

Return of Organization Exempt from Income Tax

2004

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 2004 calendar year, or tax year beginning Sep 1, 2004, and ending Aug 31, 2005

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

C Name of organization: NATIONAL WILDLIFE PRODUCTIONS, INC. Address: 11100 WILDLIFE CENTER DRIVE, RESTON, VA 20190-5362

D Employer Identification Number: 52-1903666 E Telephone number: (703) 438-6000 F Accounting method: Accrual

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

- H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? H(b) If 'Yes,' enter number of affiliates H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling? I Group Exemption Number M Check if the organization is not required to attach Schedule B

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 received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 331,049.

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

Table with columns for Revenue, Expenses, and Assets. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rents; 6b Less: rental expenses; 6c Net rental income or (loss); 7 Other investment income; 8a Gross amount from sales of assets other than inventory; 8b Less: cost or other basis and sales expenses; 8c Gain or (loss) (attach schedule); 8d Net gain or (loss); 9 Special events and activities; 9a Gross revenue; 9b Less: direct expenses other than fundraising expenses; 9c Net income or (loss) from special events; 10a Gross sales of inventory, less returns and allowances; 10b Less: cost of goods sold; 10c Gross profit or (loss) from sales of inventory; 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.

COPY FOR PUBLIC INSPECTION

REVENUE

EXPENSES

ASSETS

**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 \$ _____) .....	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	115,054.	115,054.		
26 Other salaries and wages .....	26	138,077.	138,077.		
27 Pension plan contributions .....	27				
28 Other employee benefits .....	28	53,629.	53,629.		
29 Payroll taxes .....	29				
30 Professional fundraising fees .....	30				
31 Accounting fees .....	31				
32 Legal fees .....	32	97,154.	97,154.		
33 Supplies .....	33	974.	974.		
34 Telephone .....	34	1,592.	1,592.		
35 Postage and shipping .....	35	7,372.	7,372.		
36 Occupancy .....	36				
37 Equipment rental and maintenance .....	37				
38 Printing and publications .....	38	96.	96.		
39 Travel .....	39	2,047.	2,047.		
40 Conferences, conventions, and meetings .....	40	1,300.	1,300.		
41 Interest .....	41				
42 Depreciation, depletion, etc (attach schedule) .....	42	1,691.	1,691.		
43 Other expenses not covered above (itemize):					
a Schedule 3 .....	43a	175,228.	175,228.		
b .....	43b				
c .....	43c				
d .....	43d				
e .....	43e				
44 Total functional expenses (add lines 22 - 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15 .....	44	594,214.	594,214.		

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**

What is the organization's primary exempt purpose? <u>Schedule 4</u> 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) & (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & 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 has created educational conservation television programs, films, and videos broadcasted throughout the year. (Grants and allocations \$ _____)	594,214.
b _____ (Grants and allocations \$ _____)	
c _____ (Grants and allocations \$ _____)	
d _____ (Grants and allocations \$ _____)	
e Other program services (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) .....	594,214.

**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) Beginning of year	(B) End of year	
ASSETS	45 Cash – non-interest-bearing .....		45	
	46 Savings and temporary cash investments .....		46	
	47a Accounts receivable .....	47a 33,277.		
	b Less: allowance for doubtful accounts .....	47b 0.	0.	47c 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 .....		34,744.	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) .....	Schedule 5	5,986.	56 3,373.
	57a Land, buildings, and equipment: basis .....	57a 10,461.		
	b Less: accumulated depreciation (attach schedule) .....	Schedule 2 57b 8,747.	5,447.	57c 1,714.
	58 Other assets (describe ▶ .....			58
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74) .....		46,177.	59 38,364.	
LIABILITIES	60 Accounts payable and accrued expenses .....	2,329,133.	60 2,585,348.	
	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 ▶ Judgement Payable .....			65 964,302.
66 <b>Total liabilities</b> (add lines 60 through 65) .....		2,329,133.	66 3,549,650.	
NET ASSETS OR FUND BALANCES	<b>Organizations that follow SFAS 117, check here ▶</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted .....	-2,500,656.	67 -3,614,769.	
	68 Temporarily restricted .....	217,700.	68 103,483.	
	69 Permanently restricted .....		69	
	<b>Organizations that do not follow SFAS 117, check here ▶</b> <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 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21) .....		-2,282,956.	73 -3,511,286.	
74 <b>Total liabilities and net assets/fund balances</b> (add lines 66 and 73) .....		46,177.	74 38,364.	

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.

BAA

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

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

<b>a</b>	Total revenue, gains, and other support per audited financial statements	<b>a</b>	122,362,669.
<b>b</b>	Amounts included on line <b>a</b> but not on line 12, Form 990:		
(1)	Net unrealized gains on investments		
(2)	Donated services and use of facilities		
(3)	Recoveries of prior year grants		
(4)	Other (specify): Schedule 6		
	\$ 122,032,483.		
	Add amounts on lines (1) through (4)	<b>b</b>	122,032,483.
<b>c</b>	Line <b>a</b> minus line <b>b</b>	<b>c</b>	330,186.
<b>d</b>	Amounts included on line 12, Form 990 but not on line <b>a</b> :		
(1)	Investment expenses not included on line 6b, Form 990		
(2)	Other (specify):		
	\$		
	Add amounts on lines (1) and (2)	<b>d</b>	
<b>e</b>	Total revenue per line 12, Form 990 (line <b>c</b> plus line <b>d</b> )	<b>e</b>	330,186.

<b>a</b>	Total expenses and losses per audited financial statements	<b>a</b>	123,732,309.
<b>b</b>	Amounts included on line <b>a</b> but not on line 17, Form 990:		
(1)	Donated services and use of facilities		
(2)	Prior year adjustments reported on line 20, Form 990		
(3)	Losses reported on line 20, Form 990		
(4)	Other (specify): Schedule 6		
	\$ 123,138,095.		
	Add amounts on lines (1) through (4)	<b>b</b>	123,138,095.
<b>c</b>	Line <b>a</b> minus line <b>b</b>	<b>c</b>	594,214.
<b>d</b>	Amounts included on line 17, Form 990 but not on line <b>a</b> :		
(1)	Investment expenses not included on line 6b, Form 990		
(2)	Other (specify):		
	\$		
	Add amounts on lines (1) and (2)	<b>d</b>	
<b>e</b>	Total expenses per line 17, Form 990 (line <b>c</b> plus line <b>d</b> )	<b>e</b>	594,214.

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated; see 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	(E) Expense account and other allowances
Jaime B. Matyas 11100 Wildlife Center Dr Reston, VA 20190	President 4	0.	0.	0.
Dulce Gomez-Zormelo 11100 Wildlife Center Dr Reston, VA 20190	Treasurer 16	0.	0.	0.
Eileen M. Johnson 11100 Wildlife Center Dr Reston, VA 20190	Secretary 4	0.	0.	0.
Ellen Ha 11100 Wildlife Center Dr Reston, VA 20190	VP, Business & Legal Affai 40	115,054.	17,543.	162.
Larry J. Schweiger 11100 Wildlife Center Dr Reston, VA 20190	Immediate Past President 1	0.	0.	0.
Lawrence J. Amon 11100 Wildlife Center Dr Reston, VA 20190	Past President 1	0.	0.	0.

**75** Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?  Yes  No  
If 'Yes,' attach schedule— see instructions. Schedule 7