# **EXTENSION ATTACHED**

· Form **990** 

#### **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

		t of the Treasury evenue Service	► The o	organization may have to	use a copy of this return to	satisfy	state reporting	req	uirements.	Inspect	ion
A	For	the 2005 calen	dar year,	or tax year beginning S	ep 1 ,2005	5, and e	nding Aug	31	,	2006	
В	Check	if applicable:		C Name of organization					Employer Iden	tification Number	,
		Address change   Please use   NATIONAL WILDLIFE PRODUCTIONS, INC. 52					52-1903	3666			
	-	lame change	or print or type.		box if mail is not delivered to street a		om/suite	E	Telephone nun		
	-	nitial return	See specific	11100 WILDLIFE	CENTER DRIVE				(703) 4	138-6000	
		inal return	instruc- tions.	City, town or country		ate ZIP o	ode + 4	F	Accounting method:		Accrual
		mended return	lions.	RESTON	V	A 20	190-5362	١.	Other (spe		1 / Accidar
	$\overline{\Box}$	application pending	- Sactiv		s and 4947(a)(1) nonexemp		and are not appli	cable			
	ш^	application pending	charit	able trusts must attach	a completed Schedule A		<b>H (a)</b> Is this a grou			ALMAN POP 1	X No
			(Form	1 990 or 990-EZ).	•	i i	<b>f (b)</b> If 'Yes.' ente				21. 110
G	Web	site: ► N/A				1	H(C) Are all affilia				No
J	Orga	anization type				_  '	• •		st. See instruct	<del></del>	NO
	(che	ck only one) .	<b>&gt;</b>	X 501(c) 3 <b>4</b> (i	nsert no.) 4947(a)(1) <b>or</b>	527				M/A	
K					are normally not more than		<b>i</b> (d) Is this a sepa		return filed by a red by a group r		X No
	\$25,	000. The organ	nization n	eed not file a return with	the IRS; but if the organiza	tion	· · · · · · · · · · · · · · · · · · ·				A No
		oses to flie a re	eturn, be s	sure to me a complete re	turnSome states require a	-				er►N/A	
				01-01-1101-1-11	10 012 060	'				tion is <b>not</b> requii , 990-EZ, or 990-	
				8b, 9b, and 10b to line		Dalass				, 550-12, 01 550-	
Pa	T				n Net Assets or Fund	Balanc	es (See Instru	ictio	ns)		
	1			ants, and similar amounts		1 - 1					
	ì	•									
		•									
		Government	contributio								
	`	la through lc) (c		non					<del></del>		
	2	-			fees and contracts (from Pa					199	<u>,539.</u>
	3	Membership (	dues and	assessments	nents COPY FOR						
	4								4		
	5	Dividends and	d interest	from securities	UBLIC INSPECT	HON			5		
	6 a	Gross rents .			ODLIO IIIOI LO						
	l t	Less: rental e	expenses	• • • • • • • • • • • • • • • • • • • •		. 6b					
	(		•		m line 6a)				6c		
R	7	Other investn	nent incor	ne (describe <u>L</u>	ncome from Whales	LLC			) 7	13	,324.
Ā	8 a	Gross amoun	t from sal	es of assets other	(A) Securities		(B) Othe	r			
REVENU		than inventor	у			8 a					
Ē	t	Less: cost or	other bas	is and sales expenses		8 b					
	c	Gain or (loss) (at	ttach schedu	e)		8c					
					) and (B))				8d		
	9	Special event	ts and act	ivities (attach schedule).	If any amount is fromgamin	<b>g,</b> check	there►∟				
	а	Gross revenu	e (not inc	luding \$	of contributions						
		reported on li	ne 1a)			. 9a					
	b	Less: direct e	expenses	other than fundraising ex	penses	. 9b	-				
	c	: Net income o	r (loss) fro	om special events (subtra	act line 9b from line 9a)				9c		
	10 a	Gross sales o	of inventor	y, less returns and allow	ances	. 10a					
	b	Less: cost of	goods sol	d		. 10 ь					
			-		e) (subtract line 10b from line 10a).				10 c		
	11										199.
	12				, 9c, 10c, and 11)					213	,062.
_	13					.,					,753.
HXPHZWHW	14	•	•		(C))				<del></del>		,482.
P	15	-	_								, <del>-</del>
N S	16	• •		• • • • • • • • • • • • • • • • • • • •							
E S	17	-			))					471	,235.
	18				from line 12)						,173.
N S					r (from line 73, column (A))					-3,511	
ËE	19 20				i (nom line 75, column (A)). ittach explanation)				20	-1 /08	

Net assets or fund balances at end of year (combine lines 18, 19, and 20).....

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.

L	Oo not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	( <b>B)</b> Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (att sch)				1000	
	(cash \$					
	non-cash \$)					
	If this amount includes					
-00	foreign grants, check here	22				
23	Specific assistance to individuals (att sch)	23				
24	Benefits paid to or for members (att sch)	24	110 050	110 050		
25 26	Compensation of officers, directors, etc	25 26	119,852. 8,235.	119,852. 8,235.		
27	Pension plan contributions	27	0,233.	0,233.		
28	Other employee benefits	28	18,480.	18,480.		
29	Payroll taxes	29	10,400.	10,400.		
		30				
30	Professional fundraising fees					
31	Accounting fees	31	41 020	41 020		
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 Sch 2	41				
42	Depreciation, depletion, etc (attach schedule)	42	1,286.	1,286.		
43	Other expenses not covered above (itemize):					·
а	Schedule 3	43 a	277,514.	145,032.	132,482.	
		43b				
		43 c				
		43 d				
		43e				
f		43 f				
		43 g				
44	Total functional expenses. Add lines 22 through	.09				
	43. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	471,235.	338,753.	132,482.	
loin	Costs. Check . If you are following:			550,155.	132, 102.	
	any joint costs from a combined educationa			dicitation reported in (R)	Program services?	► Yes X No
	es,' enter <b>(i)</b> the aggregate amount of these				mount allocated to Prog	
\$	s, enter <b>(i)</b> the aggregate amount of these; ( <b>iii)</b> the amount allo				; and (iv) th	
• –	indraising \$	Jourou	to management and get	Ψ	, and (IV) in	o amount anounce
BAA						Form <b>990</b> (2005)

*					
Form <b>990</b> (2005)	NATIONAL	WILDLIFE	PRODUCTIONS,	INC.	

52-1903666

Page 3

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		<b>Program Service Expenses</b>
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the numb	per of	(Required for 501(c)(3) and (4) organizations and
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the numb clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) zations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others	organ .)	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.	i	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ►	Ш	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.
<b>AA</b>		Form 990 (2005)

TEEA0103 10/14/05

### Parally Balance Sheets (See Instructions)

No	te: I	Where required, attached schedules and amounts within olumn should be for end-of-year amounts only.	the descri	ption	(A) Beginning of year		<b>(B)</b> End of year
	4	Cash – non-interest-bearing		45			
	4	Savings and temporary cash investments				46	
	4	7a Accounts receivable	47 a	0.			
		<b>b</b> Less: allowance for doubtful accounts	47 b	0.	33,277.	47 c	0.
	4	Ba Pledges receivable	48 a				
						48 c	
	4	Grants receivable				49	
AS		Receivables from officers, directors, trustees, and keepployees (attach schedule)				50	
A S S E T S	5	a Other notes & loans receivable (attach sch)	51 a				
Š		<b>b</b> Less: allowance for doubtful accounts				51 c	
	5	Inventories for sale or use				52	
	53	Prepaid expenses and deferred charges				53	
3	54	Investments – securities (attach schedule)		Cost FMV		54	
	55	a Investments – land, buildings, & equipment: basis	55 a				
		b Less: accumulated depreciation (attach schedule)	55 b			55 c	
	56	Investments – other (attach schedule) Sch. 5.			3,373.	56	4,869.
	57	a Land, buildings, and equipment: basis Sch 2	57 a	10,462.			
		<b>b</b> Less: accumulated depreciation					-
		(attach schedule)	57b	10,034.	1,714.	57 c	428.
	58	Other assets (describe ►		)		58	
		Total assets (must equal line 74). Add lines 45 throu	ıgh 58		38,364.	59	5,297.
	60	Accounts payable and accrued expenses			2,585,348.	60	4,176,679.
Ļ	61	Grants payable			· · · · · · · · · · · · · · · · · · ·	61	
A	62	Deferred revenue		<u>.</u>		62	
ABILITIES	63	Loans from officers, directors, trustees, and key employees (attach	schedule)			63	
Ţ	64	a Tax-exempt bond liabilities (attach schedule)				64 a	
į		<b>b</b> Mortgages and other notes payable (attach schedule)				64 b	
š		Other liabilities (describe - Judgement Payal			964,302.	65	1,096,784.
		Total liabilities. Add lines 60 through 65			3,549,650.	66	5,273,463.
N	Orga		d complete	lines 67			
N E T		through 69 and lines 73 and 74.					
A	67				-3,614,769.	67	-5,268,166.
Š	68				103,483.	68	
ASSETS	69	· · · · · · · · · · · · · · · · · · ·				69	
Q R	Orga	nizations that do not follow SFAS 117, check here►	and co	omplete lines			
- 1		70 through 74.					
UZC 4	70	Capital stock, trust principal, or current funds		<u> </u>		70	
	71	Paid-in or capital surplus, or land, building, and equip			71		
Ā	72	Retained earnings, endowment, accumulated income	e, or other f	unds		72	
BALAZCES	73	Total net assets or fund balances (add lines 67 throu 72; column (A) must equal line 19; column (B) must equal line 19; colu	ıgh 69 <b>or</b> lin equal line 2	es 70 through	-3,511,286.	73	-5,268,166.
3	74			_	38,364.	74	5,297.
3ΔΔ							Form <b>990</b> (2005)

TEEA0104 10/17/05

Fo	orm <b>990</b> (2005) NATIONAL WILDLIE	FE PRODUCTIONS, INC	c.		52-19		age <b>5</b>
P	art IV-A Reconciliation of Revenu	ue per Audited Financia	I Statement	s with	Revenue per Retui	r <b>n</b> (See	
_	instructions.)				1		
	Total account pains and other account		1.		_	114 004 4	ΛE
а	Total revenue, gains, and other support		ents	• • • • • • • •		114,894,4	05.
b	Amounts included on line a but not on F  1 Net unrealized gains on investments	Part I, line 12:		ا ۔ ،			
	2Donated services and use of facilities .						
	3Recoveries of prior year grants			b3			
	4Other (specify): <u>Schedule</u> 6	. <b></b>					
					114,681,343.		
	Add lines <b>b1</b> through <b>b4</b>					<del>                                     </del>	
С	Subtract line <b>b</b> from line <b>a</b>					213,0	<u>62.</u>
d	Amounts included on Part I, line 12, but						
	1 Investment expenses not included on P		ľ	d1			
	<b>2</b> Other (specify):			Ì			
				d2			
	Add lines d1 and d2						
e	Total revenue (Part I, line 12). Add line	s <b>c</b> and <b>d</b>					62.
P	art IV-B Reconciliation of Expens	ses per Audited Financi	al Statemer	its with	Expenses per Ret	turn	
						•	
а	Total expenses and losses per audited	financial statements				115,908,4	23.
b	Amounts included on line a but not on P	Part I, line 17:					
	1Donated services and use of facilities			b1			
	2Prior year adjustments reported on Part	t I, line 20		b2			
	3Losses reported on Part I, line 20			b3			
	4Other (specify): Schedule 6						
				b4	115,437,188.		
	Add lines <b>b1</b> through <b>b4</b>					115,437,1	88.
С	Subtract line <b>b</b> from line <b>a</b>					471,2	
d	Amounts included on Part I, line 17, but						
	1 Investment expenses not included on P			d1			
			Ī				
				d2			
	Add lines <b>d1</b> and <b>d2</b>				d		
_	Total expenses (Part I, line 17). Add lin				·		35
Ē							
	Current Officers, Director or key employee at any time du	iring the year even if they wer	e not compen	sated.§S	ee the instructions.)		iee,
	(A) Name and address	(B) Title and average hours per week devoted to position	(C) Comper (if not p enter -	aid,	( <b>D</b> ) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and oth allowances	ner
.T.	aime B. Matyas						
	1100 Wildlife Center Drive						
	eston, VA 20190	President 1		0.	0.		0
		President		0.	0.		0.
	llce M. Gomez-Zormelo				}		
	1100 Wildlife Center Drive			^			0
	eston, VA 20190	Treasurer 1		0.	0.		0.
	ynthia Lewin						
	1100 Wildlife Center Drive			_			
Re	eston, VA 20190	Secretary 1		0.	0.		0.

Asst Secretary 1

Kimberly H. Berry 11100 Wildlife Center Drive

Reston, VA 20190

0.

Form 990 (2005) NATIONAL WILDLIFE PRO	DUCTIONS, INC.	4	52-19036	566	F	age (
Part V-A Current Officers, Directors, Tru					Yes	No
<b>75 a</b> Enter the total number of officers, directors, and trustees p	permitted to vote on organizati	ion business as board meeting	ys►3			
b Are any officers, directors, trustees, or key en listed in Schedule A, Part I, or highest compe A, Part II-A or II-B, related to each other throu identifies the individuals and explains the rela	nsated professional and Joh family or business i	d other independent cor	ntractors listed in Schedu	ees ile <b>75</b>	6 b	Х
c Do any officers, directors, trustees, or key em listed in Schedule A, Part I, or highest compe A, Part II-A or II-B, receive compensation fror to this organization through common supervis	nsated professional and n any other organization ion or common control?	d other independent corns, whether tax exempt	ntractors listed in Schedu or taxable, that are rela	ıle ted	ic X	
Note. Related organizations include section 50	09(a)(3) supporting orga	anizations.				
If 'Yes,' attach a statement that identifies the other organization(s), and describes the comprelated organization	ensation arrangements Schedule 7	, including amounts pai	d to each individual by e	ach		
d Does the organization have a written conflict of	of interest policy?			75	d X	
Part V-B Former Officers, Directors, Tru Benefits (If any former officer, direct during the year, list that person below the instructions.)	or, trustee, or key empl	lovee received compens	sation or other benefits (	describe	d below	') e
(A) Name and address	<b>(B)</b> Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans and deferred compensation plans	accour	Expense nt and o wances	ther
Ellen Ha 11100 Wildlife Center Drive Reston, VA 20190		01 605	0.256			0.7
Reston, VA 20190 Christoper H. Palmer	0.	81,685.	8,356.			27.
11100 Wildlife Center Drive						
Reston, VA 20190	0.	28,493.	1,291.			0.
	0.	20/1931	1,231.			<u> </u>
Part VI Other Information (See the instruction	tions.)		I		Yes	No
76 Did the organization engage in any activity no		the IPS2 If 'Ves '				
attach a detailed description of each activity.		the ind: if res,		76		Х
77 Were any changes made in the organizing or o	governing documents bi	ut not reported to the IF	RS?	77		Х
If 'Yes,' attach a conformed copy of the chang						
<b>78a</b> Did the organization have unrelated business of <b>b</b> If 'Yes,' has it filed a tax return on <b>Form 990-T</b>	=		•		37 / 4	X
<b>79</b> Was there a liquidation, dissolution, termination year? If 'Yes,' attach a statement	n, or substantial contra	ction during the		79		X
<ul><li>80 a Is the organization related (other than by asso membership, governing bodies, trustees, office</li><li>b If 'Yes,' enter the name of the organization►</li></ul>	Schedule 8	· <u></u>	<u>-</u>	_	a X	
81 a Enter direct and indirect political expenditures b Did the organization file Form 1120-POL for this	. (See line 81 instructio		81 a		b	Х
BAA					m <b>990</b> (	

BAA

, u, t	THE Analysis of Income Toda					
	Enter gross amounts unless vise indicated.	(A) Business code	d business income (B) Amount	(C) Exclusion code	ection 512, 513, or 514 <b>(D)</b> Amount	(E) Related or exempt function income
93	Program service revenue:					
	Educational Film Revenues					6,335.
b	Royalties			15	193,204.	
С				<u> </u>		
d						
e						
	Medicare/Medicaid payments					-
	Fees & contracts from government agencies				· · · · · · · · · · · · · · · · · · ·	
	Membership dues and assessments					
95	Interest on savings & temporary cash invmnts .					
	Dividends & interest from securities					
	Net rental income or (loss) from real estate:					
	debt-financed property					
	not debt-financed property					
	Net rental income or (loss) from pers prop					
	Other investment income			14	13,324.	
	Gain or (loss) from sales of assets			14	13,324.	
100	other than inventory  Net income or (loss) from special events					
	Gross profit or (loss) from sales of inventory					
	Other revenue: <b>a</b>					
	Misc Revenue			01	199.	
c	<del></del>			- 01		
d						
e						
104	Subtotal (add columns (B), (D), and (E))				206,727.	6,335.
	Total (add line 104, columns (B), (D),				· · · · · · · · · · · · · · · · · · ·	213,062.
	ine 105 plus line 1d, Part I, should equ					
Part '	VIII Relationship of Activities t	o the Accor	nplishment of Exe	empt Purpose	S (See the instruction	15.)
Line I	No. Explain how each activity for which of the organization's exempt purp 93a Producer Fees and sal	oses (other tha	an by providing funds	for such purpose	es).	e accomplishment
	Journal Francisco	C OI Cade	delonal video	b and ccac	merb gardeb.	
n	IV I. f F F T.	alala Calasia	linda and Diama		- 0 11 1 11	
ran	IX Information Regarding Tax					
	(A)	(B)	(C	)	(D)	(E)
Na	me, address, and EIN of corporation,	Percentage		activities	Total	End-of-year
	partnership, or disregarded entity	ownership int	oront			
	·	- CHITOTOTHP TITE			income	assets
		omoromp me	8 8		income	
					income	
			90		income	
			90 90		income	
Part	X Information Regarding Tra		90 90 90 90	onal Benefit (		assets .
	X Information Regarding Tra	nsfers Asso	१ १ १ १ १ १		Contracts (See the in	assets
<b>a</b> Di	id the organization, during the year, receive any fu	nsfers Asso	8 8 8 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	a personal benefit c	Contracts (See the in	assets  nstructions.)  Yes X No
<b>a</b> Di <b>b</b> D	id the organization, during the year, receive any fuid the organization, during the year, pa	nsfers Asso	8 8 8 9 ociated with Perso directly, to pay premiums on irectly or indirectly, or	a personal benefit c	Contracts (See the in	assets  nstructions.)  Yes X No
<b>a</b> Di <b>b</b> D	id the organization, during the year, receive any fuid the organization, during the year, pate: If 'Yes' to (b), file Form 8870 and Fo	nsfers Assonds, directly or including premiums, directly of the street o	% % % pociated with Personal structions on the structions of the struction of the structions of the struction of the st	a personal benefit c n a personal ben	Contracts (See the intract?	assets  nstructions.)  Yes X No Yes X No
<b>a</b> Di <b>b</b> D	id the organization, during the year, receive any fuid the organization, during the year, pa	nsfers Assonds, directly or including premiums, directly of the street o	% % % pociated with Personal structions on the structions of the struction of the structions of the struction of the st	a personal benefit c n a personal ben	Contracts (See the intract?	assets  nstructions.)  Yes X No Yes X No
a Di b D Not	id the organization, during the year, receive any fund the organization, during the year, pate: If 'Yes' to (b), file Form 8870 and Fo  Under penalties of perjury, I declare that I hat true, correct, and complete. Declaration of pr	nsfers Assonds, directly or including premiums, directly of the street o	% % % pociated with Personal structions on the structions of the struction of the structions of the struction of the st	a personal benefit c n a personal ben	Contracts (See the intract?	assets  nstructions.)  Yes X No Yes X No
a Di b D Not	id the organization, during the year, receive any fund the organization, during the year, pate: If 'Yes' to (b), file Form 8870 and Fo  Under penalties of perjury, I declare that I hat true, correct, and complete. Declaration of pr	nsfers Assonds, directly or including premiums, directly of the street o	% % % pociated with Personal structions on the structions of the struction of the structions of the struction of the st	a personal benefit c n a personal ben	contracts (See the interpretate of the interpretate).  efit contract?	assets  nstructions.)  Yes X No Yes X No
a Di b D Not Pleas Sign	id the organization, during the year, receive any function the organization, during the year, partie: If 'Yes' to (b), file Form 8870 and Fo  Under penalties of perjury, i declare that I had true, correct, and complete. Declaration of property of the penalties of officer	nsfers Assonds, directly or including premiums, directly of the series of the examined this reparer (other than constitutions).	% % % % % % % % % % % % % % % % % % %	a personal benefit c n a personal ben	Contracts (See the interpretate of interpretat	assets  nstructions.)  Yes X No Yes X No
a Di b D Not Pleas Sign	id the organization, during the year, receive any function the organization, during the year, pate: If 'Yes' to (b), file Form 8870 and Form Under penalties of perjury, I declare that I have true, correct, and complete. Declaration of proceedings.	nsfers Assonds, directly or including premiums, directly of the series of the examined this reparer (other than constitutions).	% % % % % % % % % % % % % % % % % % %	a personal benefit c n a personal ben	Contracts (See the interpretate of interpretat	assets  nstructions.)  Yes X No Yes X No
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a Di b D Not Pleas Sign Here	id the organization, during the year, receive any furified the organization, during the year, particle if 'Yes' to (b), file Form 8870 and Fo  Under penalties of perjury, I declare that I have true, correct, and complete. Declaration of property of the Signature of officer  Dulce Gomez-Zormelo Type or print name and title.  Preparer's signature	nsfers Assonated index of the second of the	% % % % % % % % % % % % % % % % % % %	a personal benefit on a personal benefit on a personal benefit of the schedules and statem the schedules and statem of which prepared	contracts (See the incontract?	assets  Instructions.)  Yes X No Yes X No Instructions X No Instructions X No Instructions X No
a Di b D Not Pleas Sign Here Paid Pre- parer'	id the organization, during the year, receive any function of the organization, during the year, particle if 'Yes' to (b), file Form 8870 and Fo  Under penalties of perjury, I declare that I has true, correct, and complete. Declaration of property of the penalties of officer  Dulce Gomez-Zormelo Type or print name and title.  Preparer's signature of BDO SEIDMAN, and signature of the file of the property of the penalties of the	nsfers Assonds, directly or included in the property of the party of t	8 8 8 9 cociated with Personal structions of the structions of the structions of the struction of the struct	a personal benefit c n a personal ben schedules and statem tion of which prepared	contracts (See the incontract?  efit contract?  enents, and to the best of my knowledge.  Allobo  Date  Check if Self-	assets  Instructions.)  Yes X No Yes X No Instructions X No Instructions X No Instructions X No
a Di b D Not Pleas Sign Here Paid Pre- parer' Jse	tid the organization, during the year, receive any function of the organization, during the year, particle if 'Yes' to (b), file Form 8870 and Fo  Under penalties of perjury, I declare that I have true, correct, and complete. Declaration of property of the property of t	nsfers Assonds, directly or included in the property of the party of t	8 8 8 9 cociated with Personal structions of the structions of the structions of the struction of the struct	a personal benefit c n a personal ben schedules and statem tion of which prepared	contracts (See the incontract?  efit contract?  enents, and to the best of my knowledge.  Allobo  Date  Check if Self-	assets  Instructions.)  Yes X No Yes X No Instructions X No Instructions X No Instructions X No
a Di b D Not Pleas Sign Here Paid Pre- parer'	id the organization, during the year, receive any function of the organization, during the year, particle if 'Yes' to (b), file Form 8870 and Fo  Under penalties of perjury, I declare that I has true, correct, and complete. Declaration of property of the penalties of officer  Dulce Gomez-Zormelo Type or print name and title.  Preparer's signature of BDO SEIDMAN, and signature of the file of the property of the penalties of the	nsfers Assonds, directly or included in the property of the party of t	% % % % % % % % % % % % % % % % % % %	a personal benefit c n a personal ben schedules and statem tion of which prepared	contracts (See the incontract?  efit contract?  enents, and to the best of my knowledge.  Allolo?  Date  Check if self-employed	assets  nstructions.)  Yes X No Yes X No nowledge and belief, it is

#### **SCHEDULE A** (Form 990 or 990-EZ)

## Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information— (See separate instructions.)

2005

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.

Employer identification number NATIONAL WILDLIFE PRODUCTIONS, INC. 52-1903666 Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See instructions. List each one. If there are none, enter 'None.') (d) Contributions to employee benefit (a) Name and address of each (b) Title and average (c) Compensation (e) Expense employee paid more than \$50,000 hours per week account and other plans and deferred compensation devoted to position allowances None Total number of other employees paid over \$50,000 None Part II - A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See instructions. List each one (whether individuals or firms). If there are none, enter 'None.') (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation Fox Wilmar Productions, Inc. 2925 Fairmont Avenue, S.W. Seattle, WA Consulting/Producer Svcs 62,725. Total number of others receiving over \$50,000 for professional services . None Part II — B Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation Total number of other contractors receiving over \$50,000 for other services ...

<u>Scr</u>	eaul	e A (Form 990 or 990-EZ) 2005 NATIONAL WILDLIFE PRODUCTIONS, INC. 52-190366	6	F	age 2
Pa	rt II	Statements About Activities (See instructions.)		Yes	No
1	Du	ring the year, has the organization attempted to influence national, state, or local legislation, including any attempt	Ι		
	to or	influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid incurred in connection with the lobbying activities ▶ \$			
		ust equal amounts on line 38,Part VI-A, or line i of Part VI-B.)	1		Х
		•	•		21
	org	ganizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other ganizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the			
_		bying activities.			
2	sul	ring the year, has the organization, either directly or indirectly, engaged in any of the following acts with any bstantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any			
	tax	cable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal neficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)			
	Dei	mencially: (If the answer to any question is Tes, attach a detailed statement explaining the transactions.)			
	<b>a</b> Sa	le, exchange, or leasing of property?	2 a		Х
	<b>.</b>	and the manufacture of the control o			
	<b>b</b> Lei	nding of money or other extension of credit?	2b		X
	<b>c</b> Fui	rnishing of goods, services, or facilities?	2 c		Х
		See Form 990, Part V-A			
	<b>d</b> Pa	yment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X	
	e Tra	ansfer of any part of its income or assets?	2 e		Х
		you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an	26		
J	exp	olanation of how you determine that recipients qualify to receive payments.)	3a		Х
		you have a section 403(b) annuity plan for your employees?	3b		Х
		ring the year, did the organization receive a contribution of qualified real property interest under section 170(h)? I you maintain any separate account for participating donors where donors have the right to provide advice	3c	-	X
7	on	the use or distribution of funds?	4a		Х
	<b>b</b> Do	you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b		Х
Pa	rt IV	Reason for Non-Private Foundation Status (See instructions.)			
The	orga	anization is not a private foundation because it is: (Please check onlone applicable box.)		-	
5		A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).			
6		A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)			
7		A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).			
8		A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).			
9	L	A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii)Enter the hospital's	name,	city,	
10	$\overline{\Box}$	and state ►			
10	Ш	An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section (Also complete the <b>Support Schedule</b> in Part IV-A.)	1/0(1	5)(1)(/	4)(IV).
11 :	a 🗌	An organization that normally receives a substantial part of its support from a governmental unit or from the general Section 170(b)(1)(A)(vi). (Also complete the <b>Support Schedule</b> in Part IV-A.)	public		
111	o 🗌	A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)			
12		An organization that normally receives:(1) more than 33-1/3% of its support from contributions, membership fees, and	gross	rece	ipts
		from activities related to its charitable, etc, functions—subject to certain exceptions, and (2) no more than 33-1/3% of from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquire organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)	its sup ed by t	port he	
13	X	An organization that is not controlled by any disqualified persons (other than foundation managers) and supports org	anizat	ions	
		described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2)	2). Che	ck the	•
		box that describes the type of supporting organization.      X   Type 1   Type 2   Type 3			
			/L\		
		(a) Name(s) of supported organization(s)	(b) Lir fron	ne nur n abo	
		National Wildlife Federation			11.
		National Wildlife Federation	<del> ,</del>		<u>11a</u>
1/		An organization organized and operated to test for public sofety. Section E00(a)(4). (See instructions)			
14		An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)			

	t IV-A Support Schedule (					
	endar year (or fiscal year					(e)
begi	nning in)	<b>(a)</b> 2004	<b>(b)</b> 2003	( <b>c)</b> 2002	(d) 2001	Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)					
16	Membership fees received					
17	merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc, purpose					
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
	Net income from unrelated business activities not included in line 18					
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					·
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of					
23	Total of lines 15 through 22					
_24	Line 23 minus line 17					
25	Enter 1% of line 23					
26	Organizations described on line			* * * *		26 a
ı	Prepare a list for your records to show the supported organization) whose total gifts f return. Enter the total of all these excess	or 2001 through 2004 excee	ded the amount shown in I	ine 26a. Do not file this	list with your	26b
	: Total support for section 509(a)(1				▶	26 c
C	Add: Amounts from column (e) for			19		00.1
	Public support (line 26c minus lir	22		26 b	▶	26 d
	Public support percentage (line	•				
27	Organizations described on line For amounts included in lines 15 name of, and total amounts receisuch amounts for each year:	12: , 16, and 17 that were ved in each year fron	received from a 'dis n, each 'disqualified p	qualified person,' poerson <b>Do not file t</b> h	repare a list for yo nis list with your re	our records to show the eturn.Enter the sum of
	(2004)	(2003)	(2002) _		(2001)	
	For any amount included in line 1 to show the name of, and amoun \$5,000. (Include in the list organi After computing the difference be differences (the excess amounts)	t received for each ye zations described in letween the amount re to for each year:	ear, that was more th ines 5 through 11b, a ceived and the larger	an th <b>targer</b> of <b>(1)</b> thas well as individual ramount described	ne amount on line ls. <b>Do not file this I</b> i <b>(1)</b> or <b>(2),</b> enter th	25 for the year or(2) ist with your return. e sum of these
	(2004) Add: Amounts from column (e) for 17 Add: Line 27a total	(2003)	(2002) _		(2001)	
C	: Add: Amounts from column (e) fo	or lines: 15		16		!
	17	20	d 1: 07b t-t-t	21	<u>-</u>	27 c
	Public support (line 27c total min	an 27d total)	d line 2/b total			270
f	Total support for section 509(a)(2	us iiile 27u loldi) ?) test: Enter amount	from line 23 column	(e) ► 27f		276
	Public support percentage (line 2	27e (numerator) divid	ed by line 27f (deno	minator))	<b></b>	27g %
	Investment income percentage (					
	Unusual Grants: For an organiza	tion described in line	10. 11. or 12 that red	eived any unusual	grants during 200°	through 2004, prepare a
	list for your records to show, for enature of the grant. <b>Do not file thi</b>	each vear, the name of	of the contributor, the	e date and amount of	of the grant, and a	brief description of the