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Form **990** 

Department of the Treasury Internal Revenue Service

# **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)

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

2008

Open to Public Inspection

A Fo	r the	2008 ca	alendar yea	r, or tax year beginning 0	7-01-2008 and ending 06-30-20	009			
<b>B</b> Che	eck ıf a	pplicable	Please	C Name of organization Ducks UnlimitedInc				D Employer ide	ntification number
☐ Add	tress ch	nange	use IRS label or	Doing Business As				13-564379 E Telephone nu	
Nar	ne cha	nge	print or type. See	Doing Business As					
Init	ial retu	rn	Specific Instruc-		box if mail is not delivered to street add	Iress) Room	n/suite	(901) 758-3 G Gross receipt	
Ter	mınatıd	on	tions.	ONE WATERFOWL WAY				C Cross receipt	φ 130,270,003
☐ Am	ended	return		City or town, state or counti MEMPHIS, TN 38120	y, and ZIP + 4				
M App	olication	n pending		MEMPHI3, IN 30120					
				me and address of Principa	al Officer	H(a)	Is this	a group return	
				′L GRAVES ′ATERFOWL WAY			affiliat	es?	⊤Yes ▼ No
				HIS,TN 38120	_	Н(ь)	Are all	affiliates include	ed?
<b>I</b> Ta	x-exen	npt status	▼ 501(c)	) ( 3 ) ◀ (insert no )	7(a)(1) or 527		(If"N	o," attach a lıst	See instructions )
J W	eb sit	e: 🕨 ww	w ducks org	3		H(c)	Group	Exemption Nu	mber ►
<b>К</b> Тур	e of or	ganızatıon	Corporat	ion trust association	other ►	<b>L</b> Yea	r of For	mation 1937 M	State of legal domicile DC
Pa	rt I	Sum	mary						
	1	Briefly	describe th	e organization's mission c	or most significant activities				
<u>9</u>				Conserves, restores, amd fit other wildlife and peopl	manages wetlands and associate	ed habitat	s for N	orth America's	waterfowl These
		парісас	s also bene	int other whome and peopl	е				
Governance	2	Check	this box	ıf the organization discon	tinued its operations or disposed	l of more t	han 2!	5% of its assets	5
ŝ	3	Numbe	r of voting r	members of the governing	body (Part VI, line 1a)			з _	60
න් ග	4	Numbe	r of ındepen	ndent voting members of t	he governing body (Part VI, line	1b)		. 4 _	59
Activities &	5	Total n	umber of en	nployees (Part V , line 2a)				5 _	699
C <b>t</b> IV	6	Total n	umber of vo	olunteers (estimate if nece	essary)			_	58,800
₹	1	_			n Part VIII, line 12, column (C)			_	2,821,796
	ь	Net unr	elated busi	iness taxable income from	Form 990-T, line 34			7b	
	8	Contri	hutions and	d grants (Part VIII line 1	h)			r Year	Current Year
ē	9			revenue (Part VIII, line 1	•		142,128,878	128,755,385	
Reveni	10	,		me (Part VIII, column (A)			68,560	-136,066	
갼	11				s 5, 6d, 8c, 9c, 10c, and 11e)			9,002,778	7,456,948
	12		revenue—a	dd lines 8 through 11 (mu	st equal Part VIII, column (A), l	ıne		151 200 216	126.076.267
	13	12)	and similar	ar amounts paid (Part IX,	solumn (A.) lines 1 – 3.)			12,447,624	136,076,267
	14			or for members (Part IX, c	,			12,447,024	10,381,418
	15				enefits (Part IX, column (A), lines	5 5 -			
Expenses		10)	,	, , , ,	, , , , , , , , , , , , , , , , , , , ,			45,976,218	43,735,438
<u>ē</u>	16a			raising fees (Part IX, colu					842,104
ठ	Ь	•		penses, Part IX, column (D), lın	·				
	17			(Part IX, column (A), lines		,		91,225,403	83,707,891
	18 19			eadd lines 13-17 (must ed Denses Subtract line 18 f	qual Part IX, line 25, column (A); rom line 12	, <u> </u>	-	1,550,971	138,666,851
<u>አ ማ</u>	1	Neven	de less exp	Jenses Subtract fine 10 f	TOTAL TIME 12	B	eainni	ng of Year	End of Year
9.00 9.00 9.00 9.00	20	Total	assets (Par	rt X, line 16)			~9	81,020,578	74,548,571
Ass 1Ba	21			Part X, line 26)				35,499,034	36,085,459
Net Assets or Fund Balances	22			id balances Subtract line	21 from line 20			45,521,544	38,463,112
	t II		ature Blo		21 110111 11110 20			43,321,344	30,403,112
		Under p	enalties of pe	егjury, I declare that I have exa	mined this return, including accompanyi				
DI		l.		correct, and complete Declarat	ion of preparer (other than officer) is ba	ised on all ir	ıformatı I	on of which prepar	er has any knowledge
Please Sign		**** Sign	*** ature of office	er			2010- Date	02-15	
Here		RAN	DY L GRAVES	CHIEF FINANCIAL OFFICER					
			or print nam						
		Preparei	's <b>L</b>		Date	Check If		Preparer's PTIN (	See Gen Inst )
Paid		signatur				self- empolyed	٠.		
•	arer's		ame (or yours	s KPMG LLP		1	•	ETN L	
Use (	Only	1	nployed), and ZIP + 4	50 North Front Street Suite	e 900			EIN Þ	
				Memphis, TN 38103				Phone no 🕨 (9	01) 523-3131
May t	he IR	S discus	s this retu	<u> </u>	n above? (See instructions) .				▼ Yes

# Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organization's mission  Ducks Unlimited Conserves, restores, amd manages wetlands and associated habitats for North America's waterfowl. These habitats also benefit other wildlife and people
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O  Did the organization cease conducting or make significant changes in how it conducts any program services?
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code ) (Expenses \$ 92,085,408 including grants of \$ 10,731,418) (Revenue \$ )  DUCKS UNLIMITED SUPPORTS THE LIFE CYCLE OF WATERFOWL IN NORTH AMERICA BY DEVELOPING, PRESERVING, RESTORING AND MAINTAINING WATERFOWL HABITAT DIRECT ALLOCATIONS ARE MADE TO AFFILIATED ORGANIZATIONS - DUCKS UNLIMITED CANADA (\$10,175,293) AND DUCKS UNLIMITED MEXICO (\$556,125)
41-	(Code ) (Expenses \$ 13,132,059 including grants of \$ ) (Revenue \$ )
4Ь	(Code ) (Expenses \$ 13,132,059 including grants of \$ ) (Revenue \$ )  EDUCATING THE PUBLIC ABOUT WETLANDS AND WATERFOWL MANAGEMENT IS A CRITICAL COMPONENT OF SUSTAINING THE LIFE CYCLE NEEDS OF MIGRATORY WATERFOWL ACTIVITIES INCLUDE WETLANDS DEMONSTRATIONS, EDUCATIONAL LITERATURE, INTERPRETIVE CENTER, YOUTH PROGRAMS AND OUTDOOR CONSERVATION EXHIBITS
4c	(Code ) (Expenses \$ 3,491,482 including grants of \$ ) (Revenue \$ )  DUCKS UNLIMITED PROVIDES MEMBER SERVICES TO APPROXIMATELY 715,000 MEMBERS THROUGH EDUCATIONAL MEMBERSHIP MATERIALS, DUCKS UNLIMITED MAGAZINE, CONSERVATION BROCHURES AND EDUCATIONAL COMPONENTS OF FUNDRAISING EVENTS
4d	Other program services (Describe in Schedule O) (Expenses \$ 708,567 including grants of \$ ) (Revenue \$ )
4e	Total program service expenses \$ 109,417,516 Must equal Part IX, Line 25, column (B).

art TV	Chec	klist of	f Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section $501(c)(4)$ , $501(c)(5)$ , and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part 🗸	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νo
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	Yes	
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Νο
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νο
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule  J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Νο
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	Yes	

## Part IV Checklist of Required Schedules (Continued)

			res	NO
	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
3	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
	IV	28a	Yes	
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νο
5	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c	Yes	
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		Νo
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νo
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νο
	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	37		Νο
	organization? If "Yes," complete Schedule R, Part V, line 2	R,		

Pai	rt V Statements Regarding Other IRS Filings and Tax Complian	ce				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns. Enter -0- if not applicable					
		1a	512			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments	to ven	dors and reportable	_		
_	gaming (gambling) winnings to prize winners?	; ·		1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this		699			
h	return					
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file th			2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more duri return?	ng the	year covered by this	3a	Yes	
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sc	hedule	0	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a	sıgnatı	ire or other authority			
	over, a financial account in a foreign country (such as a bank account, securities a account)?		, or other financial	4a		Νο
b	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Financial Accounts.	Report c	f Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time dur	ing the	tax year?	5a		Νο
ь	Did any taxable party notify the organization that it was or is a party to a prohibited	d tax sl	nelter transaction?	5b		Νο
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exem</i>	pt Enti	ty Regarding Prohibited			
	Tax Shelter Transaction?			5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement to were not tax deductible?	that su	ch contributions or gifts	6b		
7	Organizations that may receive deductible contributions under section $170(c)$ .					
а	Did the organization provide goods or services in exchange for any quid pro quo co more?	ntrıbut	ion of \$75 or	7a		No
ь	If "Yes," did the organization notify the donor of the value of the goods or services	provide	ed?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal prop	erty fo	which it was required to			
	file Form 8282?	· ·		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pa		niums on a personal	7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a per		enefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form	8899	as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization					
_	required?	٠.		7h	Yes	
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds supporting organizations. Did the supporting organization, or a fund maintained by a excess business holdings at any time during the			8		
	year?					<u> </u>
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds					
а	Did the organization make any taxable distributions under section 4966?			9a		
Ь	Did the organization make a distribution to a donor, donor advisor, or related perso	n?.		9b		
10	Section 501(c)(7) organizations. Enter	ı	I			
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations Enter					
	Gross income from members or shareholders	   11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )					
12~	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990	ın lıçıı	of Form 10412	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			12a		
U	year	12b				

# Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

								Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions.	, desc	ribe th	e cırcı	ımsta	nces,			
1a	Enter the number of voting members of the governing body	1a				60			
b	Enter the number of voting members that are independent	1b				59			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?					•	2		No
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co	•					. 3		No
4	Did the organization make any significant changes to its organizational documents sfiled? $$ .	ince	the prio	r Fori	m 99	O was	4		No
5	Did the organization become aware during the year of a material diversion of the organization	anızat	ion's a	ssets	?.		5		Νo
6	Does the organization have members or stockholders?								
7a	Does the organization have members, stockholders, or other persons who may elect governing body?				bers	of the	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockhold	ers, o	r other	perso	ns?		7b		Νo
8	Did the organization contemporaneously document the meetings held or written active year by the following	ons u	ndertak	ken du	iring	the			
а	the governing body?						8a	Yes	
b	each committee with authority to act on behalf of the governing body?				-		8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?						9a	Yes	
b	If "Yes," does the organization have written policies and procedures governing the a affiliates, and branches to ensure their operations are consistent with those of the o				-		9b	Yes	
10	Was a copy of the Form 990 provided to the organization's governing body before it must describe in Schedule O the process, if any, the organization uses to review the			_			10	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A the organization's mailing address? If "Yes," provide the names and addresses in Sc	,					11		No

## Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 $\cdot$ .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		

#### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed AL,AK,AZ,AR,CA,CO,CT,DC,FL,GA,HI,IL,KS, KY,LA,ME,MD,MA,MI,MN,MS,MO,NH,NJ,NM, NY,NC,ND,OH,OK,OR,PA,RI,SC,TN,UT,VA, WA,WV,WI
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. another's website.
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

RANDY L GRAVES ONE WATERFOWL WAY MEMPHIS,TN 38120 (901) 758-3825

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

#### Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- \* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- \* List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- \* List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- \* List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

The check this box in the organization and i	(B) Average hours per week	Posit	(C	) chec	:k al				(5)	(F)
(A) Name and Title		Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							_			

## Part VII Continued

		<b>(C)</b> Position (check all that apply)							(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
			+	$\vdash$	$\vdash$					
1b Total			<u>.                                    </u>	Ш.			<b>&gt;</b>	2,451,434	. (	268,471

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►53

			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete Schedule J for such individual	3	Yes	
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		Νο

## **Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

\$100,000 of compensation from the organization		
(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation
Dutra Construction Co Inc 1000 Point San Pedro Rd SAN RAFAEL, CA 94901	HABITAT RESTORATION	2,993,115
Eagle View Contractors Inc 1501 State Hwy 168 MOAPA, NV 89025	HABITAT RESTORATION	2,567,171
Moore Wallace Co Inc PO Box 93514 CHICAGO, IL 60673	PRINTING	2,520,391
Fry Communications Inc 800 West Church Rd MECHANICSBURG, PA 17055	PRINTING	1,589,385
Four M Contracting Inc 420 Niemann St WINTERS, CA 95694	HABITAT RESTORATION	1,496,583
2 Total number of independent contractors (including those in 1) who received more from the organization	. ,	97

10	514	Revenue	Revenue					
Business Code   Business Cod					17,477	paigns 1a	Federated camp	1a
Business Code   Business Cod					19,984,081	es <b>. 1b</b>	Membership du	Ь
Business Code    Business Code						nts 1c	Fundraising eve	С
Business Code   Business Cod						ations 1 <b>d</b>	Related organiz	d
Business Code    Business Code					56,749,054	(contributions) <b>1e</b>	Government grants	e
Business Code    Business Code		j i			52,004,773			f
Business Code   Business Cod								g
Business Code   Business Cod								
Total. Add lines 2a-2f  Total.				128,755,385		s 1a-1f)	Total (Add lines	h
The street income (including dividends, interest other similar amounts)					Business Code			
The state of the s								2a
The street income (including dividends, interest other similar amounts)								b
The street income (including dividends, interest other similar amounts)								C
The street income (including dividends, interest other similar amounts)								d
The street income (including dividends, interest other similar amounts)								e
The street income (including dividends, interest other similar amounts)						m service revenue	All other progra	f
The standard income (including dividends, interest other similar amounts)  Income from investment of tax-exempt bond proceeds  Royalties  (i) Real (ii) Personal  (ii) Personal  (iii) Personal  (iv) Real (iv) Personal (iv) Personal (iv) Real (iv) Personal (iv) Personal (iv) Real (iv) Personal (iv					*	2a-2f		g
Other similar amounts					ds. interest	ome (includina dividen		3
From the first total exceeds \$15,000	31,804			31,804	_	-		
Ga Gross Rents  b Less rental expenses c Rental income or (loss) d Net rental income or (loss)  (i) Securities  (ii) Other  7a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss)  d Net gain or (loss)  -167,870  d Net gain or (loss)  5 of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000  • Less direct expenses • Less direct expense • Less direct expense • Less direct expense • Less direct expense • Less direc					proceeds <b>-</b>	tment of tax-exempt bond	Income from invest	4
For a contribution reported on line 1c)  See Part IV, line 19  Complete Schedule G if total exceeds \$15,000	4,616,176			4,616,176			Royalties	5
B Less rental expenses c Rental income or (loss) d Net rental income or (loss)					(II) Personal	(ı) Real		
Rental income or (loss)  d Net rental income or (loss)  (i) Securities  (ii) Other  7a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gam or (loss)  d Net gain or (loss)  -167,870  8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000								
or (loss)  d Net rental income or (loss)							expenses	6
Ta Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss)								C
Ta Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)  Sa Gross income from fundraising events (not including  \$					•	ne or (loss)	Net rental incor	d
from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss)  d Net gain or (loss)  Saa Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000						(ı) Securities		
b Less cost or other basis and sales expenses c Gain or (loss) -167,870  8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000					33,952		from sales of assets other	7a
The second secon					201,822		Less cost or other basis and	Ь
8a Gross income from fundraising events (not including \$					-167,870		·	С
events (not including  s	-167,870			-167,870		s)	Net gaın or (los	d
of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000							events (not incl	8a
See part IV, line 19 Complete Schedule G if total exceeds \$15,000  a  b Less direct expenses b  c Net income or (loss) from gaming activities •  10a Gross sales of inventory, less returns and allowances .						e 18 <i>G ıf total exceeds</i>	of contributions See Part IV, lin <i>Attach Schedule</i>	
See part IV, line 19 Complete Schedule G if total exceeds \$15,000  b Less direct expenses b  c Net income or (loss) from gaming activities   0  10a Gross sales of inventory, less returns and allowances .								
See part IV, line 19 Complete Schedule G if total exceeds \$15,000  b Less direct expenses b  c Net income or (loss) from gaming activities •  10a Gross sales of inventory, less returns and allowances .					ovents •			
b Less direct expenses b  c Net income or (loss) from gaming activities • 0  10a Gross sales of inventory, less returns and allowances .					events ·	rom gaming activities e 19	Gross income fr See part IV, line	-
c Net income or (loss) from gaming activities						а	\$15,000	
10a Gross sales of inventory, less returns and allowances .				0	vities			
a						nventory, less wances .	Gross sales of ı	_
b Less cost of goods sold b  c Net income or (loss) from sales of inventory • 0				n	entory •	oods sold <b>b</b>		
Miscellaneous Revenue Business Code	+					·	<u>_</u>	
	96	2,821,796		2,821,796				11a
b MISCELLANEOUS 18,976	18,976			18,976		US	MISCELLANEO	Ь
с								c
d All other revenue							All other revenu	d
e Total. Add lines 11a-11d								
\$ 2,840,772  12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		2,821,796		136,076,267	5, 6d, 7d, 8c,	Add lines 1h, 2g, 3, 4,	Total Revenue.	12

## Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) org				).
n od	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0	0		<u> </u>
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	10,381,418	10,381,418		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	2,678,593	648,763	1,424,580	605,250
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	32,851,297	23,741,198		8,137,502
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	3,752,146	2,531,476	242,971	977,699
9	Other employee benefits	1,636,875	1,239,841	-89,723	486,757
10	Payroll taxes	2,816,527	1,961,264	148,019	707,244
11	Fees for services (non-employees)				
а	Management	20,049			20,049
b	Legal	93,847	3,303	90,544	
С	Accounting	185,175		185,175	
d	Lobbying	0			
е	Professional fundraising See Part IV, line 17	842,104			842,104
f	Investment management fees	0			
g	Other	2,032,793	1,566,011	68,845	397,937
12	Advertising and promotion	707,478	63,715	661	643,102
13	Office expenses	5,601,174	4,408,586	119,797	1,072,791
14	Information technology	1,498,211	930,927	95,940	471,344
15	Royalties	0			
16	Occupancy	1,986,441	1,312,289	189,358	484,794
17	Travel	3,290,251	1,319,644	197,497	1,773,110
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19	Conferences, conventions and meetings	227,941	202,916	15,303	9,722
20	Interest	132,676		132,676	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	1,658,900	1,401,188	60,376	197,336
23	Insurance	445,285	295,015	37,279	112,991
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	HABITAT DEVELOPMENT	56,496,455	56,496,455		
ь	POSTAGE AND SHIPPING	3,585,791	702,477		2,883,314
С	PRINTING AND PUBLISHING	2,473,038			2,473,038
d	DIRECT RESPONSE OTHER	2,246,470			2,246,470
e	MAILING LIST RENTAL	376,555			376,555
f	All other expenses	649,361	211,030	159,285	279,046
25	Total functional expenses. Add lines 1 through 24f	138,666,851	109,417,516	4,051,180	25,198,155
26	Joint Costs. Check ✓ If following SOP 98-2 Complete this		·		
	line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	16134000	6,453,000		9,681,000

Dart V	Balance	Shoot
Part X	Balance	Sheet

					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			157,360		330,047
	2	Savings and temporary cash investments			7,088,107	2	6,828,459
	3	Pledges and grants receivable, net			41,766,080	3	41,229,577
	4	Accounts receivable, net			5,916,792	4	5,635,683
	5	Receivables from current and former officers, directors, trustees other related parties Complete Part II of Schedule L		5			
	6	Receivables from other disqualified persons (as defined under s persons described in section 4958(c)(3)(B) Complete Part II of				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			6,907,447	8	5,617,810
2	9	Prepaid expenses and deferred charges			1,260,737	9	1,622,371
Assets	10a	Land, buildings, and equipment cost basis	<sub>10a</sub>	30,772,60	В		
•	ь	Less accumulated depreciation Complete Part VI of Schedule D	10b	20,745,69	7	10c	10,026,918
	11	Investments—publicly traded securities			5,687,743	11	1,921,844
	12	Investments—other securities See Part IV, line 11 Complete Part IV, li	art VII	of		12	
	13	Investments—program-related See Part IV, line 11 Complete F of Schedule D .		13			
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D	1,344,807	15	1,335,862		
	16	Total assets. Add lines 1 through 15 (must equal line 34)			81,020,578	16	74,548,571
	17	Accounts payable and accrued expenses .			11,581,101	17	9,463,293
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
<u>, 6</u>	21	Escrow account liability $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$		•		21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
Ë		persons Complete Part II of Schedule L		•		22	
	23	Secured mortgages and notes payable to unrelated third parties		•	352,208	23	172,000
	24	Unsecured notes and loans payable		24			
	25	Other liabilities Complete Part X of Schedule D	23,565,725	25	26,450,166		
	26	<b>Total liabilities.</b> Add lines 17 through 25			35,499,034	26	36,085,459
seo		Organizations that follow SFAS 117, check here ▶ ↓ and comp through 29, and lines 33 and 34.	lete li	nes 27			
Balance	27	Unrestricted net assets			-12,542,199	27	-23,523,745
8 8	28	Temporarily restricted net assets			56,845,475	28	59,664,973
됟	29	Permanently restricted net assets			1,218,268	29	2,321,884
or Fund		Organizations that do not follow SFAS 117, check here ► and lines 30 through 34.					
9	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
Ą	32	Retained earnings, endowment, accumulated income, or other fu		32			
Net	33	Total net assets or fund balances			45,521,544	33	38,463,112
_	34	Total liabilities and net assets/fund balances			81,020,578	34	74,548,571
Pa	rt XI	Financial Statements and Reporting					

Dart YT	Financial	Statements	and Reporting

			V	NI.	
			Yes	No	
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			Νo	
b	Were the organization's financial statements audited by an independent accountant?				
С	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes		
b	If "Yes," did the organization undergo the required audit or audits?	3b	Yes		

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As Filed Data -

DLN: 93493047013080

Employer identification number

OMB No 1545-0047

# **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

Ducks	Unlımıt	edInc										
									-5643799			
	t I			harity Status (to be co					Instruct	ions)		
	rganiz			ation because it is (Please								
1	<u> </u>	•		nurches, or association of ch			Section	L/U(B)(1)(	A)(I).			
2	<u> </u>			t <b>ion 170(b)(1)(A)(ii).</b> (Attac		•						
3	<u> </u>	•	·	e hospital service organizati			-				•	
4	ļ		<del>-</del>	zation operated in conjuncti	on with a l	hospital d	escribed ii	n <b>Section</b> :	170(Ь)(1)	(A)(iii). E	nter the	
	_	•	name, city, and									
5	Г	An organiza	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
	_	Section 170	D(b)(1)(A)(iv).	(Complete Part II )								
6	<u></u>	A federal, s	state, or local go	overnment or governmental	unıt descr	ıbed ın <b>Se</b>	ction 170	(b)(1)(A)	(v).			
7	~	An organiza	ation that norma	ally receives a substantial p	art of its s	support fro	om a gove	rnmental u	ınıt or fron	n the gene	ral public	:
		described i	n <b>Section 170(</b> E	<b>o)(1)(A)(vi)</b> (Complete Par	tII)							
8		A communi	ity trust describ	oed in <b>Section 170(b)(1)(A)</b>	(vi) (Com	iplete Par	tII)					
9	Г	An organiza	ation that norma	ally receives (1) more than	331/3% 0	fits supp	ort from co	ontributior	ıs, membe	rship fees	, and gro	ss
		receipts fro	om activities rel	ated to its exempt functions	s—subject	to certair	n exceptio	ns, and (2	) no more	than 331/	3% of	
		ıts support	from gross inve	estment income and unrelate	ed busines	s taxable	ıncome (l	ess sectio	on 511 tax	x) from bus	sinesses	
		acquired by	the organization	on after June 30, 1975 See	Section 5	09(a)(2).	(Complete	e Part III	)			
10		An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See <b>Se</b>	ct ion 509(	( <b>a)(4).</b> (Se	ee instruct	tions )	
11	Γ		•	and operated exclusively fo		, ,			,	•		
				orted organizations describe						Section 5	09(a)(3).	. Check
		a T		type of supporting organiza			nes fre t nally Integ		'' d	Type	III - Ot	her
e	$\vdash$		• •	rtify that the organization is			-					
	•	•		agers and other than one or			•			•	•	
		section 50										
f				d a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supportin	ig organiz	ation,
g		check this		as the organization accepted	d any dift	or contrib	ution from	any of the				'
9		following pe		as the organization decepted	a any gne	or continu	acron mom	any or the				
		(i) a perso	n who dırectly o	r indirectly controls, either a	alone or to	gether wi	th persons	describe	d ın (ıı)		Yes	No
		and (III) bel	low, the governı	ng body of the the supported	d organiza	tion?				11g(	(i)	
		(ii) a family	/ member of a p	erson described in (i) above	?					11g(	ii)	
		(iii) a 35%	controlled enti	ty of a person described in (	(i) or (ii) al	bove?				11g(	iii)	
h		Provide the	following inforr	nation about the organizatio	ns the org	janızatıon	supports				•	
		ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did y	ou notify	(vi) I	s the	(vii) An	
		orted		(described on lines 1-9	_	ation in	_	inization		ation in	supp	ort?
(	) rgan	ıızatıon		above or IRC section (See Instructions))		listed in verning		i) of your oort?		rganized US?		
				(See Instructions))		ment?	Supp	,010	111 (116	0 3 .		
			Yes No Yes No Yes No									
								<u> </u>		<u> </u>		
					1		1					

Total

# Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

	(Complete only if you chec	ked the box of	11 IIIIe 5, 7, 0r	0 01 Part 1.)				
	ublic Support							
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	<b>(c)</b> 2006	<b>(d)</b> 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	132,583,469	132,320,569	135,513,779	142,128,878	1	128,755,385	671,302,080
2	Tax revenues levied for the organization's benefit and either paid to or expended on							
	ıts behalf							
3	The value of services or facilities furnished by a governmental unit to the							
4	organization without charge <b>Total.</b> Add line 1-3	132,583,469	132,320,569	135,513,779	142,128,878	1	28,755,385	671,302,080
5	The portion of total contribution by each	,	,,	,,	,,			
J	person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column							21,675,903
_	(f) <b>Public Support</b> subtract line 5 from line						$\longrightarrow$	
6	4							649,626,177
T	otal Support		<u> </u>	<u> </u>				
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
7	A mounts from line 4	132,583,469	120,654	135,513,779	142,128,878		28,755,385	671,302,080
8	Gross income from interest, dividends,							<u> </u>
	payments received on securities loans, rents, royalties and income from similar sources	99,724	120,654	217,595	78,914	31,804		548,691
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )	10,026,578	9,432,795	8,869,898	9,002,778		7,456,948	44,788,997
11	Total Support (Add lines 7 through 10)							716,639,768
12	Gross receipts from related activities, etc	(See instruction	s)			12		27,867,523
13	First Five Years. If the Form 990 is for the organization, check this box and stop here omputation of Public Support Perc		st, second, third	l, fourth, or fifth	tax year as a 5	01(c)	(3)	<b>▶</b> □
14	Public Support Percentage for 2008 (line 6		ed by line 11 co	lumn (f))		14		90.649 %
15	Public Support Percentage for 2007 Sched		•	1411111 (17)		15		92.989 %
16a	33 1/3% Test - 2008. If the organization did	d not check the b	oox on line 13, a		1/3% or more,	<u> </u>	this box	
b	and <b>stop here.</b> The organization qualifies as <b>33 1/3% Test - 2007.</b> If the organization did	d not check the l	oox on line 13 oi	r 16a, and line 1	.5 is 33 1/3% o	r more	e, check the	
17a	box and <b>stop here.</b> The organization qualifies <b>10% Facts and Circumstances Test - 2008.</b> more, and if the organization meets the "facts or the state of the sta	If the organization	on did not check	a box on line 13				
ь	organization meets the "facts and circumst  10% Facts and Circumstances Test - 2007.	ances" test The	organization qu	ıalıfıes as a pub	licly supported	organ	ızatıon	<b>►</b> □
_	more, and if the organization meets the "fac	ts and circumst	ances" test, che	ck this box and	stop here. Exp	laın ın	Part IV ho	
18	the organization meets the "facts and circu <b>Private Foundation.</b> If the organization did							F1 ▶□

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV )						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and <b>stop here</b>						<b>▶</b> □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (			ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

**▶**□

Part IV

**Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

#### **Facts and Circumstances Test**

Line 10 consists of advertising revenue of \$2,821,796 from the Ducks Unlimited magazine, royalties from our licensing agreements of \$4,616,176 and other miscellaneous income of \$18,976

Schedule A (Form 990 or 990-EZ) 2008

## **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)

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

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

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

If the organization answered "Yes." to Form 990, Part IV, Line 5 (Proxy Tax)

	ection 501(c)(4), (5), or (6) organi	zations complete Part III			
	ame of the organization icks UnlimitedInc			Employer iden	itification number
				13-5643799	
Par		y all organizations exempe the instructions for Schedule		n 501(c) and section	527
1	Provide a description of the or	ganızatıon's dırect and ındırect pol	itical campaign act	tivities in Part IV	
2	Political expenditures				\$
3	V olunteer hours				
Pai	rt I-B To be completed be for Schedule C for d	y all organizations exempetalls.)	t under sectio	<b>n 501(c)(3).</b> (See the	instructions
1	Enter the amount of any excise	e tax incurred by the organization i	under section 4955	5	\$
2	Enter the amount of any excise	e tax incurred by organization man	agers under sectio	n 4955	\$
3	If the organization incurred in	a section 4955 tax, did it file Form	4720 for this year	r?	┌ Yes
4a	Was a correction made?				┌ Yes ┌ No
b	If "Yes," describe in Part IV				
Pai		y all organizations exemp for Schedule C for details.)	t under sectio	n 501(c), except sect	tion 501(c)(3).
1	Enter the amount directly expe	ended by the filing organization for	section 527 exemp	pt function activities	\$
2	Enter the amount of the filing of 527 exempt funtion activities	rganization's internal funds contril	outed to other orga	nızatıons for section	\$
3	Total of direct and indirect exe 1120-POL, line 17b	mpt function expenditures Add lir	nes 1 and 2 and ent	ter here and on Form	\$
4	Did the filing organization file $f I$	Form 1120-POL for this year?			┌ Yes ┌ No
5	were made Enter the amount p political contributions received	nd Employer Identification Number paid and indicate if the amount was d and promptly and directly deliver action committee (PAC) If addition	paid from the filing ed to a separate po	g organization's own interna olitical organization, such a	l funds or were s a separate
	(a) Name	( <b>b)</b> Address	(c) EIN	(d) A mount paid from filing organization's internal funds If none, enter - 0 -	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter - 0 -

For Paperwork Reduction Act Notice, see the instructions for Form 990.

Cat No 50084S

Schedule C (Form 990 or 990-EZ) 2008

	(election under sec	organizations exempt under section 501( tion 501(h)). (See the instructions for Schedul belongs to an affiliated group		768
	<u> </u>	checked box A and "limited control" provisions apply		
	Limits on Lo	bbying Expenditures— s" means amounts paid or incurred.)	(a) Filing Organization's Totals	<b>(b)</b> A ffiliated Group Totals
1a	Total lobbying expenditures to influe	nce public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influe	nce a legislative body (direct lobbying)		
c	Total lobbying expenditures (add line	es 1a and 1b)		
d	Other exempt purpose expenditures			
е	Total exempt purpose expenditures			
f	Lobbying nontaxable amount Enter to columns—  If the amount on line 1e, column (a) or (b) is:  Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,500,000 but not over \$17,000,000	The lobbying nontaxable amount is:  20% of the amount on line 1e  \$100,000 plus 15% of the excess over \$500,000  \$175,000 plus 10% of the excess over \$1,000,000  \$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (ente	r 25% of line 1f)		
h	Subtract line 1g from line 1a Enter -	0 - If line g is more than line a		
i	Subtract line 1f from line 1c Enter -	0- ıf lıne f ıs more than lıne c		
j 	If there is an amount other than zero section 4911 tax for this year?	on either line 1h or line 1i, did the organization file Form	m 4720 reporting	┌ Yes ┌ No

# 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 1a through 1f of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period								
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2005	<b>(b)</b> 2006	<b>(c)</b> 2007	( <b>d)</b> 2008	<b>(e)</b> Total			
2a	Lobbying non-taxable amount								
b	Lobbying ceiling amount (150% of line 2a, column(e))								
С	Total lobbying expenditures								
d	Grassroots non-taxable amount								
e	Grassroots ceiling amount (150% of line d, column (e))								
f	Grassroots lobbying expenditures								

,			•
Part II-B	To be completed by	organizations exempt under section 501(c)(3) that have NOT filed Form	
	5768 (election unde	er section 501(h)). (See the instructions for Schedule C for details.)	

		(a)		(D)		
		Yes	No		moun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local					
	legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?	Yes				
Ь	Paid staff or management (include compensation in expenses reported on lines c through i)?	Yes		1		
c	Media advertisements?		Νo			
d	Mailings to members, legislators, or the public?	Yes			2	7,026
e	Publications, or published or broadcast statements?	Yes			16	8,857
f	Grants to other organizations for lobbying purposes?		No			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes			30	6,278
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		Νo			
i	Other activities If "Yes," describe in Part IV		Νo			
j	Total lines 1c through				50	2,161
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo			
b	If "Yes" enter the amount of any tax incurred under section 4912			1		
c	If "Yes" enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		Νo			
Par	t III-A To be completed by all organizations exempt under section 501(c)(4), se section 501(c)(6). (See the instructions for Schedule C for details.)	ction	501(	c)(5	), or	
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3		
Par	To be completed by all organizations exempt under section 501(c)(4), se section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No question 3 is answered "Yes." (See the instructions for Schedule C for details.)					
1	Dues, assessments and similar amounts from members		1 \$			
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	<b>'</b>				
а	Current Year		2a \$			
b	Carryover from last year		2b\$			
c	Total	<u> </u>	2c \$			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3 \$			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and politic	al				

#### Part IV Supplemental Information

expenditure next year?

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)

Ident if ier	Return Reference	Explanat ion

4 \$

5 \$

Part IV Supplemental I	nformation	
Ident if ier	Return Reference	Explanation

Schedule C (Form 990 or 990EZ) 2008

OMB No 1545-0047

2008

Open to Public Inspection

# SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that

Supplemental Financial Statements

answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

**Employer identification number** Name of the organization Ducks UnlimitedInc 13-5643799 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate Contributions to (during year) 3 Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a Total number of conservation easements h 2b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 🕨 \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

# Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- **b** If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
  - (i) Revenues included in Form 990, Part VIII, line 1

For Paperwork Reduction Act Notice, see the Intructions for Form 990

- \$

(ii) Assets included in Form 990, Part X

- \$

- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
- Revenues included in Form 990, Part VIII, line 1

**►** \$

Assets included in Form 990, Part X

Cat No 52283D

Schedule D (Form 990) 2008

1,026,077

Pari	•••• Organizations Maintaining Co	ollections of Art,	Hist	oric	<u>cal Treasi</u>	ires, or Othe	<u>r Similar Ass</u>	ets (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of the	e foll	owing that ar	e a sıgnıfıcant u	se of its collection	n	
а	▼ Public exhibition		d	Γ	Loan or exc	hange programs			
Ь	Scholarly research		e	굣	Other Utili:	zed ın event sys	tem		
С	✓ Preservation for future generations								
4	Provide a description of the organization's c Part XIV	ollections and explain	n how	they	further the	organization's ex	empt purpose in		
5	During the year, did the organization solicit assets to be sold to raise funds rather than			,				Yes	√ No
Par	t IV Trust, Escrow and Custodial					anızatıon answ	ered "Yes" to F	orm 9	90,
	Part IV, line 9, or reported an ar								
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?			for co	ontributions	or other assets 1		Yes	Г No
b	If "Yes," explain why in Part XIV and comple	ete the following table	9						
_							A mo	unt	
C ~	Beginning balance					1c			
d	Additions during the year					1d			
e	Distributions during the year					1e			
f	Ending balance					1f	_		
2a	Did the organization include an amount on F	·	21?				Г	Yes	┌ No
	If "Yes," explain the arrangement in Part XIV								
Pa	<b>Endowment Funds.</b> Complete	(a)Current Year		vere Prior		Form 990, Par wo Years Back (d)		<b>e)</b> Four V	ears Back
1a	Beginning of year balance	15,069,715	(6)	iriloi	real (c)	wo rears back (u)	Tillee Tears back (	e)i oui it	cars back
	Contributions	2,002,415							
c	Investment earnings or losses	-3,872,839							
d	Grants or scholarships								
e	Other expenditures for facilities	83,357							
	and programs								
f	Administrative expenses								
g	End of year balance	13,115,934							
2	Provide the estimated percentage of the year		5						
а	Board designated or quasi-endowment 🕨	82 3 %							
b	Permanent endowment 🕨 17 7 %								
c	Term endowment ▶								
3a	Are there endowment funds not in the posse organization by	ssion of the organizat	tıon tl	hat a	re held and a	dministered for	the	V	No.
	(i) unrelated organizations						3a(i)	Yes	No No
	(ii) related organizations						3a(ii)	_	No
ь	If "Yes" to 3a(II), are the related organization						3b		
4	Describe in Part XIV the intended uses of th	ne organization's endo	owme	nt fu	nds				
Par	t <b>VI</b> Investments—Land, Building	s, and Equipmen	ıt. Se	ee Fo	orm 990, P	art X, line 10.			
	Description of investment				Cost or other (investment)	( <b>b)</b> Cost or other basıs (other)	(c) Depreciation	( <b>d</b> ) Bo	ok value
1a	_and					1,405,264			1,405,264
b	Buildings		.			12,029,285	5,863,074		6,166,211
c	_easehold improvements		.			361,123	288,541		72,582
d	Equipment		.			16,976,936	14,594,075		2,382,861
е	Other		. [						

10,026,918

uncertain tax positions under FIN 48

(including name of security)	(b)Book value	<b>(c)</b> Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		·
Closely-held equity interests		
O ther		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	<b>F</b>	
Part VIII Investments—Program Related.		(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	<b>*</b>	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. See Form 990, Part X		
Part IX Other Assets. See Form 990, Part X		(b) Book value
Part IX Other Assets. See Form 990, Part X (a) Des	, line 15.	<b>(b)</b> Book value 1,335,86
Part IX Other Assets. See Form 990, Part X (a) Des	, line 15.	
Part IX Other Assets. See Form 990, Part X (a) Des	, line 15.	
Part IX Other Assets. See Form 990, Part X (a) Des	, line 15.	
Part IX Other Assets. See Form 990, Part X (a) Des	, line 15.	
Part IX Other Assets. See Form 990, Part X (a) Des	, line 15.	
Part IX Other Assets. See Form 990, Part X (a) Des	, line 15.	
Part IX Other Assets. See Form 990, Part X (a) Des	, line 15.	
Part IX Other Assets. See Form 990, Part X (a) Des	, line 15.	
Part IX Other Assets. See Form 990, Part X (a) Des TANGIBLE GIFTS INCLUDING ART	, line 15. cription	
Total. (Column (b) should equal Form 990, Part X, col.(B) In	, line 15. cription  ne 15.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) In Part X  Other Assets. See Form 990, Part X, col.(B) In Part X  Other Liabilities. See Form 990, Part X	ne 15.) rt X, line 25.	1,335,86
Total. (Column (b) should equal Form 990, Part X, col.(B) In Part X  Other Liabilities. See Form 990, Part (a) Description of Liability	, line 15. cription  ne 15.)	1,335,86
Total. (Column (b) should equal Form 990, Part X, col.(B) In Part X  Other Liabilities. See Form 990, Part (a) Description of Liability  Federal Income Taxes	ne 15.) rt X, line 25. (b) A mount	1,335,86
Total. (Column (b) should equal Form 990, Part X, col.(B) In  Part X Other Liabilities. See Form 990, Part (a) Description of Liability  Federal Income Taxes  CHARITABLE REMAINDER TRUST CLAIRMONT	ne 15.) rt X, line 25. (b) Amount	1,335,86
Total. (Column (b) should equal Form 990, Part X, col.(B) In  Part X Other Liabilities. See Form 990, Part (a) Description of Liability  Federal Income Taxes  CHARITABLE GIFT ANNUITY RESERVE	, line 15. cription  ne 15.) rt X, line 25. (b) Amount  181,545 441,870	1,335,86
Total. (Column (b) should equal Form 990, Part X, col.(B) In Part X  (a) Description of Liability  Federal Income Taxes  CHARITABLE REMAINDER TRUST CLAIRMONT  CHARITABLE GIFT ANNUITY RESERVE  COMPENSATION AND RELATED ACCRUALS	ne 15.)  rt X, line 25.  (b) A mount  181,545  441,870  3,836,293	1,335,86
Total. (Column (b) should equal Form 990, Part X, col.(B) In  Part X Other Liabilities. See Form 990, Part X, col.(B) In  Part X Other Liabilities. See Form 990, Part X, col.(C) In  (a) Description of Liability  Federal Income Taxes  CHARITABLE REMAINDER TRUST CLAIRMONT  CHARITABLE GIFT ANNUITY RESERVE  COMPENSATION AND RELATED ACCRUALS  ACCRUALS	ne 15.) rt X, line 25. (b) A mount  181,545 441,870 3,836,293 18,007,373	1,335,86
Total. (Column (b) should equal Form 990, Part X, col.(B) In  Part X Other Liabilities. See Form 990, Part X, col.(B) In  Part X Other Liabilities. See Form 990, Part X, col.(C) In  Federal Income Taxes  CHARITABLE REMAINDER TRUST CLAIRMONT  CHARITABLE GIFT ANNUITY RESERVE  COMPENSATION AND RELATED ACCRUALS  ACCRUALS	ne 15.)  rt X, line 25.  (b) A mount  181,545  441,870  3,836,293	1,335,86
(a) Des TANGIBLE GIFTS INCLUDING ART  Total. (Column (b) should equal Form 990, Part X, col.(B) In Part X Other Liabilities. See Form 990, Pa	ne 15.) rt X, line 25. (b) A mount  181,545 441,870 3,836,293 18,007,373	1,335,86
Total. (Column (b) should equal Form 990, Part X, col.(B) In  Part X Other Liabilities. See Form 990, Part X, col.(B) In  Part X Other Liabilities. See Form 990, Part X, col.(C) In  Federal Income Taxes  CHARITABLE REMAINDER TRUST CLAIRMONT  CHARITABLE GIFT ANNUITY RESERVE  COMPENSATION AND RELATED ACCRUALS  ACCRUALS	ne 15.) rt X, line 25. (b) A mount  181,545 441,870 3,836,293 18,007,373	1,335,86
Total. (Column (b) should equal Form 990, Part X, col.(B) In  Part X Other Liabilities. See Form 990, Part X, col.(B) In  Part X Other Liabilities. See Form 990, Part X, col.(C) In  Part X Other Liabilities. See Form 990, Part X, col.(B) In  CHARITABLE REMAINDER TRUST CLAIRMONT  CHARITABLE GIFT ANNUITY RESERVE  COMPENSATION AND RELATED ACCRUALS  ACCRUALS	ne 15.) rt X, line 25. (b) A mount  181,545 441,870 3,836,293 18,007,373	1,335,86
Total. (Column (b) should equal Form 990, Part X, col.(B) In  Part X Other Liabilities. See Form 990, Part X, col.(B) In  Part X Other Liabilities. See Form 990, Part X, col.(C) In  Federal Income Taxes  CHARITABLE REMAINDER TRUST CLAIRMONT  CHARITABLE GIFT ANNUITY RESERVE  COMPENSATION AND RELATED ACCRUALS  ACCRUALS	ne 15.) rt X, line 25. (b) A mount  181,545 441,870 3,836,293 18,007,373	1,335,86
Total. (Column (b) should equal Form 990, Part X, col.(B) In  Part X Other Liabilities. See Form 990, Part X, col.(B) In  Part X Other Liabilities. See Form 990, Part X, col.(C) In  (a) Description of Liability  Federal Income Taxes  CHARITABLE REMAINDER TRUST CLAIRMONT  CHARITABLE GIFT ANNUITY RESERVE  COMPENSATION AND RELATED ACCRUALS  ACCRUALS	, line 15. cription  me 15.) rt X, line 25. (b) Amount  181,545 441,870 3,836,293 18,007,373 3,983,085	1,335,86

expenses (Form 990, Part IX, column (A), line 25) s or (deficit) for the year Subtract line 2 from line 1 irealized gains (losses) on investments ed services and use of facilities ement expenses eriod adjustments (Describe in Part XIV) adjustments (net) Add lines 4 - 8 s or (deficit) for the year per financial statements. Combine lines 3 and 9  Reconciliation of Revenue per Audited Financial Statem revenue, gains, and other support per audited financial ments	ents With Reve		2 3 4 5 6 7 8 9 10 er Retu	138,666,851 -2,590,584 226,503 -226,503 -2,364,081 rn
realized gains (losses) on investments ed services and use of facilities  rement expenses  veriod adjustments (Describe in Part XIV) adjustments (net) Add lines 4 - 8  s or (deficit) for the year per financial statements. Combine lines 3 and 9  Reconciliation of Revenue per Audited Financial Statements	ents With Reve		4 5 6 7 8 9 10 er Retu	226,503 226,503 -2,364,081
ed services and use of facilities  ment expenses  veriod adjustments  (Describe in Part XIV)  adjustments (net) Add lines 4 - 8  s or (deficit) for the year per financial statements. Combine lines 3 and 9  Reconciliation of Revenue per Audited Financial Statem  revenue, gains, and other support per audited financial ments	ents With Reve		5 6 7 8 9 10 er Retu	226,503 -2,364,081 <b>rn</b>
ment expenses  veriod adjustments  (Describe in Part XIV)  adjustments (net) Add lines 4 - 8  s or (deficit) for the year per financial statements. Combine lines 3 and 9  Reconciliation of Revenue per Audited Financial Statements revenue, gains, and other support per audited financial ments	ents With Reve		6 7 8 9 10 er Retu	-2,364,081 <b>rn</b>
ment expenses  veriod adjustments  (Describe in Part XIV)  adjustments (net) Add lines 4 - 8  s or (deficit) for the year per financial statements. Combine lines 3 and 9  Reconciliation of Revenue per Audited Financial Statements revenue, gains, and other support per audited financial ments	ents With Reve		7 8 9 10 er Retu	-2,364,081 <b>rn</b>
(Describe in Part XIV) adjustments (net) Add lines 4 - 8 s or (deficit) for the year per financial statements. Combine lines 3 and 9  Reconciliation of Revenue per Audited Financial Statem revenue, gains, and other support per audited financial ments	ents With Reve		8 9 10 er Retu	-2,364,081 <b>rn</b>
(Describe in Part XIV) adjustments (net) Add lines 4 - 8 s or (deficit) for the year per financial statements. Combine lines 3 and 9  Reconciliation of Revenue per Audited Financial Statem revenue, gains, and other support per audited financial ments	ents With Reve		9 10 er Retu	-2,364,081 <b>rn</b>
s or (deficit) for the year per financial statements. Combine lines 3 and 9  Reconciliation of Revenue per Audited Financial Statements revenue, gains, and other support per audited financial ments	ents With Reve		9 10 er Retu	-2,364,081 <b>rn</b>
Reconciliation of Revenue per Audited Financial Statem revenue, gains, and other support per audited financial ments	ents With Reve		10 er Retu	-2,364,081 <b>rn</b>
Reconciliation of Revenue per Audited Financial Statem revenue, gains, and other support per audited financial ments	ents With Reve		er Retu	rn
revenue, gains, and other support per audited financial ments	a 22			
ments	<u> </u>		1	, ,
nrealized gains on investments	<u> </u>			
ted services and use of facilities	<u> </u>			
		6,503		
varios of prior vant grants	)			
veries of prior year grants	с			
r (Describe in Part XIV)	1			
ines <b>2a</b> through <b>2d</b>		L	2e	226,503
act line <b>2e</b> from line <b>1</b>		L	3	136,076,267
ints included on Form 990, Part VIII, line 12, but not on line 1				
tment expenses not included on Form 990, Part VIII, line 7b .	a			
r (Describe in Part XIV) 4Ł	<b>o</b>			
ines <b>4a</b> and <b>4b</b>		L	4c	
			5	136,076,267
		enses	per Re	
			1	138,666,851
I	1			
ted services and use of facilities	2a			
·	2b			
	2d			
ines <b>2a</b> through <b>2d</b>			2e	
			3	138,666,851
· · · · · · · · · · · · · · · · · · ·	1			
	4a			
	4b			
ines <b>4a</b> and <b>4b</b>		• •	4c	
	18)		5	138,666,851
	veries of prior year grants  (Describe in Part XIV)  (Describe in Part XIV)	Peries of prior year grants	reries of prior year grants	reries of prior year grants

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Ident if ier	Ret urn Reference	Explanation
PART III		Part III) Collections of Art and other similar assets are held in display at Ducks Unlimited Offices for the education of members, volunteers, and the general public of the critical need for wetlands and associated uplands habitat restoration Part V) The current fund balances support program work in monitoring easements, land acquisitions, wetlands restoration and research Ducks Unlimited will work with prospective donors on the terms and conditions of other endowment funds, including named funds, provided they support appropriate conservation, public policy, or research activities

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DLN: 93493047013080

OMB No 1545-0047

SCHEDULE F (Form 990)

# **Statement of Activities Outside the United States**

2008

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

Open to Public **Inspection** 

	ne of the organization					Employer ide	entification number
Duc	ks UnlimitedInc					13-564379	9
Pa	General Information "Yes" to Form 9			ide the United States	<b>s.</b> Complete	e if the orgai	nization answered
1				ecords to substantiate	the amount	of the grant	s or
	assistance, the grante	ees' eligibility fo	or the grants or	assistance, and the se	lection crite	ria used to a	ward
	the grants or assistar	nce					√ Yes   √ No
2	<b>For grant makers.</b> Descri United States	ibe in Part IV the	organization's pr	rocedures for monitoring th	ne use of gra	nt funds outsic	le the
3	Activites per Region (U	se Schedule F-1	(Form 990) ıf ad	ditional space is needed )			
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	ıs a progr describe sı	ty listed in (d) am service, pecific type of s) in region	(f) Total expenditures in region
Nor	th America	0	0	Grantmaking	Wetlands/W	aterfowl	10,381,418
— Tota	als ▶	0	0				10,381,418

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other
	•	North America		7,503,373	Wire	2,878,045	Inventory	Invoice cos
			_					
			1					1

	F-1 (Form 990) if a			tea States. Complete	if the organization a	inswered "Yes" to Form	990, Part IV, line 16.
(a) Type of grant or assistance	( <b>b)</b> Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non- cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
		+					
		1					
		+					
			•				

Schedule F (Form 990) 2008

Identifier	ReturnReference	ired in Part I, line 2, and any other additional information.  Explanation
Part I, Line 2	Keturnketerence	Part I, Line 2 Ducks Unlimited Canada (DUC) and Ducks Unlimited Mexico (DUMAC) are affiliate organizations of Ducks Unlimited, Inc (DUI) As such, there are board members of each of these organizations that are also staff and board members of DUI Monitoring is accomplished through participation in Board meetings and detailed reporting of operations financial results, which includes uses of grants

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As Filed Data -

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

DLN: 93493047013080

OMB No 1545-0047

2008

Open to Public Inspection

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

**Total** 

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

**Supplemental Information Regarding** 

**Fundraising or Gaming Activities** 

Name of the organization Ducks UnlimitedInc

Employer identification number

13-5643799

1 Indicate whether the organ	uzation raised funds	through a	ny of the	following activities Che	ck all that apply	
a 🔽 Mail solicitations				e   Solicitation of n	on-government grants	
<b>b</b> Email solicitations					overnment grants	
c Phone solicitations				g  Special fundrais	_	
d 🔽 In-person solicitations				<b>y</b> ,	9 - 1 - 1 - 1 - 1	
2a Did the organization have a	written or oral agr	eement wit	h anv ind	ıvıdual (ıncludına officer	s. directors, trustees	
or key employees listed in			•	, -	· ·	V Yes IN
	ŕ			•	-	
<b>b</b> If "Yes," list the ten highes						
to be compensated at leas	t \$5,000 by the org	janization	roiiii 990	J-EZ mers are not requi	ed to complete this tab	ie
		(iii)	Did			
		fundrais	erhave		(v) A mount paid to	(:\
(i) Name of individual	(ii) Activity	custo	dy or	(iv) Gross receipts	(or retained by)	(vi) A mount paid to (or retained by)
or entity (fundraiser)	(II) Activity	contr		from activity	fundraiser listed in	organization
		contribi	utions?	1	col (i)	organization
		Yes	No			
Edge DirectLLC	Consulting					
			Νo	350,000	88,826	261,174
Double Cotton	C Ib					
Barton Cotton	Consulting		l No	2 247 000	715,547	2 521 452
			I NO	3,247,000	/15,54/	2,531,453
Bentz Whaley Flessner	Consulting					
			No		37,731	- 37,731

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

AL,AK,AZ,AR,CA,CO,CT,DC,FL,GA,HI,IL,KS,KY,LA,ME,MD,MA,MI,MN,MS,MO,NH,NJ,NM,NY,NC,ND,OH,OK,OR,PA,RI,SC,TN,UT,VA,WA, WV,WI

			(a) Event #1	<b>(b)</b> Event #2	(c) O ther Events	(d) Total (Add col (a	a) through
			(event type)	(event type)	(total number)		.c <i>))</i>
IKUE	1	Gross receipts					
Revenue	2	Less Charitable contributions					
	3	Gross revenue (line 1 minus line 2)					
	4	Cash Prizes					
ses	5	Non-cash Prizes					
Expenses	6	Rent/Facility costs					
	7	Other direct expenses					
Direct	8	Direct expense summary Add lin	es 4 through 7 ın columr	n (d)	🛌		
	9	Net income summary Combine III	•				
Par	t II	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	art IV, line 19, or repo	orted more	than
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total ga col (a) throu	
<u>~</u>	1	Gross revenue					
မှ	2	Cash prizes					
pens	3	Non-cash prizes					
Direct Expenses	4	Rent/facility costs					
$\overline{a}$	5	Other direct expenses					
Δ						<del>_</del>	
<u> </u>	6	Volunteer labor	┌ Yes	┌──Yes <u>%</u> ┌──No	┌ Yes%		
	6 7	Volunteer labor  Direct expense summary Add line	_ No				
<u> </u>	7		s 2 through 5 in column		No ▶		
<u>□</u> 9 a	<b>7</b> <b>8</b> Ent	Direct expense summary Add line	S 2 through 5 in column  abine lines 1 and 7 in column  ation operates gaming ac	(d)	►		Yes No
9	<b>7 8</b> Ent	Direct expense summary Add line  Net gaming income summary Com  ter the state(s) in which the organiza	S 2 through 5 in column  abine lines 1 and 7 in column  ation operates gaming ac	(d)	►		Yes No
9 a b	7 8 Ent Is t If " Wei	Direct expense summary Add line  Net gaming income summary Com  ter the state(s) in which the organization licensed to operate	S 2 through 5 in column bline lines 1 and 7 in column ation operates gaming acgaming acgaming activities in eac	Mo  (d)			Yes No
9 a b	7 8 Ent Is t If " Wet If "	Direct expense summary Add line  Net gaming income summary Com  ter the state(s) in which the organization licensed to operate  No," Explain  re any of the organization's gaming	s 2 through 5 in column  abine lines 1 and 7 in column  ation operates gaming ac  gaming activities in eac	(d)	No	· 9a	Yes No

			 <del></del>
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name •	-	
	Address •	-	
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
Ь	If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount of gaming revenue retained by the third party <b>&gt;</b> \$		
c	If "Yes," enter name and address		
	Name Name		
	Address 🟲		
16	Gaming manager information		
	Name 🟲		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🟲		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 📂 💲		

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DLN: 93493047013080

Fundamentidantification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Name of the supplication

Internal Revenue Service

# **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

2008 No 1545-0047

Open to Public Inspection

Duc	cks UnlimitedInc					
			13-56437	99		
Pa	rt I Questions Regarding Compensatio	n				
					Yes	Νo
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part II		•			
	First class or charter travel	굣	Housing allowance or residence for personal u	e		
	▼ Travel for companions		Payments for business use of personal reside	ce		
	✓ Tax idemnification and gross-up payments		Health or social club dues or initiation fees			
	Discretionary spending account	Г	Personal services (e.g., maid, chauffeur, chef)			
			, e.s.e eeees (e g ,a.a, eaea., ee.,			
b	If line 1a is checked, did the organization follow a w provision of all the expenses described above? If "N		olicy regarding payment or reimbursement or	1b		No
	· · · · · · · · · · · · · · · · · · ·	No," cor reimbur:	olicy regarding payment or reimbursement or nplete Part III to explain sing or allowing expenses incurred by all	1b 2	Yes	No
ь 2 3	provision of all the expenses described above? If "ND id the organization require substantiation prior to	No," cor reimbur e Direct ion uses	olicy regarding payment or reimbursement or inplete Part III to explain sing or allowing expenses incurred by all or, regarding the items checked in line 1a?		Yes	No
2	provision of all the expenses described above? If "ND id the organization require substantiation prior to officers, directors, trustees, and the CEO/Executive Indicate which, if any, of the following the organization organization or CEO/Executive Director Check all to	No," cor reimbur: e Direct ion uses hat appl	olicy regarding payment or reimbursement or inplete Part III to explain sing or allowing expenses incurred by all or, regarding the items checked in line 1a?  to establish the compensation of the y		Yes	No

# **b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

## 501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.

Receive a severance payment or change of control payment?

Any related organization?

- 5 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of
- a The organization?
- A ny related organization?
   If "Yes," to line 5a or 5b, describe in Part III
   For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any
- For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of
- a The organization?
- If "Yes," to line 6a or 6b, describe in Part III

  For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6° If "Yes," describe in Part III
- 8 Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III

Yes

Yes

Yes

Νo

Νo

Νo

Νo

Νo

4b

4c

5a

5b

## Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & Incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
DONALD A YOUNG	(ı) (ıı)		39,036		19,471	10,995	5 351,879 0	412,282
RANDY L GRAVES	(ı) (ıı)		33,334		14,469	10,995	277,855	291,289
William A Wentz	(ı) (ıı)		32,996		14,469	10,995	283,985	296,977
Daniel P Thiel	(ı) (ıı)		11,924		8,545	10,995	197,720	210,256
James C West	(ı) (ıı)		8,708		11,667	10,995	182,013	172,928
Kenneth MBabcock	(ı) (ıı)		8,969		11,073	10,995	192,660	
James C Boyd	(ı) (ıı)		11,527		12,063	10,995	190,213	209,909
Rudolph A Rosen	(ı) (ıı)		9,008		11,235	10,995	186,224	
Robert D Mims	(ı) (ıı)		9,631		11,828	10,995	182,967	
Wayne A Dierks	(ı) (ıı)	143,164	10,601		11,518	10,995	176,278	
James L Young	(ı) (ıı)		14,710	76,976		10,995	224,850	242,84
Mathew B Connolly	(ı) (ıı)			106,332		1	106,332	106,33
Dale Whitesell	(ı) (ıı)			22,627			22,627	22,62
	(ii)							
	(i)							
	(ii)	1	1	1				1

## Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Ret urn Ref erence	Explanation
1a		Travel for companions - Our Executive Vice President would request from the Board that his wife's airline ticket be paid for by the company for conventions as her participation and contributions to the events were important. Housing allowance - One of our Directors for Conservation was asked to temporarily relocate and is on a limited housing allowance due to a need for his expertise at DUI home office. Health and social club dues - The DUI Executive Vice President has a health club membership, which was necessitated by a job-related injury. Tax indemnification and gross-up payments-DUI Executive Vice President has received tax indemnification for his non-qualified pension plan. The payments were part of an oral agreement upon his employment and are included in his taxable income.
5a & 6a		All employees participate in a variable compensation plan that is based on meeting budgeted goals for revenue, income, membership, and acres protected

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DLN: 93493047013080

OMB No 1545-0047

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#### Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

James Pike

► Attach to Form 990 or Form 990-EZ. ► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

**Transactions with Interested Persons** 

	of the organization InlimitedInc					E	mploy	er ide	nt if ica	tion n	umber		
							3-564						
art I													
	To be completed by organization	ns that an	swered "Yes" o	on Form 990, Part IV	, line	25a or 251	o, or F	orm 9	90-EZ				
1	(a) Name of disqualifie	d person		(b) Description of transaction						Ľ	(c) Corrected?		
											Yes	No	
<b>2</b> En	nter the amount of tax imposed on	the organi	zatıon manager	s or disqualified per	sons d	urina the v	ear u	nder					
	ction 4958							•	\$				
<b>3</b> En	nter the amount of tax, if any, on lir	ne 2. above	e. reimbursed b	v the organization.				•	\$				
Part I		•	•	-	-			•	T				
raiu	To be completed by organiza				TV lir	ne 26 or F	orm 9	90-F	7 Part	V lın	e 38a		
	To be completed by organiza			0111 01111 330,1 410	T	10 20, 011		<u> </u>	(f		1		
, ,	N. 6 1 1 1	(b) Loan					(e)	I n	Appr		(g)W	rıtten	
(a)	Name of interested person and	organiza		c)O riginal principal amount	(d)Balance due		default? by board		ard or	1			
	purpose	organiza	tion.	amount					comm	ıttee?	tee?		
		То	From				Yes	No	Yes	No	Yes	No	
otal				<b>&gt;</b> \$						•	•	•	
art I	Grants or Assistance B	enefittii	na Intereste	ed Persons									
	To be completed by organ				90, P	art IV, lır	ne 27						
	· · · · · · · · · · · · · · · · · · ·			etween interested pe									
	(a) Name of interested person			e organization .		(c)A m	ount	or gra	nt or ty	ре от	assista	nce	
ubstan	itial Contributor	Subs	tantıal Contrıbı	utor								590	
Part I	V Business Transactions	Involvi	na Interesta	ed Persons									
	To be completed by organ				90. P	art IV. lır	ne 28	a. 28	b. or	28c.			
	, , , ,		Relationship		<u> </u>	,		,	,		( <b>e)</b> Shai	rına of	
,	- Name of the same to discuss of	1	en interested	(c) A mount of	f	(d) D				- 1,	organiza	-	
(:	a) Name of interested person		rson and the	transaction		(d) Desci	iptior	ortr	ansacti	on [	reveni	ues?	
		01	ganızatıon							Γ	Yes	No	

Board Member

296,848 Merchandise

Νo

<b>Part II</b> Supplemental Information. Complete this part to provide the information required by Part I, lines 3 32b, and 33. Also complete this part for any additional information.						
Identifier	ReturnReference	Explanation				
32b)	Notariii Notoro	Ducks Unlimited utilizes two brokerage firms to process and liquidate gifts of marketable securities				
		inquidate girts of marketable securities				
		<del>-  </del>				
		<del>-  </del> -				
		· ·				

## **SCHEDULE 0**

(Form 990)

Department of the Treasury
Internal Revenue Service

# **Supplemental Information to Form 990**

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008

Open to Public Inspection

Name of the organization
Ducks UnlimitedInc

Employer identification number

13-5643799

Identifier	Return Reference	Explanation
Part III, 4d)		Part III, 4d) Ducks Unlimited MAINTAINS A PUBLIC POLICY PRESENCE IN WASHINGTON, DC BECAUSE OF CRITICAL IMPORTANCE OF PUBLIC POLICY TO MAINTAINING WETLANDS AND ECOSYSTEMS TO SUPPORT MIGRATORY WATERFOWL

ldentifier	Return Reference	Explanation
Part VI,6,7a,10,12c,15a&b)		Part VI, 6) Ducks Unlimited has a current membership of 690,000 Part VI, 10) A copy of the 990 is distributed to a committee made up of a number of key Board members (Personnel Policy Committee) Once the committee has had enough time to review the 990, a committee meeting is held to review and approve the 990 filing. Part VI, 12c) Employee compliance with the conflict of Interest policy is regularly and consistently monitored via an annual Conflict of Interest survey. All employees are required to disclose potential conflicts to an independent party, the company internal auditor. If a conflict is noted during this process, it is resolved through discussions with upper management, Human Resources, the employee, his/her direct supervisor and the internal auditor. Board members and committee members are required to present any possible conflicts of interest to the board of Governance Committee who then makes a ruling on whether conflict of Interest really exists. If there is a conflict, the committee presents the facts and suggested resolution to the Board of Directors for vote. Part VI, 15a&b) An Independent consultant specializing in Executive compensation plans surveyed similar not-for-profit corportions for their compensation plans for top executives. The results of the survey were utilized by the Personnel Policy Committee, whose objective is to make recommendations to the Board of Directors regarding personnel policies and benefits.

#### DLN: 93493047013080

OMB No 1545-0047 2008

# **Related Organizations and Unrelated Partnerships**

Department of the Treasury Internal Revenue Service

(Form 990)

**SCHEDULE R** 

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. ► See separate instructions.

**Open to Public** Inspection

Name of the organization Ducks UnlimitedInc	Employer identification number  13-5643799				
Part I Identification of Disregarded Entities				13-5643/99	
( <b>A)</b> Name, address, and EIN of disregarded entity	<b>(B)</b> Primary activity	(C) Legal domicile (state or foreign country)  (D) Total income		<b>(E)</b> nd-of-year assets	<b>(F)</b> Direct controlling entity
Part II Identification of Related Tax-Exempt Organizat	ions				
<b>(A)</b> Name, address, and EIN of related organization	<b>(B)</b> Primary activity	(C) Legal domicile (state or foreign country)	( <b>D</b> ) Exempt Code section	(E) Public charity sta (if section 501(c))	tus Direct controlling (3)) entity
Wetlands America Trust					
One Waterfowl Way Memphis, TN38129 36-3330394	Conservation	DC	501(c)3	11a	NA

(A) Name, address, and EIN of related organization  Part IV Identification of F  (A) Name, address, and EIN of related organization	Prim	( <b>B)</b> nary activity	(C) Legal domicile (state or foreign country)	( <b>D</b> ) Direct controlling entity	incom	(E) lominant le(related, lestment, related)	<b>(F)</b> Share of total income		<b>(G)</b> Share of end-of- year assets	(H Disprop allocat	l) ortionate tions?	(I) Code V—UBI amount on Box 20 of K-1	Gene mana part	agıng
										Yes	No		Yes	No
Part IV Identification of R	Related	l Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related organ		(B) Primary activity		(C) Legal domicile (state or foreign country)		( <b>D</b> ) Direct contro	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	( <b>G)</b> hare of l-of-yea assets	<b>(H)</b> Percentage r ownership		

(4)

(5)

(6)

Part V	Transactions with Related Organizations
--------	---

	<del></del>								
	Note. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No			
<b>1</b> D	uring the tax year, did the orgranization engage in any of the following transactions with	one or more related organizations listed in Parts II-IV	?						
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a		No			
ь	Gift, grant, or capital contribution to other organization(s)			1b		No			
c	Gift, grant, or capital contribution from other organization(s)			<b>1</b> c		No			
d	Loans or loan guarantees to or for other organization(s)			1d	Yes				
e	Loans or loan guarantees by other organization(s)			1e		No			
f	Sale of assets to other organization(s)			<b>1</b> f		No			
g	g Purchase of assets from other organization(s)								
h	Exchange of assets			1h		No			
i	Lease of facilities, equipment, or other assets to other organization(s)			1i		No			
j	Lease of facilities, equipment, or other assets from other organization(s)			1j		No			
k	Performance of services or membership or fundraising solicitations for other organizat	tion(s)		1k	Yes				
ı	Performance of services or membership or fundraising solicitations by other organizati	on(s)		11	Yes				
m	Sharing of facilities, equipment, mailing lists, or other assets			1m	Yes				
n	Sharing of paid employees			1n	Yes				
0	Reimbursement paid to other organization for expenses			10		No			
р	Reimbursement paid by other organization for expenses			1р		No			
q	O ther transfer of cash or property to other organization(s)			1q		No			
r	Other transfer of cash or property from other organization(s)			1r		No			
2	If the answer to any of the above is "Yes," see the instructions for information on who	must complete this line, including covered relationships	s and transaction thresholds						
	(A)	(B) Transaction	(C)						
	Name of other organization(s)	type(a-r)	Amount Involved						
(1)	Wetlands America trust	1d			545,02	5			
(2)									
(3)									

### Part VI Unrelated Organizations Taxable as a Partnership

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

<b>(A)</b> Name, address, and EIN of entity	<b>(B)</b> Primary activity	<b>(C)</b> Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		<b>(E)</b> Share of end-of-year assets			( <b>G)</b> Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?	)	
			Yes	No		Yes	No		Yes	No	
			•			•	•	Sabadula	D / Form	000) 2000	

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DLN: 93493047013080

OMB No 1545-0047

## **SCHEDULE M** (Form 990)

Department of the Treasury Internal Revenue Service

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

**Non-Cash Contributions** 

Inspection **Employer identification number** 

Name of the organization Ducks UnlimitedInc 13-5643799 Part I Types of Property (a) (b) (d) (c) Check Number of Contributions Revenues reported on Method of determining Form 990, Part VIII, line ıf revenues applicable 1 g 1 Art-Works of art . . Art—Historical treasures 3 Art—Fractional interests 4 Books and publications 5 Clothing and household goods . . . . . Cars and other vehicles 20,600 Market Value Boats and planes . . . . Intellectual property . . . Securities—Publicly traded . Χ 16 564,482 Market Value 10 Securities—Closely held stock. 11 Securities—Partnership, LLC, or trust interests . . . 12 Securities-Miscellaneous . . 13 Qualified conservation contribution (historic structures) . . . . 14 Oualified conservation contribution (other) . . . Real estate—Residential . Real estate—Commercial . . 17 Real estate—Other . . . Χ 505,000 Appraisal 18 Collectibles . . . . 19 Food inventory . . . 20 Drugs and medical supplies . **21** Taxidermy . . . . . 22 Historical artifacts . . . . 23 Scientific specimens . . Archeological artifacts . . . 51,255 Cost Other (describe Materials 25 Other (describe \_\_\_\_\_ 27 Other (describe 28 Other (describe Number of Forms 8283 received by the organization during the tax year for contributions for 29 20 which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . . . . . No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must least three years from the date of the initial contribution, and which is not required to be used for exempt purposes No 30a **b** If "Yes", describe the arrangement in Part II 31 Yes Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash 32a Yes **b** If "Yes", describe in Part II 33 If the organization did not report revenues in Column (c) for a type of property for which Column (a) is

checked, describe in Part II

Software ID: Software Version:

**EIN:** 13-5643799

Name: Ducks UnlimitedInc

### Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa										
		Posit t	(C non ( hat a	ched	)			(D)	(E)	(F)
<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
Bruce Lewis , President	100	Х		Х						
JAMES HULBERT , CHAIRMAN OF BOARD OF DIRECTORS	5 0	Х		х						
DONALD A YOUNG , EXECUTIVE VICE PRESIDENT	40 0	Х		x	x			321,413	0	30,466
JOHN R POPE , FIRST VICE PRESIDENT	100	Х		X						
STEPHEN C REYNOLDS , SECRETARY	5 0	X		X						
JOHN W NEWMAN , TREASURER	5 0	Х		X	_					
JOHN W CHILDS , PRESIDENT WETLANDS AMRCA TRUST	5 0	Х		x						
BILL D'ALONZO , ASSISTANT TREASURER	5 0	Х		×						
STANLEY C HUNER , ASSISTANT TREASURER	5 0	Х		×						
RICHARD S JOHNSON , ASSISTANT TREASURER	5 0	×		x						
PETER KINGMAN , ASSISTANT TREASURER	5 0	Х		x						
BOB HESTER , ASSISTANT TREASURER	5 0	Х		X						
JAMES R SOWERS , ASSISTANT TREASURER	5 0	Х		x						
PAUL BONDERSON , SR VP, REGION I	5 0	Х		X						
BRUCE POSEY, SR VP, REGION 2	5 0	Х		X						
KEN DURDAHL, SR VP, REGION 3	5 0	Х		X						
STEVE MARASOVICH JR , SR VP, REGION 4	5 0	Х		х						
LON KNOEDLER, SR VP, REGION 5	5 0	Х		X						
DOUG BURCH, SR VP, REGION 6	5 0	Х		X						
JACK MOSS, SR VP, REGION 7	5 0	X		X						
JIMMY FLYNN , SR VP, REGION 8	5 0	X		X						
MIKE PANOS, SR VP, REGION 9 GEORGE DUNKLIN JR, SR VP,	5 0 5 0	X		X						
CONSERVATION PROGRAMS	5 0	Х		X						
ROGERS HOYT JR , SR	5 0	×		×						
VP,EVENT\VOLUNTEER MNGMT DOUG SCHOENROCK, SR VP,	5 0	Х		×						
JARED BROWN , SR	5 0	Х		×						
VP,MARKETING/COMMUNICATION	5 0			X	_					
SANDRA BEITZEL, SR VP, MEMBERSHIP CARLA HOPP, SR VP, YOUTH &	5 0	X		×						
EDUCATION										
ALAN HOPP, REGIONAL VP, REGION I	5 0	Х		X						

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa	form 990, Part VII - Section Aaa									
		(C) Position (check all that apply)								(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
KYLE SWANSON , REGIONAL VP, REGION 1	5 0	х		х						
BRAD BILLINGSLY , REGIONAL VP, REGION 2	5 0	Х		х						
RICK BERG, REGIONAL VP, REGION 3 WILLIAM C ANSELL, REGIONAL VP,		X		X						
REGION 4 REX SCHULZ, REGIONAL VP, REGION	5 0	Х		Х						
5 KEITH HELLAND , REGIONAL VP,	5 0	X		X						
REGION 6 HJ ELIZONDO , REGIONAL VP,	5 0	Х		Х						
REGION 7 CHRIS TRACY, REGIONAL VP,	5 0	X		Х						
REGION 8  JOHN CUSHMAN , REGIONAL VP,	5 0	X		Х						
REGION 9 PETER T MACGAFFIN , REGIONAL VP,	5 0	Х		Х						
REGION 9 LLOYD GOODE , REGIONAL VP,	5 0	X		Х						
REGION 10 RON BARTELS , AT-LARGE MBR	5 0	X		X						
BOARD OF DIRECTOR	5 0	Х		Х						
MIKE BENGE , AT-LARGE MBR BOARD OF DIRECTOR	5 0	Х		Х						
DAVID BLAKEMORE , AT-LARGE MBR BOARD OF DIRECTOR	5 0	х		х						
STEVE COOK , AT-LARGE MBR BOARD OF DIRECTOR	5 0	X		х						
PETER H COORS , AT-LARGE MBR BOARD OF DIRECTOR	5 0	Х		х						
BRUCE B DEADMAN , AT-LARGE MBR BOARD OF DIRECTOR	5 0	Х		х						
TERRY FUCHS , AT-LARGE MBR BOARD OF DIRECTOR	5 0	Х		х						
LYNDON IBELE , AT-LARGE MBR BOARD OF DIRECTOR	5 0	×		х						
LJ MAYEUX JR MD , AT-LARGE MBR BOARD OF DIRECTOR	5 0	×		х						
JOE MAZON , AT-LARGE MBR BOARD OF DIRECTOR	5 0	×		х						
KEVIN O'DONOVAN , AT-LARGE MBR BOARD OF DIRECTOR	5 0	×		X						
JIM PIKE , AT-LARGE MBR BOARD OF DIRECTOR	5 0	х		х						
DICK RIGGS , AT-LARGE MBR BOARD OF DIRECTOR	5 0	Х		Х						
RONAL ROBERSON , AT-LARGE MBR BOARD OF DIRECTOR	5 0	Х		х						
CLAY ROGERS , AT-LARGE MBR BOARD OF DIRECTOR	5 0	Х		х						
JOHN SAMPSON , AT-LARGE MBR BOARD OF DIRECTOR	5 0	х		Х						
BILL SHORT , AT-LARGE MBR BOARD OF DIRECTOR	5 0	Х		х						
NORA TAYLOR , AT-LARGE MBR BOARD OF DIRECTOR	5 0	х		Х						
JULIUS WALL , AT-LARGE MBR BOARD OF DIRECTOR	5 0	Х		х						

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa											
		Posit t	(C tion ( hat a	chec		I			(E)	(F)	
<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Former Highest compensated employee Key employee		(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations	
MIKE WOODWARD , AT-LARGE MBR BOARD OF DIRECTOR	5 0	Х		х							
JOHN TOMKE , Ducks Unlimited de Mexico	5 0	Х		х							
PETER CARTON , Ducks Unlimited Canada	5 0	Х		х							
NEIL DOWNEY , Ducks Unlimited Canada		Х		х							
JACK H HOLE , Ducks Unlimited Canada		Х		х							
RANDY L GRAVES , CFO/Exec Sec/Asst Treas	40 0			х	х			252,391		25,464	
JIM FLOOD , ASST SECRETARY	40 0			Х				123,114		21,188	
William A Wentz , Senior Group Manager	40 0				Х			258,521		25,464	
Daniel P Thiel , Group Manager	40 0				Х			178,180		19,540	
James C West , Group Manager	40 0				Х			159,351		22,662	
Kenneth MBabcock , Sr Director for Conservation	40 0					х		170,592		22,068	
James C Boyd , Group Manager	40 0					Х		167,155		23,058	
Rudolph A Rosen , Director of Conservation	40 0					х		163,994		22,230	
Robert D Mıms , Controller	40 0					Х		160,144		22,823	
Wayne A Dierks , Group Manager	40 0					Х		153,765		22,513	
James L Young , Group Manager							Х	213,855		10,995	
Mathew B Connolly , Former Executive V President							х	106,332			
Dale Whitesell , Former Executive V President							х	22,627			

Software ID:

**Software Version:** 

**EIN:** 13-5643799

Name: Ducks UnlimitedInc

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(1) Method of valuation (book, FMV, appraisal, other)
		North America		7,503,373	Wire	2,878,045	Inventory	Invoice cos

Software ID: Software Version:

**EIN:** 13-5643799

Name: Ducks UnlimitedInc

Form 990 Schedule G - Licensed States	
Licensed States	
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(F) Compensation

Software ID: **Software Version:** 

**EIN:** 13-5643799

Name: Ducks UnlimitedInc

Form 990, Schedule J, Part 1	II - Officers, Directors, Trustees, Key Employees, and	l Highest Compen	sated Employees	
(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation	(C) Deferred	( <b>D)</b> Nontaxable	(E) Total of columns

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred		(E) Total of columns	(F) Compensation
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) O ther compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
DONALD A YOUNG	(I) (II)		39,036		19,471	10,995	351,879 0	412,282
RANDY L GRAVES	(I) (II)		33,334		14,469	10,995	277,855	291,289
William A Wentz	(I) (II)		32,996		14,469	10,995	283,985	296,977
Daniel P Thiel	(I) (II)		11,924		8,545	10,995	197,720	210,256
James C West	(I) (II)		8,708		11,667	10,995	182,013	172,928
Kenneth MBabcock	(I) (II)		8,969		11,073	10,995	192,660	
James C Boyd	(I) (II)		11,527		12,063	10,995	190,213	209,909
Rudolph A Rosen	(I) (II)		9,008		11,235	10,995	186,224	
Robert D Mims	(I) (II)		9,631		11,828	10,995	182,967	
Wayne A Dierks	(I) (II)		10,601		11,518	10,995	176,278	
James L Young	(I) (II)		14,710	76,976		10,995	224,850	242,847
Mathew B Connolly	(I) (II)			106,332			106,332	106,332
Dale Whitesell	(ı)			22,627			22,627	22,627