct controlling
entity (c)
Legal domicile
(state or foreign country) (b) Primary activity (a) Name, address, and EIN of related organization Part IV Ξ 4 <u>(S</u> 2 3 E 9

Schedule R (Form 990) 2018

Schedule R (F	Schedule R (Form 990) 2018	
PartV	✓ Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36	or 36

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	2
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	one or more related orga	nizations listed in Part	I - \\;	B		
Receipt of (I) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1		>
Gift, grant, or capital contribution to related organization(s),			12 12 72	4		\
Gift, grant, or capital contribution from related organization(s)			% %	10		>
Loans or loan guarantees to or for related organization(s)			**	1 d		>
Loans or loan guarantees by related organization(s)			3	1e		
						R
Dividends from related organization(s)		* * * * * * * * * * * * * * * * * * * *		¥		>
Sale of assets to related organization(s)	* * * * * * * * * * * * * * * * * * * *	* * *	* * * *	1g		`
Purchase of assets from related organization(s)		*		ŧ		>
Exchange of assets with related organization(s)				=		>
Lease of facilities equipment or other assets to related organization(s)				F		>
		k k e e e				
Lease of facilities: equipment, or other assets from related organization(s)	* 10 000 000 000 000 000 000 000 000 000	*		¥		>
Performance of services or membership or fundraising solicitations for related organization(s)	on(s)			F		>
Performance of services or membership or fundraising solicitations by related organization(s)	on(s)			Ę	>	
				무		>
Sharing of paid employees with related organization(s)			*	9	>	
Reimbursement paid to related organization(s) for expenses		*# *# *# *# *# *# *# *# *# *# *# *# *# *	#8 #8 #8 #8	4	1	>
Reimbursement paid by related organization(s) for expenses		· · · · · · · · · · · · · · · · · · ·	#2 #3 #3 #3 #4 #4	19	1	>
						H.
Other transfer of cash or property to related organization(s)				<u>-</u>		>
Omer transfer of cash or property from related organization(s)				2		>
If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	ust complete this line, inc	luding covered relatio	nships and transacti	ion thres	spoys	ان
(a) Name of related organization	(b) Transaction type (a—s)	(c) Amount involved	(d) Method of determining amount involved	ıg amount	involve	70
			CHECHON			

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI

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

(a) (b) (c) (d) (e) (f) (d)	(9)	9	9 6	(e)	€	(a)	3	9	9	B
Name, address, and EIN of entity	Primary activity	Legal domicile		Are all partners	Share of	Share of	onate	Code V-UBI		Percentage
		(state or foreign country)	income (related, unrelated, excluded	section 501(c)(3)	total income	end-of-year assets	allocations?	amount in box 20 of Schedule K-1	managing partner?	ownership
			from tax under	organizations?				(Form 1065)		
			Sections 312 - 314)	Yes No			Yes No		Yes No	
(1)	141									
(2)										
(6)										¥.
(4)										
(5)										
(9)									VI.	
(7)										
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(6)										
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(11)					E.					
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(13)										
(14)										
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								Scher	Schedule R (Form 990) 2018	990) 2018

Schedule R (Form 990) 2018	F 30		Page 5
Part VII Supplemental Ir Provide additiona	nformation. al information for responses to c	uestions on Schedule R. See in	structions.
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