

EXTENSION ATTACHED

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2005

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2005 calendar year, or tax year beginning Sep 1, 2005, and ending Aug 31, 2006

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return
 Amended return
 Application pending

C Name of organization: **NATIONAL WILDLIFE PRODUCTIONS, INC.**
 Number and street (or P.O. box if mail is not delivered to street addr) Room/suite: **11100 WILDLIFE CENTER DRIVE**
 City, town or country State ZIP code + 4: **RESTON VA 20190-5362**

D Employer Identification Number: **52-1903666**

E Telephone number: **(703) 438-6000**

F Accounting method: Cash Accrual
 Other (specify) ▶

G Web site: ▶ N/A

J Organization type (check only one) ▶ 501(c) 3 (insert no.) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. **Some states require a complete return.**

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **213,062.**

H and **I** are not applicable to section 527 organizations.
H (a) Is this a group return for affiliates? ... Yes No
H (b) If "Yes," enter number of affiliates ▶
H (c) Are all affiliates included? ... Yes No
 (If "No," attach a list. See instructions.) N/A
H (d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Group Exemption Number ... ▶ N/A
M Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

REVENUE	1 Contributions, gifts, grants, and similar amounts received:		
	a Direct public support	1 a	
	b Indirect public support	1 b	
	c Government contributions (grants)	1 c	
	d Total (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)	1 d	
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2	199,539.
	3 Membership dues and assessments	3	
	4 Interest on savings and temporary cash investments	4	
	5 Dividends and interest from securities	5	
	6a Gross rents	6 a	
b Less: rental expenses	6 b		
c Net rental income or (loss) (subtract line 6b from line 6a)	6 c		
7 Other investment income (describe: Income from Whales LLC)	7	13,324.	
8a Gross amount from sales of assets other than inventory	(A) Securities	8 a	
	(B) Other	8 b	
		8 c	
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8 d		
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
a Gross revenue (not including \$ _____ of contributions reported on line 1a)	9 a		
b Less: direct expenses other than fundraising expenses	9 b		
c Net income or (loss) from special events (subtract line 9b from line 9a)	9 c		
10a Gross sales of inventory, less returns and allowances		10 a	
	b Less: cost of goods sold	10 b	
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10 c	
11 Other revenue (from Part VII, line 103)	11	199.	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	213,062.	
EXPENSES	13 Program services (from line 44, column (B))	13	338,753.
	14 Management and general (from line 44, column (C))	14	132,482.
	15 Fundraising (from line 44, column (D))	15	
	16 Payments to affiliates (attach schedule)	16	
	17 Total expenses (add lines 16 and 44, column (A))	17	471,235.
ASSETS	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	-258,173.
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	-3,511,286.
	20 Other changes in net assets or fund balances (attach explanation) Schedule 1	20	-1,498,707.
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	-5,268,166.

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (att sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22				
23 Specific assistance to individuals (att sch)	23				
24 Benefits paid to or for members (att sch)	24				
25 Compensation of officers, directors, etc	25	119,852.	119,852.		
26 Other salaries and wages	26	8,235.	8,235.		
27 Pension plan contributions	27				
28 Other employee benefits	28	18,480.	18,480.		
29 Payroll taxes	29				
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32	41,239.	41,239.		
33 Supplies	33				
34 Telephone	34	308.	308.		
35 Postage and shipping	35	898.	898.		
36 Occupancy	36				
37 Equipment rental and maintenance	37				
38 Printing and publications	38	3,423.	3,423.		
39 Travel	39				
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule) Sch 2	42	1,286.	1,286.		
43 Other expenses not covered above (itemize):					
a Schedule 3	43a	277,514.	145,032.	132,482.	
b _____	43b				
c _____	43c				
d _____	43d				
e _____	43e				
f _____	43f				
g _____	43g				
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	471,235.	338,753.	132,482.	

Joint Costs. Check if you are following SOP 98-2.
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? Schedule 4
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)

a NWP created educational conservation television programs, films, and videos in the past. Currently, NWP draws royalties from those programs and uses them to pay the remaining costs related to those programs.

(Grants and allocations \$) If this amount includes foreign grants, check here

338,753.

b

(Grants and allocations \$) If this amount includes foreign grants, check here

c

(Grants and allocations \$) If this amount includes foreign grants, check here

d

(Grants and allocations \$) If this amount includes foreign grants, check here

e Other program services

(Grants and allocations \$) If this amount includes foreign grants, check here

f Total of Program Service Expenses (should equal line 44, column (B), Program services) 338,753.

BAA

Part IV Balance Sheets (See Instructions)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A)		(B)	
		Beginning of year		End of year	
ASSETS	45 Cash — non-interest-bearing		45		
	46 Savings and temporary cash investments		46		
	47a Accounts receivable	47a	0.		
	b Less: allowance for doubtful accounts	47b	0.	47c	0.
			33,277.		
	48a Pledges receivable	48a			
	b Less: allowance for doubtful accounts	48b		48c	
	49 Grants receivable			49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)			50	
	51a Other notes & loans receivable (attach sch)	51a			
	b Less: allowance for doubtful accounts	51b		51c	
	52 Inventories for sale or use			52	
	53 Prepaid expenses and deferred charges			53	
	54 Investments — securities (attach schedule)		<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54	
	55a Investments — land, buildings, & equipment: basis	55a			
	b Less: accumulated depreciation (attach schedule)	55b		55c	
	56 Investments — other (attach schedule) Sch 5		3,373.	56	4,869.
	57a Land, buildings, and equipment: basis Sch 2	57a	10,462.		
	b Less: accumulated depreciation (attach schedule)	57b	10,034.	57c	428.
58 Other assets (describe ▶ _____)			58		
59 Total assets (must equal line 74). Add lines 45 through 58		38,364.	59	5,297.	
LIABILITIES	60 Accounts payable and accrued expenses	2,585,348.	60	4,176,679.	
	61 Grants payable		61		
	62 Deferred revenue		62		
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63		
	64a Tax-exempt bond liabilities (attach schedule)		64a		
	b Mortgages and other notes payable (attach schedule)		64b		
	65 Other liabilities (describe ▶ <u>Judgement Payable</u>)		964,302.	65	1,096,784.
66 Total liabilities. Add lines 60 through 65		3,549,650.	66	5,273,463.	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67 Unrestricted	-3,614,769.	67	-5,268,166.	
	68 Temporarily restricted	103,483.	68		
	69 Permanently restricted		69		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	70 Capital stock, trust principal, or current funds		70		
	71 Paid-in or capital surplus, or land, building, and equipment fund		71		
	72 Retained earnings, endowment, accumulated income, or other funds		72		
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)		-3,511,286.	73	-5,268,166.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73		38,364.	74	5,297.	

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	114,894,405.
b	Amounts included on line a but not on Part I, line 12:		
	1 Net unrealized gains on investments	b1	
	2 Donated services and use of facilities	b2	
	3 Recoveries of prior year grants	b3	
	4 Other (specify): <u>Schedule 6</u>	b4	114,681,343.
	Add lines b1 through b4	b	114,681,343.
c	Subtract line b from line a	c	213,062.
d	Amounts included on Part I, line 12, but not on line a :		
	1 Investment expenses not included on Part I, line 6b	d1	
	2 Other (specify):	d2	
	Add lines d1 and d2	d	
e	Total revenue (Part I, line 12). Add lines c and d	e	213,062.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements	a	115,908,423.
b	Amounts included on line a but not on Part I, line 17:		
	1 Donated services and use of facilities	b1	
	2 Prior year adjustments reported on Part I, line 20	b2	
	3 Losses reported on Part I, line 20	b3	
	4 Other (specify): <u>Schedule 6</u>	b4	115,437,188.
	Add lines b1 through b4	b	115,437,188.
c	Subtract line b from line a	c	471,235.
d	Amounts included on Part I, line 17, but not on line a :		
	1 Investment expenses not included on Part I, line 6b	d1	
	2 Other (specify):	d2	
	Add lines d1 and d2	d	
e	Total expenses (Part I, line 17). Add lines c and d	e	471,235.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated. See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
Jaime B. Matyas 11100 Wildlife Center Drive Reston, VA 20190	President 1	0.	0.	0.
Dulce M. Gomez-Zormelo 11100 Wildlife Center Drive Reston, VA 20190	Treasurer 1	0.	0.	0.
Cynthia Lewin 11100 Wildlife Center Drive Reston, VA 20190	Secretary 1	0.	0.	0.
Kimberly H. Berry 11100 Wildlife Center Drive Reston, VA 20190	Asst Secretary 1	0.	0.	0.

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business as board meetings... 3

75 b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If 'Yes,' attach a statement that identifies the individuals and explains the relationship(s)..... **75 b** Yes No

75 c Do any officers, directors, trustees, or key employees listed in form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control?..... **75 c** Yes No

Note. Related organizations include section 509(a)(3) supporting organizations.

If 'Yes,' attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization
Schedule 7

75 d Does the organization have a written conflict of interest policy?..... **75 d** Yes No

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
Ellen Ha 11100 Wildlife Center Drive Reston, VA 20190	0.	81,685.	8,356.	27.
Christopher H. Palmer 11100 Wildlife Center Drive Reston, VA 20190	0.	28,493.	1,291.	0.

Part VI Other Information (See the instructions.)

76 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity..... **76** Yes No

77 Were any changes made in the organizing or governing documents but not reported to the IRS?..... **77** Yes No

If 'Yes,' attach a conformed copy of the changes.

78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?..... **78 a** Yes No

78 b If 'Yes,' has it filed a tax return or Form 990-T for this year?..... **78 b** N/A

79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement..... **79** Yes No

80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization?..... **80 a** Yes No

80 b If 'Yes,' enter the name of the organization Schedule 8
 and check whether it is exempt or nonexempt.

81 a Enter direct and indirect political expenditures. (See line 81 instructions.)..... **81 a**

81 b Did the organization file Form 1120-POL for this year?..... **81 b** Yes No