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9202

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Note: You may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

1991

This Form is Open to Public Inspection

A For calendar year 1991, or fiscal year beginning MARCH 1, 1991, & ending FEBRUARY 29, 1992

Please use IRS label or print or type. See Specific Instructions.

B Name of organization: DUCKS UNLIMITED, INC.

Number and street (or P.O. box no. if mail is not delivered to street address): ONE WATERFOWL WAY — Room/suite

City, town, or post office, state, and ZIP code: MEMPHIS TN 38120

C Employer identification number: 13-5643799

D State registration number

E If application for exemption is pending, check here ▶ ☐

F Check type of organization -- Exempt under sec. ▶ ☒ 501(c) (3) (insert number), OR ▶ ☐ section 4947(a)(1) charitable trust

G Accounting method: ☐ Cash ☒ Accrual ☐ Other (specify) ▶

H Is this a group return filed for affiliates? ☒ Yes ☐ No

If "Yes," enter number of affiliates for which this return is filed: ▶ 4 M

Is this a separate return filed by a group affiliate? ☐ Yes ☒ No

I If either answer in H is "Yes," enter four-digit group exemption number (GEN) ▶ 9352

J If address changed, check box ▶ ☒

K Check ▶ ☐ if your gross receipts are normally not more than $25,000. You do not have to file a completed return with IRS; but if you received a Form 990 Package in the mail, you should file a return without financial data. **Some states require a completed return.**

Note: Form 990EZ may be used by organizations with gross receipts less than $100,000 and total assets less than $250,000 at end of year.

Section 501(c)(3) organizations and 4947(a)(1) trusts must also complete and attach Schedule A (Form 990).

Part I Statement of Revenue, Expenses, and Changes in Net Assets or Fund Balances

Section	Line	Description				Amount
Revenue	1	Contributions, gifts, grants, and similar amounts received:				
	a	Direct public support	1a	4,126,426		
	b	Indirect public support	1b			
	c	Government grants	1c	4,215,435		
	d	**Total** (add lines 1a through 1c) (attach schedule -- see instructions)			1d	8,341,861
	2	Program service revenue (from Part VII, line 93)			2	
	3	Membership dues and assessments (see instructions)			3	19,394,402
	4	Interest on savings and temporary cash investments			4	533,498
	5	Dividends and interest from securities			5	
	6a	Gross rents	6a			
	b	Less: rental expenses	6b			
	c	Net rental income or (loss)			6c	
	7	Other investment income (describe ▶)			7	
	8a	Gross amount from sale of assets other than inventory	(A) Securities:	8a (B) Other:		
	b	Less: cost or other basis & sales expenses		8b		
	c	Gain or (loss) (attach schedule)		8c		
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))			8d	
	9	Special fundraising events and activities (attach schedule -- see instructions):				
	a	Gross revenue (not including $ ______ of contributions reported on line 1a)	9a	39,491,079		
	b	Less: direct expenses	9b	14,835,502		
	c	Net income			9c	24,655,577
	10a	Gross sales less returns and allowances	10a			
	b	Less: cost of goods sold	10b			
	c	Gross profit or (loss) (attach schedule)			10c	
	11	Other revenue (from Part VII, line 103)			11	5,602,736
	12	**Total revenue** (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	58,528,074
Expenses	13	Program services (from line 44, column (B)) (see instructions)			13	51,291,021
	14	Management and general (from line 44, column (C)) (see instructions)			14	5,389,108
	15	Fundraising (from line 44, column (D)) (see instructions)			15	12,859,717
	16	Payments to affiliates (attach schedule -- see instructions)			16	
	17	**Total expenses** (add lines 16 and 44, column (A))			17	69,539,846
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)			18	-11,011,772
	19	Net assets or fund balances at beginning of year (from line 74, column (A))			19	29,871,404
	20	Other changes in net assets or fund balances (attach explanation)			20	
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21	18,859,632

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

	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 & allocations (attach schedule)	28,331,874	28,331,874		
	23 Specific assistance to individuals				
	24 Benefits paid to or for members				
	25 Compensation of officers, directors, etc	420,917		420,917	
	26 Other salaries and wages	16,822,446	6,776,037	1,043,048	9,003,361
	27 Pension plan contributions				
	28 Other employee benefits				
	29 Payroll taxes				
	30 Professional fundraising fees				
	31 Accounting fees	237,117	3,884	220,768	12,465
	32 Legal fees				
	33 Supplies	249,287	135,897	76,205	37,185
Ex-	34 Telephone	757,007	259,644	121,088	376,275
penses	35 Postage and shipping	1,123,063	816,981	23,555	282,527
	36 Occupancy	845,200	604,452	59,476	181,272
	37 Equipment rental and maintenance	75,740	32,326	33,549	9,865
	38 Printing and publications	2,440,251	2,070,906	186,018	183,327
	39 Travel	2,254,322	565,003	121,254	1,568,065
	40 Conferences, conventions, & meetings	117,237		117,237	
	41 Interest	63,516		63,516	
	42 Depreciation, depletion, etc. (attach sch.)	683,390	480,725	188,210	14,455
	43 Other expenses (itemize): a				
	b See Schedule	15,118,479	11,213,292	2,714,267	1,190,920
	c				
	d				
	e				
	f				
	44 **Total functional expenses** (add lines 22 through 43). Organizations completing cols. (B)–(D), carry these totals to lines 13–15	69,539,846	51,291,021	5,389,108	12,859,717

Part III Statement of Program Service Accomplishments (See Instructions.)

Describe what was achieved in carrying out your exempt purposes. Fully describe the services provided; the number of persons benefited; or other relevant information for each program title. Section 501(c)(3) and (4) organizations and section 4947(a)(1) charitable trusts must also enter the amount of grants and allocations to others.

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

a Grants to related and unrelated wetland conservation groups.

(Grants and allocations $ 28,331,874) 42,341,660

b Membership services

(Grants and allocations $) 3,542,366

c Education

(Grants and allocations $) 4,781,074

d Government relations

(Grants and allocations $) 625,921

e Other program services (attach schedule) (Grants and allocations $)

f Total (add lines a through e) (should equal line 44, column (B)) ▶ 51,291,021

Part IV Balance Sheets

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 -- noninterest-bearing			3,619,271	45	4,176,610
46 Savings and temporary cash investments			9,378,266	46	379,709
47a Accounts receivable	47a	2,783,794			
b Less: allowance for doubtful accounts	47b	44,000	1,890,985	47c	2,739,794
48a Pledges receivable	48a				
b Less: allowance for doubtful accounts	48b			48c	
49 Grants receivable				49	
50 Receivables due from officers, directors, trustees, and key employees (attach schedule)				50	
51a Other notes and loans receivable (attach schedule)	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)			39,937	54	79,565
55a Investments -- land, buildings, and equipment. basis	55a	419,650			
b Less: accumulated depreciation (attach schedule)	55b		682,539	55c	419,650
56 Investments -- other (attach schedule)			1,344,103	56	2,103,136
57a Land, buildings, and equipment: basis	57a	10,066,428			
b Less: accumulated depreciation (attach schedule)	57b	3,812,459	5,441,113	57c	6,253,969
58 Other assets (describe ▶ SEE ATTACHED SCHEDULE)			10,463,667	58	8,745,082
59 **Total assets** (add lines 45 through 58) (must equal line 75)			32,859,881	59	24,897,515
Liabilities					
60 Accounts payable and accrued expenses			178,463	60	633,091
61 Grants payable				61	
62 Support and revenue designated for future periods (attach schedule)				62	
63 Loans from officers, directors, trustees, and key employees (attach schedule)				63	
64 Mortgages and other notes payable (attach schedule)				64	1,174,000
65 Other liabilities (describe ▶ SEE ATTACHED SCHEDULE)			2,810,014	65	4,230,792
66 **Total liabilities** (add lines 60 through 65)			2,988,477	66	6,037,883
Fund Balances or Net Assets					
Organizations that use fund accounting, check here ▶ ☒ and complete lines 67 through 70 and lines 74 and 75 (see instructions).					
67a Current unrestricted fund			29,871,404	67a	17,710,003
b Current restricted fund				67b	
68 Land, buildings, and equipment fund				68	1,149,629
69 Endowment fund				69	
70 Other funds (describe ▶)				70	
Organizations that do not use fund accounting, check here ▶ ☐ and complete lines 71 through 75 (see instructions).					
71 Capital stock or trust principal				71	
72 Paid-in or capital surplus				72	
73 Retained earnings or accumulated income				73	
74 Total fund balances or net assets (add lines 67a through 70 OR lines 71 through 73: column (A) must equal line 19 and column (B) must equal line 21)			29,871,404	74	18,859,632
75 **Total liabilities and fund balances/net assets** (add lines 66 and 74)			32,859,881	75	24,897,515

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 your return is complete and accurate and fully describes your organization's programs and accomplishments.

Part V List of Officers, Directors, and Trustees (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 zero)	(D) Contributions to employee benefit plans	(E) Expense account and other allowances
JOHN E. WALKER LONG GROVE, IL 60047	PRESIDENT/ PART TIME	NONE	NONE	NONE
MATTHEW B. CONNOLLY LONG GROVE, IL 60047	EXEC. V-PRES FULL TIME 40	189,031	6,833	NONE
EDWARD M. PULS LONG GROVE, IL 60047	ASST. TRES. FULL TIME 40	133,425	NONE	NONE
KENNETH V. McCREARY LONG GROVE, IL 60047	EXEC. SEC. FULL TIME 40	98,461	2,251	NONE
HARRY D. KNIGHT LONG GROVE, IL 60047	CHM - BoD PART TIME	NONE	NONE	NONE

Part VI Other Information

			Yes	No
76	Did you engage in any activity not previously reported to the Internal Revenue Service? If "Yes," attach a detailed description of each activity.	76		X
77	Were any changes made in the organizing or governing documents, but not reported to IRS? If "Yes," attach a conformed copy of the changes.	77		X
78a	Did your organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a	X	
b	If "Yes," have you filed a tax return on **Form 990-T,** Exempt Organization Business Income Tax Return, for this year?	78b	X	
c	At any time during the year, did you own a 50% or greater interest in a taxable corporation or partnership? If "Yes," complete Part IX.	78c		X
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (See instructions.) If "Yes," attach a statement as described in the instructions.	79		X
80a	Are you 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? (See instructions.)	80a	X	
b	If "Yes," enter the name of the organization ▶ DUCKS UNLIMITED FOUNDATION and check whether it is [X] exempt OR [ ] nonexempt.			
81a	Enter amount of political expenditures, direct or indirect, as described in the instructions ... 81a 0			
b	Did you file **Form 1120-POL,** U.S. Income Tax Return for Certain Political Organizations, for this year?	81b		X
82a	Did you receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. See instructions for reporting in Part III. 82b			
83a	Did anyone request to see either your annual return or exemption application (or both)?	83a	X	
b	If "Yes," did you comply as described in the instructions? (See General Instruction L.)	83b	X	
84a	Did you solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did you include with every solicitation an express statement that such contributions or gifts were not tax deductible? (See General Instruction M.)	84b		N/A
85a	Section 501(c)(5) or (6) organizations. -- Did you spend any amounts in attempts to influence public opinion about legislative matters or referendums? (See instructions and Regulations section 1.162-20(c))	85a		N/A
b	If "Yes," enter the total amount spent for this purpose 85b N/A			
86	Section 501(c)(7) organizations. -- Enter:			
a	Initiation fees and capital contributions included on line 12 86a N/A			
b	Gross receipts, included on line 12, for public use of club facilities (See instructions.) 86b N/A			
c	Does the club's governing instrument or any written policy statement provide for discrimination against any person because of race, color, or religion? (See instructions.)	86c		N/A
87	Section 501(c)(12) organizations. -- Enter amount of:			
a	Gross income received from members or shareholders 87a N/A			
b	Gross income received from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b N/A			
88	Public interest law firms. -- Attach information described in the instructions.			
89	List the states with which a copy of this return is filed ▶ SEE ATTACHED SCHEDULE			
90	During this tax year did you maintain any part of your accounting/tax records on a computerized system?	90	X	
91	The books are in care of ▶ MATTHEW B. CONNOLLY Telephone no. ▶ (901)758-3825 Located at ▶ ONE WATERFOWL WAY, MEMPHIS, TN ZIP code ▶ 38120-0000			
92	Section 4947(a)(1) charitable trusts filing Form 990 in lieu of **Form 1041,** U.S. Fiduciary Income Tax Return, should check here ▶ [ ] and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 N/A			

Part VII Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by sec. 512, 513, or 514		(e) Related or exempt function income (See instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
93 Program service revenue:					
(a)					
(b)					
(c)					
(d)					
(e)					
(f)					
(g) Fees from government agencies					
94 Membership dues and assessments					19,394,402
95 Interest on savings and temporary cash investments			14	533,498	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
(a) debt-financed property					
(b) not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income from special fundraising events					24,655,577
102 Gross profit/(loss) from sales of inventory					
103 Other revenue: (a)					
(b) ADVERTISING	7310	1,475,049			
(c) ROYALTIES			15	2,978,058	
(d) BLDG. FND CONTRIB				1,149,629	
(e)					
104 Subtotal (add columns (b), (d), and (e).)		1,475,049		4,661,185	44,049,979
105 TOTAL (add line 104, columns (b), (d), and (e).) ▶					50,186,213

Note: (Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.)

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain how each activity for which income is reported in column (e) of Part VII contributed importantly to the accomplishment of your exempt purposes (other than by providing funds for such purposes). (See instructions.)
94	Ducks Unlimited, Inc. collects dues from its members to gather funds to carry out its exempt purposes.
101	Income earned from dinners, raffles and other fund raising functions to solict contributions to Ducks Unlimited, Inc. to support its exempt programs.

Part IX Information Regarding Taxable Subsidiaries (Complete this Part if you answered "Yes" to question 78c.) N/A

Name, address, and employer identification number of corporation or partnership	Percentage of ownership interest	Nature of business activities	Total income	End-of-year assets

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer [signature] Date 11/16/92 Title EXEC. VICE PRESIDENT

Paid Preparer's Use Only

Preparer's signature [signature] Date 11/16/92 Check if self-employed ▶ ☐

Firm's name (or yours if self-employed) and address ▶ Ernst & Young
1400 One Commerce Square
Memphis, TN

ZIP code 38103 EIN: 34-6565596

SCHEDULE A (Form 990)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under 501(c)(3)

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

Supplementary Information

▶ Attach to Form 990 (or Form 990EZ).

OMB No. 1545-0047

1991

Name: DUCKS UNLIMITED, INC.

Employer identification number: 13-5643799

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See specific instructions.) (List each one. If there are none, enter "None.")

(a) Name and address of employees paid more than $30,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans	(e) Expense account & other allowances
DAVID KENNEDY, RR#2, BOX 401 ANNA, IL. 62906	FIELD OPERATION SUPR/FULL TIME	93,669	3,218	NONE
DAVID RILEY,479 E. OXFORD, NORTH BARRINGTON, IL 60010	GROUP MANAGER FULL TIME	107,445	3,705	NONE
CHARLOTTE RUSH, 1308 MADISON BUFFALO GROVE, IL 60089	GROUP MANAGER FULL TIME	134,425	NONE	NONE
JAMES WARE, 3903 TAMARISK TR CRYSTAL LAKE, IL 60012	GROUP MANAGER FULL TIME	107,487	NONE	NONE
DAVID WESLEY, 50 NORTHTOWN, JACKSON, MS. 39211	DIRECTOR- OPER. FULL TIME	106,866	539	NONE
Total number of other employees paid over $30,000 ▶	196			

Part II Compensation of the Five Highest Paid Persons for Professional Services

(See specific instructions) (List each one. If there are none, enter "None.")

(a) Name and address of persons paid more than $30,000	(b) Type of service	(c) Compensation
ERNST & YOUNG CHICAGO, IL	ACCOUNTING & TAX	69,293
PORTER, WRIGHT, MORRIS & ARTHUR CLEVELAND, OH	LEGAL	68,222
CANYON CONSULTING MISSOULA, MT	STRATEGIC PLANNING	48,630
Total number of others receiving over $30,000 for professional services ▶ NONE		

Part III Statements About Activities

		Yes	No
1	During the year, have you attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum?	1	X	
	If "Yes," enter the total expenses paid or incurred in connection with the legislative activities. $ 625,921			
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. For other organizations checking "Yes," attach a statement giving a detailed description of the legislative activities AND either complete Part VI-B or attach a classified schedule of the expenses paid or incurred.			
2	During the year, have you, either directly or indirectly, engaged in any of the following acts with a trustee, director, principal officer, or creator of your organization, or any taxable organization or corporation with which such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary:			
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)? See 990 - Part V	2d	X	
e	Transfer of any part of your income or assets?	2e		X
	If the answer to any question is "Yes," attach a detailed statement explaining the transactions.			
3	Do you make grants for scholarships, fellowships, student loans, etc.?	3		X
4	Attach a statement explaining how you determine that individuals or organizations receiving grants or loans from you in furtherance of your charitable programs qualify to receive payments. (See specific instructions.)			

Part IV Reason for Non-Private Foundation Status (See instructions for definitions.)

The organization is not a private foundation because it is (please check only **ONE** 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, page 3.)

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 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter name, city, and state of hospital** ▶

10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete Support Schedule.)

11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete Support Schedule.)

11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete Support Schedule.)

12 ☐ An organization that normally receives: **(a)** no more than 1/3 of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975, and **(b)** more than 1/3 of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions -- subject to certain exceptions. See section 509(a)(2). (Also complete Support Schedule.)

13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: **(1)** boxes 5 through 12 above; or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). See section 509(a)(3).

Provide the following information about the supported organizations. (See instructions for Part IV, box 13.)

(a) Name(s) of supported organization(s)	(b) Box number from above

14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See specific instructions.)

Support Schedule (Complete only if you checked box 10, 11, or 12 above.) Use cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 1990	(b) 1989	(c) 1988	(d) 1987	(e) Total
15 Gifts, grants, contributions received. (Do not include unusual grants. See line 28.)	36,092,826	33,687,341	95,144	34,897,915	104,773,226
16 Membership fees received	21,722,211	22,695,071	679,807	17,787,295	62,884,384
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated 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	1,205,100	1,760,149	389,581	1,664,635	5,019,465
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for your benefit and either paid to you or expended on your behalf					
21 Value of services/facilities furnished to you by governmental unit without charge. Do not include value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach schedule. Do not include gain or (loss) from sale of capital assets	4,754,032	5,170,721	291,365	4,762,849	14,978,967
23 Total of lines 15 through 22	63,774,169	63,313,282	1,455,897	59,112,694	187,656,042
24 Line 23 minus line 17	63,774,169	63,313,282	1,455,897	59,112,694	187,656,042
25 Enter 1% of line 23	637,742	633,133	14,559	591,127	
26 Organizations described in box 10 or 11:					
a Enter 2% of amount in column (e), line 24					3,753,121
b Attach a list (not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1987 through 1990 exceeded the amount shown in line 26a. Enter the sum of all excess amounts here ▶					

Part IV Support Schedule (continued) **(Complete only if you checked box 10, 11, or 12 on page 2.)** N/A

27 Organizations described in box 12, page 2:

a Attach a list for amounts shown on lines 15, 16, and 17, showing the name of, and total amounts received in each year from, each "disqualified person," and enter the sum of such amounts for each year:

(1990) _____ (1989) _____ (1988) _____ (1987) _____

b Attach a list showing, for 1987 through 1990, the name and amount included in line 17 for each person (other than "disqualified persons") from whom the organization received more during that year than the larger of: (1) the amount on line 25 for the year; or (2) $5,000. Include organizations described in boxes 5 through 11 as well as individuals. Enter the sum of these excess amounts for each year:

(1990) _____ (1989) _____ (1988) _____ (1987) _____

28 For an organization described in box 10, 11, or 12, page 2, that received any unusual grants during 1987 through 1990, attach a list (not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15 above. (See specific instructions.)

Part V Private School Questionnaire
(To be completed ONLY by schools that checked box 6 in Part IV) N/A

		Yes	No
29 Do you have a racially nondiscriminatory policy toward students by statement in your charter, bylaws, other governing instrument, or in a resolution of your governing body?	29		
30 Do you include a statement of your racially nondiscriminatory policy toward students in all your brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31 Have you publicized your racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if you have no solicitation program, in a way that makes the policy known to all parts of the general community you serve?	31		
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
32 Do you maintain the following:			
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d Copies of all material used by you or on your behalf to solicit contributions?	32d		
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33 Do you discriminate by race in any way with respect to:			
a Students' rights or privileges?	33a		
b Admissions policies?	33b		
c Employment of faculty or administrative staff?	33c		
d Scholarships or other financial assistance? (See instructions.)	33d		
e Educational policies?	33e		
f Use of facilities?	33f		
g Athletic programs?	33g		
h Other extracurricular activities?	33h		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34a Do you receive any financial aid or assistance from a governmental agency?	34a		
b Has your right to such aid ever been revoked or suspended?	34b		
If you answered "Yes" to either 34a or b, please explain using an attached separate statement.			
35 Do you certify that you have complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation. (See instructions for Part V.)	35		

Part VI-A Lobbying Expenditures by Electing Public Charities (see instructions)

(To be completed **ONLY** by an eligible organization that filed Form 5768) N/A

Check here ▶ **a** ☐ If the organization belongs to an affiliated group (see instructions).

Check here ▶ **b** ☐ If you checked **a** and "limited control" provisions apply (see instructions).

Limits on Lobbying Expenses		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total (grassroots) lobbying expenses to influence public opinion	36		
37 Total lobbying expenses to influence a legislative body	37		
38 Total lobbying expenses (add lines 36 and 37)	38		
39 Other exempt purpose expenses (see Part VI instructions)	39		
40 Total exempt purpose expenses (add lines 38 and 39) (see instructions)	40		
41 Lobbying nontaxable amount. Enter the smaller of $1,000,000 or the amount determined under the following table --			
If the amount on line 40 is -- / **The lobbying nontaxable amount is --**			
Not over $500,000 — 20% of the amount on line 40			
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			
Over $1,500,000 — $225,000 plus 5% of the excess over $1,500,000	41		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
(Complete lines 43 and 44. File Form 4720 if either line 36 exceeds line 42 or line 38 exceeds line 41.)			
43 Excess of line 36 over line 42	43		
44 Excess of line 38 over line 41	44		

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45-50 for details.)

	Lobbying Expenses During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	(a) 1991	(b) 1990	(c) 1989	(d) 1988	(e) Total
45 Lobbying nontaxable amount (see instructions)					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenses (see instructions)					
48 Grassroots nontaxable amount (see instructions)					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenses (see instructions)					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For **optional** reporting by organizations that did not complete Part VI-A.)

During the year, did you attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (include compensation in expenses reported on lines c through h)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e 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 other means			
i Total lobbying expenses (add lines c through h)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the activities.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of:			
(i) Cash	51a(i)		X
(ii) Other assets	a(ii)		X
b Other Transactions:			
(i) Sales of assets to a noncharitable exempt organization	b(i)		X
(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		X
(iii) Rental of facilities or equipment	b(iii)		X
(iv) Reimbursement arrangements	b(iv)		X
(v) Loans or loan guarantees	b(v)		X
(vi) Performance of services or membership or fundraising solicitations	b(vi)		X
c Sharing of facilities, equipment, mailing lists or other assets, or paid employees	c		X

d If the answer to any of the above is "Yes," complete the following schedule. The "Amount involved" column below should always indicate the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, indicate in column (d) the value of the goods, other assets, or services received.

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, & sharing arrangements

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Schedule of Contributions in Excess of $5,000

Name, Address, and Description of Property (If Other than Cash)	Date	Amount
Total of contributions which individually exceed two percent of total year end 1992 contributions **		$ 3,589,370
Other contributions		4,752,491
	TOTAL	$ 8,341,861

** DETAILS OF THESE CONTRIBUTIONS ARE AVAILABLE AT THE TAXPAYER'S OFFICE.

DUCKS UNLIMITED, INC.
PART I, LINE 9

13-5643799
FORM 990, 19

	STOCKTON, CA 11/7/91	TEXAS STATE 4/7/91	HOUSTON, TX 10/17/91	ALL OTHER EVENTS	TOTAL
GROSS REVENUE	$135,702	$224,155	$205,074	$56,684,117	$57,249,048
DIRECT EXPENSES	19,370	118,714	114,903	$17,504,982	17,757,969
NET INCOME TO NATIONAL	116,332	105,441	90,171	39,179,135	39,491,079
LESS: DIRECT EXPENSES DEDUCTED BY NATIONAL	4,760	5,256	5,354	14,820,132	14,835,502
NET INCOME	$111,572	$100,185	$84,817	$24,359,003	$24,655,577

DUCKS UNLIMITED, INC. 13-5643799

Part II - Line 43 FORM 990, 1991

Statement of Functional Expenses

Description	Total	Program Service	Management and General	Fundraising
ADVERTISING	207,165	207,165		
CONTRACT SERVICES	2,428,945	1,481,434	967,619	-20,108
EQUIPMENT PURCHASES	136,382	101,920	673	33,789
FILM PRODUCTION	82,669	82,669		
MISCELLANEOUS	390,016	466,822	-390,461	313,655
STATE OPER. ALLOW.	863,584			863,584
TAXES	33,304	16,918	16,386	
HABITAT DEVELOPMENT	3,396,142	3,396,142		
OTHER CONSER. EXP	5,354,272	5,460,222	-105,950	
RELOCATION EXPENSES	2,226,000		2,226,000	
Totals.....	15,118,479	11,213,292	2,714,267	1,190,920

DUCKS UNLIMITED,. INC. . 13-5643799
Part IV, Line 58 FORM 990, 1991

Other Assets

Description	Beginning of Year	End of Year
PREPAID EXPENSES & ADVANCES	$ 1,904,824	$ 2,239,091
INVENTORY	5,482,108	4,591,847
INTEREST RECEIVABLE	246,624	252,112
DUE FROM AFFILIATE	130,312	225,122
TRADE LANDS	674,799	411,910
INVESTMENT IN AFFILIATE	8,000,000	1,025,000
DUE TO AFFILIATE	(5,975,000)	-
	$ 10,463,667	$ 8,745,082

Mortgages and Other Notes Payable

Description	Beginning of Year	End of Year
Note payable to the National Bank of Commerce, due 9/30/93. interest payable at prime less .375%		$ 1,174,000

The note payable to The National Bank of Commerce represents borrowing under a bank credit agreement. The agreement provides for maximum borrowing of up to #13,000,000.

Other Liabilities

Description	Beginning of Year	End of Year
ACCRUED EXPENSES	$ 907,337	$2,349,364
DEFERRED INCOME	790,732	624,847
ACCRUED COMPENSATION	1,111,945	1,254,081
ACCRUED INTEREST PAYABLE	-	2,500
	$2,810,014	$4,230,792

List of Officers, Directors, and Trustees

Name and Address	Title & Avg.Hours	Compensation	Benefit Plans	Expense Account
JOHN E. WALKER	PRESIDENT/			
LONG GROVE, IL 60047	PART-TIME	NONE	NONE	NONE
MATTHEW B. CONNOLLY	EXEC. V-P			
LONG GROVE, IL 60047	FULL TIME	189,031	6,833	NONE
EDWARD M. PULS	ASST. TRES			
LONG GROVE, IL 60047	FULL TIME	133,425	NONE	NONE
KENNETH V. McCREARY	EXEC. SEC			
LONG GROVE, IL 60047	FULL TIME	98,461	2,251	NONE
HARRY D. KNIGHT	CHM - BoD			
LONG GROVE, IL	PART-TIME	NONE	NONE	NONE

DUCKS UNLIMITED, INC. 13-5643799

PART VI, LINE 89 2/29/92

STATES WITH WHICH A COPY OF THIS RETURN IS FILED:

CALIFORNIA

ILLINOIS

INDIANA

MASSACHUSSETS

NEW JERSEY

NEW YORK

NORTH CAROLINA

OHIO

PENNSYLVANIA

VIRGINIA

WISCONSIN

DUCKS UNLIMITED, INC. 13-5643799

SCHEDULE A - PART III, QUESTION 4 2/29/92

The organization maintains internal control procedures to insure that individuals or organizations receiving disbursements, in furtherance of its exempt programs, are qualifying recipients.

DUCKS UNLIMITED, INC. 13-5643799
Depreciation Expense FORM 990, 1991

Description	Amount
Buildings	$ 136,374
Improvements	5,013
Furniture & Fixtures	70,501
Equipment	471,502
TOTAL	$ 683,390

Provision for depreciation of buildings & equipment are computed using the straight-line method over the estimated useful lives of the related assets.

DUCKS UNLIMITED, INC. 13-5643799
Grants and Allocations FORM 990, 1991

Waterfowl Conservation Expenditures To:

Ducks Unlimited Canada		$ 27,285,666
Ducks Unlimited de Mexico		1,046,208
	TOTAL	$ 28,331,874

DUCKS UNLIMITED, INC. 13-5643799
INVESTMENTS - OTHER FORM 990, 1991

	BEGINNING OF PERIOD	END OF PERIOD
ART COLLECTION	$ 83,700	$ 83,700
MISCELLANEOUS	1,260,403	2,019,436
TOTAL	$ 1,344,103	$2,103,136

DUCKS UNLIMITED, INC. 13-5643799
Investments - Securities FORM 990, 1991

Description	Beginning of Period	End of Period
Corporate stocks	$ 39,937	$ 79,565

Form **2758**
(Rev November 1989)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File
Certain Excise, Income, Information, and Other Returns

▶ File a separate application for each return.

OMB No 1545-0148
Expires 10 31-92

Please type or print.
File the original and one copy by the due date for filing your return. (See instructions on back.)

Name: DUCKS UNLIMITED INC.

Number and street (or P O Box number if mail is not delivered to street address): ONE WATERFOWL WAY

City or town, state, and ZIP code: LONG GROVE, IL. 60047

Employer identification number: 13-5643799

Note: *Taxpayers who file a corporation income tax return, including Forms 990-C, 990-T, and 1120S, must use Form 7004 to request an extension of time to file.*

Partnerships, REMICs, and trusts (except those that file Form 990-T) must use Form 8736 to request an extension of time to file.

1 An extension of time until SEPTEMBER 15, 1992 is requested in which to file (check only one):

☐ Form 706GS (D)	☐ Form 990-PF	☐ Form 1041-A	☐ Form 3520-A	☐ Form 8612
☐ Form 706GS (T)	☐ Form 990-T (401(a) or 408(a) trust)	☐ Form 1042	☐ Form 4720	☐ Form 8613
☒ Form 990 or 990EZ	☐ Form 990-T (trust other than above)	☐ Form 1042S	☐ Form 5227	☐ Form 8725
☐ Form 990-BL	☐ Form 1041 (estate)	☐ Form 1120-ND (4951 taxes)	☐ Form 6069	☐ Form 8804

If organization does not have an office or place of business in the United States, check this box . . . . . ▶ ☐

2a For calendar year 19 ____, or other tax year beginning MARCH 1, 1991 and ending FEBRUARY 29, 1992

b If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3 Has an extension of time to file been previously granted for this tax year? . . . . . ☐ Yes ☒ No

4 State in detail why you need the extension. THE ORGANIZATION'S CPA'S HAVE NOT COMPLETED THEIR REVIEW OF THE RECORDS FOR THE YEAR ENDED 2/29/92.

5a If this form is for Form 706GS(D), 706GS(T), 990-BL, 990-PF, 990-T, 1041 (estate), 1042, 1120-ND, 4720, 6069, 8612, 8613, 8725, or 8804 enter the tentative tax. (see instructions) . . . . . $ N/A

b If this form is for Form 990-PF, 990-T, 1041 (estate), 1042, or 8804 enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. (see instructions) . . . $ N/A

c Balance due (subtract line 5b from line 5a) Include your payment with this form, or deposit with FTD Coupon if required. (see instructions) . . . . . $ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete; and that I am authorized to prepare this form.

Signature ▶ [signature] Date ▶ 7/14/92

File original and one copy. IRS will show below whether or not your application is approved and will return the copy.

Notice to Applicant—To Be Completed by IRS

☒ We **HAVE** approved your application. (Please attach this form to your return.)

☐ We **HAVE NOT** approved your application. (Please attach this form to your return.) However, because of your reasons stated above, we have granted a 10-day grace period from the date shown below or due date of your return, whichever is later. This 10-day grace period is considered to be a valid extension of time for purposes of elections otherwise required to be made on timely filed returns.

☐ We **HAVE NOT** approved your application. After considering your reasons stated above, we cannot grant your request for an extension of time to file. (We are not granting the 10-day grace period.)

☐ We cannot consider your application because it was filed after the due date of your return.

☐ Other ____

AUG 06 1992
Date

By: [signature] Director

If the copy of this form is to be returned to an address other than that shown above, please enter the address where the copy should be sent.

Please Type or Print

Name

Number and street (or P O Box number if mail is not delivered to street address)

City or town, state, and ZIP code

Form 2758 (Rev. June 1991)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File Certain Excise, Income, Information, and Other Returns

► File a separate application for each return.

OMB No. 1545-0148
Expires: 10-31-92

Please type or print. File the original and one copy by the due date for filing your return. (See instructions on back.)

Name: Ducks Unlimited, Inc.

Number and street (or P O. box no. if mail is not delivered to street address): One Waterfowl Way

Apt. or suite no.:

City, town, or post office, state, and ZIP code (for foreign address, see instructions): Memphis, TN 38120

Employer identification number: 13-5643799

Note: *Taxpayers who file a corporation income tax return, including Forms 990-C, 990-T, and 1120S, must use* ***Form 7004*** *to request an extension of time to file.*

Partnerships, REMICs, and trusts (except those that file Form 990-T) must use ***Form 8736*** *to request an extension of time to file.*

1 An extension of time until 11/15/92 is requested in which to file (check only one):

☐ Form 706GS (D)	☐ Form 990-PF	☐ Form 1041-A	☐ Form 3520-A	☐ Form 8612
☐ Form 706GS (T)	☐ Form 990-T (401(a) or 408(a) trust)	☐ Form 1042	☐ Form 4720	☐ Form 8613
☒ Form 990 or 990EZ	☐ Form 990-T (trust other than above)	☐ Form 1042S	☐ Form 5227	☐ Form 8725
☐ Form 990-BL	☐ Form 1041 (estate) (see instructions)	☐ Form 1120-ND (4951 taxes)	☐ Form 6069	☐ Form 8804

If organization does not have an office or place of business in the United States, check this box . . . . . ► ☐

2a For calendar year 19 ..... , or other tax year beginning 03/01/91 and ending 02/29/92

b If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3 Has an extension of time to file been previously granted for this tax year? ☐ Yes ☐ No

4 State in detail why you need the extension. The organization has recently moved its Headquarters and the organization's tax consultants have not completed their review of the return.

5a If this form is for Form 706GS(D), 706GS(T), 990-BL, 990-PF, 990-T, 1041 (estate), 1042, 1120-ND, 4720, 6069, 8612, 8613, 8725, or 8804, enter the tentative tax, less any nonrefundable credits. (See instructions.) $ N/A

b If this form is for Form 990-PF, 990-T, 1041 (estate), 1042, or 8804, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit . . . . . $ N/A

c Balance due (subtract line 5b from line 5a). Include your payment with this form, or deposit with FTD Coupon if required. (See instructions) . . . . . $ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ► [signature] Date ► 9/15/92

File original and one copy. IRS will show below whether or not your application is approved and will return the copy.

Notice to Applicant—To Be Completed by IRS

☒ We HAVE approved your application. (Please attach this form to your return.)

☐ We HAVE NOT approved your application. (Please attach this form to your return.) However, because of your reasons stated above, we have granted a 10-day grace period from the date shown below or due date of your return, whichever is later. This 10-day grace period is considered a valid extension of time for purposes of elections otherwise required to be made on timely filed returns.

☐ We HAVE NOT approved your application. After considering your reasons stated above, we cannot grant your request for an extension of time to file. (We are not granting the 10-day grace period.)

☐ We cannot consider your application because it was filed after the due date of your return.

☐ Other .....

Director

Date By:

If the copy of this form is to be returned to an address other than that shown above, please enter the address where the copy should be sent.

Please Type or Print

Name

Number and street (or P.O. box no. if mail is not delivered to street address) Apt. or suite no.

City, town, or post office, state, and ZIP code (for foreign address, see instructions)