OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**Return of Organization Exempt From Income Tax** 

Open to Public Inspection

Form **990** (2018)

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public. ► Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2018 calendar year, or tax year beginning 07/01, 2018, and ending 06/30, 20 19 D Employer identification number C Name of organization B Check if applicable DUCKS UNLIMITED, INC GROUP RETURN 91-2009004 Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Name change 1 WATERFOWL WAY (901) 758 - 3325Initial return City or town, state or province, country, and ZIP or foreign postal code Amended MEMPHIS, TN 38120 G Gross receipts \$ 112,451,186. Application pending Name and address of principal officer: EARL H. GROCHAU H(a) Is this a group return for X Yes Nο subordinates' 1 WATERFOWL WAY, MEMPHIS, TN 38120 Χ Yes No H(b) Are all subordinates included? X | 501(c)(3) If "No," attach a list. (see instructions) Tax-exempt status: 501(c) ( 4947(a)(1) or Website: ► WWW.DUCKS.ORG H(c) Group exemption number DC Form of organization: | X | Corporation L Year of formation: 1937 M State of legal domicile: Other > Summary 1 Briefly describe the organization's mission or most significant activities: DUCKS UNLIMITED, INC. CONSERVES, RESTORES, AND MANAGES WETLANDS AND ASSOCIATED HABITATS FOR NORTH AMERICA'S Governance WATERFOWL. THESE HABITATS ALSO BENEFIT OTHER WILDLIFE AND PEOPLE. if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 65. Activities & Number of independent voting members of the governing body (Part VI, line 1b) 64. 0. Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 59,000. 0. 7a Total unrelated business revenue from Part VIII, column (C), line 12 Ō. **b** Net unrelated business taxable income from Form 990-T, line 34 **Current Year** Contributions and grants (Part VIII, line 1h) 26,989,326. 27,354,060. **COPY FOR** Ō. Program service revenue (Part VIII, line 2g) **PUBLIC INSPECTION** 0 . 0. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 18,426,751. 20,452,705. 11 47,806,765. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 45,416,077. 12 45,351,077. 47,739,265. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 Benefits paid to or for members (Part IX, column (A), line 4) 0. 14 0 Ō. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 16a Professional fundraising fees (Part IX, column (A), line 11e)

67,500. 65,000. 67,500. **b** Total fundraising expenses (Part IX, column (D), line 25) ▶ \_ \_ \_ \_ \_ 0 0. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 45,416,077. 47,806,765. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 0. Revenue less expenses. Subtract line 18 from line 12 s or **Beginning of Current Year End of Year** Assets | Ō. 0 20 Total assets (Part X, line 16) Total liabilities (Part X, line 26) 0. 21 0 0. 0. 22 Net assets or fund balances. Subtract line 21 from line 20. Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Date Here EARL GROCHAU CFO/CAO Type or print name and title Print/Type preparer's name Preparer's signature PTIN Check Whitney E. Blain Paid 02/05/2020 WHITNEY E BLAIR self-employed P01226647 Preparer Firm's name 

KPMG LLP Firm's EIN ▶ 13-5565207 Use Only 336-275-3394 Firm's address > 300 NORTH GREENE STREET, SUITE 400 GREENSBORO, NC 27401 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2018) Page 2 Part III **Statement of Program Service Accomplishments** Check if Schedule O contains a response or note to any line in this Part III 1 Briefly describe the organization's mission: DUCKS UNLIMITED, INC. CONSERVES, RESTORES, AND 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 If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?.... If "Yes," describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 47,739,265. including grants of \$ 47,739,265. ) (Revenue \$ DIRECT CONTRIBUTION AND GRANTS TO DUCKS UNLIMITED, INC. (FEIN 13-5643799) TO CONSERVE, RESTORE, AND MANAGE WETLANDS AND ASSOCIATED HABITATS FOR NORTH AMERICA'S WATERFOWL. including grants of \$ ) (Revenue \$ **4b** (Code: ) (Expenses \$ 4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ **4d** Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$

**4e** Total program service expenses ▶ JSA 8E1020 1.000

47,739,265.

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Part	Checklist of 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,"		37	
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_		3.7
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	_		37
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		X
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues,	_		3.7
_	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			37
_	"Yes," complete Schedule D, Part I.	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
_	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			v
^	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			Х
10	debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		- 27
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		71
• •	VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If</i> "Yes,"			
u	complete Schedule D, Part VI	11a		Х
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
-	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional .	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			v
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on		v	
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40	Х	
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10	Х	
20 a	If "Yes," complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a	21	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	_05		
	domestic government on Part IX. column (A). line 1? If "Yes." complete Schedule I. Parts I and II	21	Х	

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Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
24 a	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 lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
_	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
9	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	20a		
b	Schedule L, Part IV	28b		х
•	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		21
C		200		Х
20	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		Х
0.4	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			v
	complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,		\ <sub>v</sub>	ĺ
	or IV, and Part V, line 1	34	X	37
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			37
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% 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, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		7.7	
_	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
			$\alpha \alpha \alpha$	

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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
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 return. 2a 0.			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
h	If "Yes," enter the name of the foreign country: ▶			
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization			
va	solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
b	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and services provided to the payor?	7a	Х	
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
C	required to file Form 8282?	7с		Х
	If "Yes," indicate the number of Forms 8282 filed during the year	7.0		
	res, maissis the manner of remine see a sum gains year that the second seco	7e		Х
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
		7g		
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the	8		
0	sponsoring organization have excess business holdings at any time during the year?			
9	Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:	0.5		
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
D	against amounts due or received from them.)			
120	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note. See the instructions for additional information the organization must report on Schedule O.	·ou		
h	·			
D	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
_	Enter the amount of reserves on hand			
	Enter the amount of receives on hand, i.i. i.i. i.i. i.i. i.i. i.i. i.i. i.	14a		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	140		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		Х
		10		
40	If "Yes," see instructions and file Form 4720, Schedule N.	16		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	10		
	If "Yes," complete Form 4720, Schedule O.			

Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 65			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:		37	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			Х
Socti	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9 Codo	1	Λ
Secu	on B. Policies (This Section B requests information about policies not required by the internal Nevenue	Code	.) Yes	No
40-	Did the annumination have lead the others brought a small list of	10a	Х	
	Did the organization have local chapters, branches, or affiliates?	104		
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
110		11a	X	
11a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a		12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
b	rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
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		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Secti	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► WA ,			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T	(Sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  X Own website Another's website X Upon request Other (explain in Schedule O)			
				_
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	, and
20	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and record EARL H. GROCHAU 1 WATERFOWL WAY MEMPHIS, TN 38120	5 <b>P</b>		

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- 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, and 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.

Check this box if neither the organization nor	any related	organization compensate	ed any current offic	er, director, or trus	stee.
		(C)			

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or dir	unles	Pos neck ss pe	erson	e than of is both tor/trust Highest compensated employee	an	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1)PAUL R. BONDERSON, JR.	1.00									
CHAIRMAN OF THE BOARD	10.00	X		Х				0.	0.	0.
(2) ROGERS HOYT, JR.	1.00									
PRESIDENT	15.00	Х		Х				0.	0.	0.
(3)ADAM PUTNAM	1.00									
CHIEF EXECUTIVE OFFICER	45.00	X		Х				0.	0.	0.
(4)DOUG SCHOENROCK	1.00									
FIRST VICE PRESIDENT	15.00	X		Х				0.	0.	0.
(5)CHUCK SMITH	1.00									
SECRETARY	5.00	X		Х				0.	0.	0.
(6)WENDELL W. WEAKLEY	1.00									
TREASURER	10.00	X		Χ				0.	0.	0.
(7)STEVE MARITZ	1.00									
PRESIDENT, WAT, INC.	15.00	X						0.	0.	0.
(8)MARK F. LOW	1.00									
SENIOR VP, REGION 1	5.00	X						0.	0.	0.
(9)CLAY ROGERS	1.00									
SENIOR VP, REGION 2	5.00	X						0.	0.	0.
(10)DAVID FLINK	1.00									
SENIOR VP, REGION 3	5.00	X						0.	0.	0.
(11)STEVE COOK	1.00									
SENIOR VP, REGION 4	5.00	X						0.	0.	0.
(12)JIM TALBERT	1.00									
SENIOR VP, REGION 5	5.00	X						0.	0.	0.
(13)SCOTT C. CRAWFORD	1.00									
SENIOR VP, REGION 6	5.00	X						0.	0.	0.
(14)JULIAN T. OTTLEY	1.00									
SENIOR VP, REGION 7	5.00	X						0.	0.	0.

Form **990** (2018)

JSA

(B)

Form 990 (2018) Page **8** 

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(C)

(D)

Name and title	Average hours per week (list any hours for	box,	unles	heck ss pe	erson	e than o is both tor/trust	an	Reportable compensation from	Reportable compensation from related	am	timated ount of other oensatio	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	fro orga and	om the anization I related inization	n d
15) ROBERT J. GOKEY	1.00											
SENIOR VP, REGION 8	5.00	X						0.	0.			0.
16) CHRISTINE THOMAS	1.00											
SENIOR VP, CONSERVATION PROGRA	5.00	X						0.	0.			0.
17) RONAL ROBERSON	1.00											
SENIOR VP, YOUTH & EDUCATION	5.00	X						0.	0.			0.
18) DOUGLAS D. FREY	1.00											
SENIOR VP, DEVELOPMENT	5.00	X						0.	0.			0.
19) CONNIE PARKER	1.00											
SENIOR VP, BUSINESS PLANNING	5.00	X						0.	0.			0.
20) SHAWN DE CENTO	1.00											
SENIOR VP, EVENT AND VOLUNTEER	5.00	Х						0.	0.			0.
21) ROBERT S. HESTER	1.00											
SENIOR VP, CORPORATE RELATIONS	5.00	X						0.	0.			0.
22) JOE MAZON	1.00											
SENIOR VP, MARKETING/COMMUNICA	5.00	Х						0.	0.			0.
23) KATHY CHRISTIAN	1.00											
SENIOR VP, MEMBERSHIP	5.00	Х						0.	0.			0.
24) AL MONTNA	1.00											
SENIOR VP, PUBLIC POLICY	5.00	Х						0.	0.			0.
25) GARY SALMON	1.00											
SENIOR VP, TECHNOLOGY	5.00	X						0.	0.			0.
1b Sub-total							<b></b>	0.	0.			0.
c Total from continuation sheets to Part VII, S	ection A		• •				•	0.	3,255,266.	4	25,4	20.
d Total (add lines 1b and 1c)	-						<b>&gt;</b>	0.	3,255,266.	4	25,4	20.
2 Total number of individuals (including but not							o re	ceived more than	\$100,000 of			
reportable compensation from the organization		0.				,						
											Yes	No
3 Did the organization list any former office	er directo	r or	trı	ıste	e	kev e	emn	lovee or highest	compensated			
employee on line 1a? If "Yes," complete Sched										3		Х
	For any individual listed on line 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	Х	0
5 Did any person listed on line 1a receive or												
for services rendered to the organization? <i>If "Younger or a redered to the organization or a reder</i>										5		Х

#### 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. Report compensation for the calendar year ending with or within the organization's tax year.

	(A) Name and business address	(B) Description of services	(C) Compensation
NA			

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 0.

Form **990** (2018)

Part VII

(A)

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Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y Em	ıplo	yee	es, a	and F	ligl	hest Compensat	ed Employees (d	ontinued)	
(A)	(B)			(C	;)			(D)	(E)	(F)	
Name and title	Average	(4- 4		Posi				Reportable	Reportable	Estima	
	hours per week (list any	,				than o is both		compensation from	compensation from related	amoun othe	
	hours for	office	r and	d a di	irect	or/trust	ee)	the	organizations	compens	sation
	related organizations	Individual trustee or director	Institutional trustee	Officer	Key employee	High empl	Forme	organization	(W-2/1099-MISC)	from t organiza	
	below dotted	idua	tutio	ğ	emp	est o	Гer	(W-2/1099-MISC)		and rela	
	line)	or fr	nal t		loye	omp				organiza	tions
		stee	nste		Œ	bens					
			e l			Highest compensated employee					
26) PAUL BOEHNE	1.00										
REGIONAL VP, REGION 1	5.00	Х						0.	0.		0.
27) TOM ENOS	1.00										
REGIONAL VP, REGION 1	5.00	Х						0.	0.		0.
28) JEFF HEIDELBAUER	1.00										
REGIONAL VP, REGION 2	5.00	X						0.	0.		0.
29) STEVE CHRISTIAN	1.00										
REGIONAL VP, REGION 2	5.00	X						0.	0.		0.
30) RUTH HOEFS	1.00										
REGIONAL VP, REGION 3	5.00	X						0.	0.		0.
31) NELS SWENSON	1.00	37									0
REGIONAL VP, REGION 3 32) KEN CARROLL	5.00	X		$\dashv$				0.	0.		0.
REGIONAL VP, REGION 4	5.00	X						0.	0.		0.
33) JAY OWEN	1.00	Λ		$\dashv$				0.	0.		
REGIONAL VP, REGION 4	5.00	X						0.	0.		0.
34) BILL SARAFIN	1.00							0.	0.		
REGIONAL VP, REGION 5	5.00	Х						0.	0.		0.
35) GALEN L. JOHNSON	1.00										
REGIONAL VP, REGION 5	5.00	Х						0.	0.		0.
36) WILLIAM J. EBERT	1.00										
REGIONAL VP, REGION 6	5.00	Х						0.	0.		0.
1b Sub-total							<b></b>				
c Total from continuation sheets to Part VII, S	-						$\blacktriangleright$				
d Total (add lines 1b and 1c)							<b>&gt;</b>				
2 Total number of individuals (including but not				d ab	OVE	e) who	re	ceived more than	\$100,000 of		
reportable compensation from the organization	n <b>▶</b>	0.								120	
										Ye	s No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched										3	Х
4 For any individual listed on line 1a, is the organization and related organizations gro											
individual										4 X	: 0
5 Did any person listed on line 1a receive or											
for services rendered to the organization? If "Y	es," comple	te Sch	nedu	le J	for	such	per	son		5	X
Section B. Independent Contractors											
1 Complete this table for your five highest com-											

year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization  $\blacktriangleright$ 

Page 8 Form 990 (2018)

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	plo	ye	es,	and H	ligl	hest Compensat	ed Employees (d	continued)
(A) Name and title	(B) Average	(d -		Pos	C) sition	- Alson		( <b>D</b> ) Reportable	(E) Reportable	(F) Estimated
	hours per week (list any	,				e than o is both		compensation from	compensation from related	amount of other
	hours for	office	er and	dad		or/trust	ee)	the	organizations	compensation
	related	Individual trustee or director	Institutional	Officer	Key	Highest cc employee	Former	organization	(W-2/1099-MISC)	from the organization
	organizations below dotted	/idua	tutio	ĕ	emp	lest o	ner	(W-2/1099-MISC)		and related
	line)	or tr	nal		Key employee	com				organizations
		stee	trustee		Ф	pens				
			ee			compensated e				
37) JAMES E. VACHRIS, JR.	1.00									
REGIONAL VP, REGION 6	5.00	Х						0.	0.	0.
38) JAY TAYLOR	1.00									
REGIONAL VP REGION 7	5.00	Х						0.	0.	0.
39) DAN ROSS	1.00									
REGIONAL VP REGION 7	5.00	Х						0.	0.	0.
40) RUSTY LEGG	1.00									
REGIONAL VP REGION 8	5.00	Х						0.	0.	0.
41) BOB FILBERT	1.00									
REGIONAL VP REGION 8	5.00	X						0.	0.	0.
42) HAROLD CANNON, JR.	1.00								_	_
AT-LARGE MEMBER OF THE BOD	5.00	X						0.	0.	0.
43) GEORGE H. DUNKLIN, JR.	1.00									
AT-LARGE MEMBER OF THE BOD	5.00	X						0.	0.	0.
44) JERRY HARRIS  AT-LARGE MEMBER OF THE BOD	1.00	X						0.	0.	0.
45) DAVE HINMAN	1.00	Λ						0.	0.	0.
AT-LARGE MEMBER OF THE BOD	5.00	X						0.	0.	0.
46) LARRY JENSEN	1.00							0.	· ·	<u> </u>
AT-LARGE MEMBER OF THE BOD	5.00	Х						0.	0.	0.
47) TOM JERNIGAN	1.00									
AT-LARGE MEMBER OF THE BOD	5.00	Х						0.	0.	0.
1b Sub-total							<b></b>			
c Total from continuation sheets to Part VII, S							<b>&gt;</b>			
d Total (add lines 1b and 1c)							<b>&gt;</b>			
2 Total number of individuals (including but not				d al	bove	e) who	o re	ceived more than	\$100,000 of	
reportable compensation from the organization	n <b>▶</b>	0.								
										Yes No
3 Did the organization list any former office										-
employee on line 1a? If "Yes," complete Sched										3 X
4 For any individual listed on line 1a, is the	sum of rep	ortab	le c	om	pen	satior	n ai	nd other compens	sation from the	
organization and related organizations gro										<b>4</b> X 0
individual										4 X 0
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Yo										5 X
Section B. Independent Contractors	os, comple	io 301	ieuu	11 <del>0</del> J	, 101	Sucil	μ	JOII		<u> </u>
Complete this table for your five highest com	pensated i	ndene	ende	ent o	con	tracto	rs t	hat received more	e than \$100,000 c	of
compensation from the organization. Report of										

year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

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Part VI Section A. Officers, Directors, I		y En	іріо			and F	ııgı			ontinu		
(A)	(B)			(C	-			(D)	(E)	_	(F)	
Name and title	Average Position Reportable hours per (do not check more than one compensation		Reportable compensation from		stimated nount o							
	week (list any	١,				is both		from	related	aı	other	1
	hours for		$\overline{}$			or/trust		the	organizations	com	pensati	on
	related	Indi or d	Inst	Officer	Key	High	Former	organization	(W-2/1099-MISC)		om the	
	organizations below dotted	vidu	ituti	cer	em	nest	ner	(W-2/1099-MISC)		_	anizatio d relate	
	line)	of all tr	onal		Key employee	con					anizatio	
		Individual trustee or director	Institutional trustee		ee	npei						
		ě	stee			Highest compensated employee						
						ed						
48) TAMMI KIRCHER	1.00								_			_
AT-LARGE MEMBER OF THE BOD	5.00	X						0.	0.			0
49) PETER T. MACGAFFIN	1.00											_
AT-LARGE MEMBER OF THE BOD	5.00	X						0.	0.			0
50) EDWARD MAY	1.00											
AT-LARGE MEMBER OF THE BOD	5.00	X						0.	0.			0
51) MIKE MCSHANE	1.00											
AT-LARGE MEMBER OF THE BOD	5.00	X						0.	0.			0
52) DAN RAY	1.00											
AT-LARGE MEMBER OF THE BOD	5.00	X						0.	0.			0
53) REX SCHULZ	1.00											
AT-LARGE MEMBER OF THE BOD	5.00	Х						0.	0.			0
54) SAM SMOLIK	1.00											
AT-LARGE MEMBER OF THE BOD	5.00	Х						0.	0.			0
55) PEPPER SNYDER	1.00											
AT-LARGE MEMBER OF THE BOD	5.00	Х						0.	0.			0
56) BOB SPOERL	1.00											
AT-LARGE MEMBER OF THE BOD	5.00	Х						0.	0.			0
57) SCOTT STAMERJOHN	1.00											
AT-LARGE MEMBER OF THE BOD	5.00	Х						0.	0.			0
58) JOE STOUGH	1.00											_
AT-LARGE MEMBER OF THE BOD	5.00	Х						0.	0.			0
												<u> </u>
1b Sub-total	Cootion A											
c Total from continuation sheets to Part VII, d Total (add lines 1b and 1c)												
2 Total number of individuals (including but no								socived more than	\$100,000 of			
reportable compensation from the organizat		0 .		u ai	JUV	s) wiic	J 16	ceived more man	φ100,000 OI			
											Yes	No
2 Did the examination list any former of	fiaar diraata		4		_	م بدیا		Javaa ar birdhaa	t commonanted		103	
3 Did the organization list any former of employee on line 1a? If "Yes," complete Sche										3		Х
4 For any individual listed on line 1a, is the												
organization and related organizations (										4	Х	0
individual										4		
5 Did any person listed on line 1a receive of										_		v
for services rendered to the organization? If	res, comple	ie Sch	ieau	iie J	ior	sucn	per	SUN		5		X
Section B. Independent Contractors												
1 Complete this table for your five highest co	mpensated i	ndepe	nde؛	ent d	con	tracto	rs t	hat received more	than \$100,000 c	t .		

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

Form 990 (2018) Page

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y Em	plc	ye	es,	and I	lig	hest Compensat	ed Employees (d	ontinue	ed)	
(A) Name and title	(B) Average hours per week (list any hours for	(do r box, office	not cl unles	Pos heck ss pe	cition more erson lirect	e than o is both or/trust	one an ee)	(D)  Reportable compensation from the	(E) Reportable compensation from related organizations	Es am	(F) timated nount of other pensatio	f
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	orga and	om the anization d related anization	b
59) MIKE WOODWARD	1.00											
AT-LARGE MEMBER OF THE BOD	5.00	X						0.	0.			0.
60) JAN YOUNG	1.00											_
AT-LARGE MEMBER OF THE BOD	5.00	X						0.	0.			0.
61) DAVID BLOM  DUCKS UNLIMITED CANADA	1.00							0				0
62) ROGER D'ESCHAMBAULT	1.00	X						0.	0.			0.
DUCKS UNLIMITED CANADA	5.00	X						0.	0.			0.
63) KEVIN HARRIS	1.00	21						0.	0.			
DUCKS UNLIMITED CANADA	5.00	Х						0.	0.			0.
64) WILLAM C. ANSELL	1.00											
DUMAC	5.00	Х						0.	0.			
65) JOHN TOMKE	1.00											
DUMAC	5.00	Х						0.	0.		0.	
66) H. DALE HALL	1.00											
CHIEF EXECUTIVE OFFICER	40.00	Х		Х				0.	503,224.	39,416		16.
67) E. NICHOLS WILEY	1.00											
CHIEF CONSERVATION OFFICER	40.00				X			0.	323,313.		28,0	41.
68) EARL H. GROCHAU	1.00											
CAO/CFO/ASST. TREASURER	45.00				Х			0.	312,314.		38,9	٠80.
69) DANIEL P. THIEL	1.00											
EXECUTIVE SECRETARY/COO WAT	40.00				X			0.	298,756.		45,4	:67.
1b Sub-total												
c Total from continuation sheets to Part VII, S												
d Total (add lines 1b and 1c)							_		<b>#</b> 400,000 - f			
2 Total number of individuals (including but not reportable compensation from the organization		nose .0		a a	DOV	e) wno	o re	ceived more than	\$100,000 01			
											Yes	No
										3		Х
4 For any individual listed on line 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	Х	0
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Yo	accrue co	mpen	sati	on 1	fron	n any	un	related organization	on or individual	5		Х
Section B. Independent Contractors	,					22.0.1	,,					
Complete this table for your five highest com	pensated i	ndene	ende	ent (	con	tracto	rs t	hat received more	than \$100 000 c	of		

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

<b>(A)</b> Name and title	(B)	1		(C	')			(D)	(E)		(F)
	Average hours per week (list any hours for	box,	unles er and	ss per	more rson irect	than o	an	Reportable compensation from the	Reportable compensation from related organizations	Est am c comp	timated ount of other pensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	orga and	om the anization I related nizations
0) AMY A. BATSON	1.00										
CHIEF FUNDRAISING OFFICER	40.00				Х			0.	289,128.		40,87
1) THOMAS W. FULGHAM	1.00										
CHIEF COMMUNICATIONS OFFICER	40.00					X		0.	312,114.		50,58
2) GOVAN S. HORNOR	1.00										
CHIEF INFORMATION OFFICER	40.00					X		0.	291,922.		37,16
3) MARGARET EMMA EVERSON	1.00										
CHIEF POLICY OFFICER	40.00					X		0.	425,129.		45,81
4) WAYNE A. DIERKS	1.00										
DIRECTOR OF HUMAN RESOURCES	40.00					Х		0.	265,213.		47,7
5) THOMAS E. MOORMAN  CHIEF SCIENTIST/INTERIM CCO	$\frac{1.00}{40.00}$					Х		0.	024 152		F1 2/
CHIEF SCIENTIST/INTERIFF CCO	40.00					21		0.	234,153.		51,30
1b Sub-total							<b>&gt;</b>				
c Total from continuation sheets to Part VII,	Section A										
d Total (add lines 1b and 1c)							) ro	ceived more than	\$100,000 of		
reportable compensation from the organization		0 .		u ab	OVC	o) wiid	<i>3</i> 10	ceived more than	φ100,000 01		
	<u> </u>										Yes
3 Did the organization list any former offi employee on line 1a? If "Yes," complete Scheo										3	
4 For any individual listed on line 1a, is the organization and related organizations grant individual.	reater than	\$15	0,0	00?	lf	"Yes	5,"	complete Schedu	le J for such	4	X
5 Did any person listed on line 1a receive or	r accrue co	mpen	satio	on fi	rom	n any	uni	related organization	on or individual	_	
for services rendered to the organization? If "Section B. Independent Contractors	res, comple	ie oci	ieau	iie J	ior	SUCII	μer	SUII		5	
1 Complete this table for your five highest cor	nnoncated i	ndons	nda	nt a	2024	tracto	ro t	hat received man	than \$100 000 a	f	

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

### Part VIII Statement of Revenue

		Check if Schedule O contains a respon	nse or note to ar	ny line in this Part V	III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns 1a  Membership dues 1b  Fundraising events 1c  Related organizations 1d  Government grants (contributions) . 1e  All other contributions, gifts, grants, and similar amounts not included above . 1f  Noncash contributions included in lines 1a-1f: \$	27,354,060.				
	h	Total. Add lines 1a-1f		27,354,060.			
Program Service Revenue	2a b c d e	All other program service revenue	Business Code				
Pro	g	Total. Add lines 2a-2f		0.			•
	3	Investment income (including divider and other similar amounts)	nds, interest,	0.			
	5	Royalties		0.			
	6a b c	Cross rents					
	d 7a b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(ii) Other	0.			
	C d	Gain or (loss)		0.			
Other Revenue	8a	Gross income from fundraising events (not including \$27,354,060 of contributions reported on line 1c).  See Part IV, line 18	37,328,085.				
Ó	C	Less: direct expenses b  Net income or (loss) from fundraising events		2,031,206.			2,031,206.
	9a	Gross income from gaming activities. See Part IV, line 19	47,769,041.				
	b	Less: direct expenses b					
	с 10а	Net income or (loss) from gaming activities of Gross sales of inventory, less returns and allowances		18,421,499.			18,421,499.
	b c	Less: cost of goods sold b Net income or (loss) from sales of inventory.	0.	0.			
		Miscellaneous Revenue	Business Code				
	11a b c						
	d	All other revenue					
	е	Total. Add lines 11a-11d		0.			00 1-1 -1
	12	Total revenue. See instructions.	<u> </u>	47,806,765.			20,452,705.

Page **10** 

# Part IX Statement of Functional Expenses

Section 50	1(c)(3	and 50	1(c)(4)	organizations mu	st complete all d	columns. All o	other organizations	must complete colu	ımn (A).

	Check if Schedule O contains a resp	onse or note to any lin	e in this Part IX		
	not include amounts reported on lines 6b, 7b, 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 domestic organizations				
-	and domestic governments. See Part IV, line 21	47,739,265.	47,739,265.		
2	Grants and other assistance to domestic				
-	individuals. See Part IV, line 22	0.			
3	Grants and other assistance to foreign				
3	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
	Compensation of current officers, directors,				
J	trustees, and key employees	0.			
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	0.			
		0.			
ð	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0.			
_		0.			
9	Other employee benefits	0.			
10	Payroll taxes	· ·			
	Fees for services (non-employees):	0.			
	Management	0.			
	Legal	0.			
	Accounting	0.			
	Lobbying	67,500.			67,500.
	Professional fundraising services. See Part IV, line 17.	0,			07,300.
	Investment management fees	0.			
g	Other. (If line 11g amount exceeds 10% of line 25, column	0.			
40	(A) amount, list line 11g expenses on Schedule O.)	0.			
	Advertising and promotion	0.			
13	Office expenses	0.			
14	Information technology	0.			
15	Royalties	0.			
16	Occupancy	0.			
	Travel	0.			
18	Payments of travel or entertainment expenses	0.			
	for any federal, state, or local public officials	0.			
	Conferences, conventions, and meetings	0.			
20	Interest	0.			
21	Payments to affiliates	0.			
22	Depreciation, depletion, and amortization	0.			
	Insurance	0.			
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
b					
d					
	All other expenses	47,806,765.	47,739,265.		67,500.
	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the	±1,000,705.	II, 139, 403.		07,300.
-0	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)	0.			
					<u> </u>

Form 990 (2018) Page **11** 

# Part X Balance Sheet

	ILA	Check if Schedule O contains a response or note to any line in this Pa	art X		
		Check if Schedule O contains a response of note to any line in this re	(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	0.	1	0.
	2	Savings and temporary cash investments	0.	2	0.
	3	Pledges and grants receivable, net	0.	3	0.
	4	Accounts receivable, net	0.	4	0.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers			
		and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary	_		_
Ø		organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
Assets	7	Notes and loans receivable, net	0.	7	0.
As	8	Inventories for sale or use	0.	8	0.
	9	Prepaid expenses and deferred charges	0.	9	0.
	10 a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D	0		0
		Less: accumulated depreciation		10c	0.
	11	Investments - publicly traded securities	0.	• •	0.
	12	Investments - other securities. See Part IV, line 11	0.		0.
	13	Investments - program-related. See Part IV, line 11	0.		0.
	14	Intangible assets	0.	14 15	0.
	15	Other assets. See Part IV, line 11	0.	15 16	0.
	16	Total assets. Add lines 1 through 15 (must equal line 34)		17	0.
	17 18	Accounts payable and accrued expenses	0.	18	0.
	19	Grants payable	0.		0.
	20	Deferred revenue	0.	.,	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.		0.
S	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
БĖ		disqualified persons. Complete Part II of Schedule L	0.	22	0.
Ë	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	0.	25	0.
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
es		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.			
auc	27	Unrestricted net assets		27	
3a j	28	Temporarily restricted net assets		28	
Fund Balances	29	Permanently restricted net assets		29	
or Fui		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ř	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	0.	33	0.
	34	Total liabilities and net assets/fund balances	0.	34	0.

Page **12** Form 990 (2018)

01111 00	(2010)					gc • =	
Part							
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1			06,7		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4	7,8	06,7		
3	Revenue less expenses. Subtract line 2 from line 1	3				0.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4				0.	
5	Net unrealized gains (losses) on investments	5		0.			
6	Donated services and use of facilities						
7	Investment expenses	7				0.	
8	Prior period adjustments	8				0.	
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	33, column (B))	10				0.	
Part							
	Check if Schedule O contains a response or note to any line in this Part XII		<u> ,</u>				
			_		Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in				
	Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.		[	2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	or				
	reviewed on a separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		L	2b	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were aud						
	separate basis, consolidated basis, or both:						
	Separate basis X Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	oversi	ght				
	of the audit, review, or compilation of its financial statements and selection of an independent according to the audit, review, or compilation of its financial statements and selection of an independent according to the audit, review, or compilation of its financial statements and selection of an independent according to the audit, review, or compilation of its financial statements and selection of an independent according to the audit, review, or compilation of its financial statements and selection of an independent according to the audit, review, or compilation of its financial statements and selection of an independent according to the audit according t		- 1	2c	Х		
	If the organization changed either its oversight process or selection process during the tax year, e						
	Schedule O.						
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	in				
	the Single Audit Act and OMB Circular A-133?			3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	lergo	the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au			3b			

Form **990** (2018)

8E1054 1.000 82765P 1985 V 18-7.6F 2248861

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

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information.

DUC	CKS	UNLIMITED,	INC GROU	JP RETURN				91-20090	04
Pa	rt I	Reason for P	ublic Cha	rity Status (All o	organizations must o	omplet	e this pa	art.) See instructions	
The	orga	anization is not a	private foul	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church, conver	ntion of chu	ırches, or associa	tion of churches desc	ribed in <b>s</b>	ection 1	70(b)(1)(A)(i).	
2		A school describ	ed in <b>secti</b>	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990	I-EZ).)	
3		A hospital or a c	ooperative	hospital service o	rganization described	in <b>sectio</b>	n 170(b)	(1)(A)(iii).	
4		A medical resea	rch organiz	ation operated in	conjunction with a hos	spital de	scribed ir	section 170(b)(1)(A)	(iii). Enter the
		hospital's name,	city, and st	ate:					
5		An organization	operated f	or the benefit of	a college or universit	y owned	d or ope	rated by a governme	ental unit described in
		section 170(b)(1	)( <b>A</b> )(iv). (C	omplete Part II.)	_		-		
6		A federal, state,	or local go	vernment or gover	rnmental unit describe	d in <b>sect</b>	ion 170(	b)(1)(A)(v).	
7	X	An organization	that norma	ally receives a sub	stantial part of its su	pport fro	om a go	vernmental unit or fro	om the general public
		described in sec	tion 170(b)	(1)(A)(vi). (Compl	ete Part II.)				
8		A community true	st describe	d in section 170(b	o)(1)(A)(vi). (Complete	Part II.)			
9		=				-		l in conjunction with a	land-grant college
		_	_				-	name, city, and state of	
		university:							
10		receipts from ac	tivities rela	ted to its exempt f	unctions - subject to	certain e	exception	ntributions, membersh s, and (2) no more tha s section 511 tax) from	n 331/3 % of its
	_				975. See <b>section 509</b>				
11		An organization	organized a	and operated exclu	usively to test for publi	c safety.	See sec	tion 509(a)(4).	
12		J	J	•	•			e functions of, or to o	
				-				section 509(a)(2). S	
		Check the box in	lines 12a t	hrough 12d that d	escribes the type of s	upporting	g organiz	zation and complete lir	nes 12e, 12f, and 12g.
а	L	_ <b>Type I.</b> A supp	porting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
		the supported	organizatio	n(s) the power to	regularly appoint or e	lect a m	ajority of	the directors or truste	es of the
		7 5 5		-	e Part IV, Sections A				
b	L			-				supported organization	
			_	· · · -	=	the sam	e persor	s that control or man	age the supported
		7		=	, Sections A and C.				
С		= -						n with, and functional	lly integrated with,
			_		s). You must comple				t
d	_		-	-		-		ection with its support	
			-	•	•	•		ution requirement and	an altentiveness
_	Г	1 '		•	omplete Part IV, Sect			u <b>Fart v.</b> nat it is a Type I, Type I	I Type III
е	_		•		ionally integrated sup				i, Type iii
f	Fn						nyanizai	IOH.	
a					orted organization(s).				
		ame of supported orga		(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
	``	5		,	(described on lines 1-10		ur governing	support (see	other support (see
					above (see instructions))	Yes	ment?	instructions)	instructions)
/ A \									
(A)									
(B)									
(C)									
(D)									
(E)									
Tota	al								

Page 2 Schedule A (Form 990 or 990-EZ) 2018

Part II Support Schedule for Organizations Described in Sections 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	Section A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	26,568,224.	26,975,857.	26,646,542.	26,989,326.	27,354,060.	134,534,009.		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.		
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.		
4	Total. Add lines 1 through 3	26,568,224.	26,975,857.	26,646,542.	26,989,326.	27,354,060.	134,534,009.		
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.		
_6	Public support. Subtract line 5 from line 4						134,534,009.		
Sec	tion B. Total Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total		
7	Amounts from line 4	26,568,224.	26,975,857.	26,646,542.	26,989,326.	27,354,060.	134,534,009.		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						0.		
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0.					0.		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.		
11	Total support. Add lines 7 through 10						134,534,009.		
12	Gross receipts from related activities, etc. (s	see instructions) .				12			
13	First five years. If the Form 990 is forganization, check this box and stop here			d, third, fourth,	or fifth tax yea	ar as a section	501(c)(3) ▶		
	tion C. Computation of Public Sup						100 00 0		
14	Public support percentage for 2018 (li	•	•			14	100.00%		
15	Public support percentage from 2017					15			
16a	331/3% support test - 2018. If the organization of	=							
h	box and <b>stop here</b> . The organization q <b>33</b> 1/3 % <b>support test - 2017</b> . If the org								
D	this box and <b>stop here</b> . The organization								
17a	10%-facts-and-circumstances test - 2	•		•					
174	10% or more, and if the organization								
	Part VI how the organization meets t								
	organization			J	•		•		
b	10%-facts-and-circumstances test - 2						and line		
	15 is 10% or more, and if the organic	•							
	Explain in Part VI how the organizati								
	supported organization								
18	Private foundation. If the organization								
	instructions								

Schedule A (Form 990 or 990-EZ) 2018 Page 3

#### Part III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support			, I	<u>'</u>	,	
Cale	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, 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 through 5						
7 a	Amounts included on lines 1, 2, and 3						
h	received from disqualified persons Amounts included on lines 2 and 3						
b	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	tion B. Total Support		T		1	T	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10 a	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 June 30, 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 VI.)						
13	Total support. (Add lines 9, 10c, 11,						
-	and 12.)						
14	First five years. If the Form 990 is for	or the organiza	tion's first seco	nd. third fourth	or fifth tax w	rear as a section	501(c)(3)
	organization, check this box and <b>stop here</b> .	-			•		
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2018 (line 8,			mn (f))		. 15	%
16	Public support percentage from 2017 Sche					16	<del></del>
	tion D. Computation of Investment					1 1	
17	Investment income percentage for 2018 (lir			13 column (f))		17	%
18	Investment income percentage for 2017 (in					18	
	331/3% support tests - 2018. If the org						
134	17 is not more than 331/3%, check thi						. $\square$
L	331/3% support tests - 2017. If the orga		_				
D	line 18 is not more than 331/3%, check						
20	<b>Private foundation.</b> If the organization of		- · ·	•		• •	
20	roundation. If the organization t	ara mor omcor	a box on mic	, .ou, or 19L	, oncor una Di	on una 300 mon	40110110

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Schedule A (Form 990 or 990-EZ) 2018 Page **4** 

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.** 
  - **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, t determine whether the organization had excess business holdings.)

		Yes	No
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Schedule A (Form 990 or 990-EZ) 2018 Page **5** 

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	ion D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	_		
C = = 1		3		
	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structi	ons).	
a	The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>	t	- (! \	
С	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see	instruc		
2	Activities Test. Answer (a) and (b) below.		Yes	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	2-		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	24		
_	-	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
D	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		
	. , , , , , , , , , , , , , , , , , , ,			

Page 6 Schedule A (Form 990 or 990-EZ) 2018

Type III Non-Functionally Integrated 509(a)(3) Supporting Organ  Check here if the organization satisfied the Integral Part Test as a qualifying			in in Part VI\ See
instructions. All other Type III non-functionally integrated supporting organization	_		,
Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall instructions).	y integra	ted Type III supportin	g organization (see

Schedule A (Form 990 or 990-EZ) 2018

8E1231 1.000 82765P 1985 V 18-7.6F 2248861 Schedule A (Form 990 or 990-EZ) 2018 Page **7** 

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	tions (continued)					
	on D - Distributions			Current Year				
1	Amounts paid to supported organizations to accomplish ex	kempt purposes						
2	Amounts paid to perform activity that directly furthers exer	ed						
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purpo	zations						
4	Amounts paid to acquire exempt-use assets							
5	Qualified set-aside amounts (prior IRS approval required)							
6	Other distributions (describe in <b>Part VI</b> ). See instructions.							
7	<b>Total annual distributions.</b> Add lines 1 through 6.							
8	Distributions to attentive supported organizations to which	the organization is resp	onsive					
	(provide details in <b>Part VI</b> ). See instructions.							
9	Distributable amount for 2018 from Section C, line 6							
10	Line 8 amount divided by line 9 amount							
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018				
1	Distributable amount for 2018 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2018							
	(reasonable cause required - explain in Part VI). See							
	instructions.							
3	Excess distributions carryover, if any, to 2018							
а	From 2013							
b	From 2014							
С	From 2015							
d	From 2016							
e	From 2017							
f	Total of lines 3a through e							
<u>g</u>	Applied to underdistributions of prior years							
<u>h</u>	Applied to 2018 distributable amount							
<u>i</u>	Carryover from 2013 not applied (see instructions)							
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.							
4	Distributions for 2018 from							
	Section D, line 7: \$ Applied to underdistributions of prior years							
a b	Applied to 2018 distributable amount							
C	Remainder. Subtract lines 4a and 4b from 4.							
5	Remaining underdistributions for years prior to 2018, if							
J	any. Subtract lines 3g and 4a from line 2. For result							
	greater than zero, explain in <b>Part VI</b> . See instructions.							
6	Remaining underdistributions for 2018. Subtract lines 3h							
·	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2019. Add lines 3j							
-	and 4c.							
8	Breakdown of line 7:							
a	Excess from 2014							
b	Excess from 2015							
С	Excess from 2016							

Schedule A (Form 990 or 990-EZ) 2018

d Excess from 2017 . . . e Excess from 2018 . . .

Schedule A (Form 990 or 990-EZ) 2018 Page 8

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule A (Form 990 or 990-EZ) 2018

#### **SCHEDULE D** (Form 990)

Department of the Treasury

## Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number DUCKS UNLIMITED, INC GROUP RETURN 91-2009004 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of 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 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Nο Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No **Conservation Easements.** Part II Complete if the organization answered "Yes" on 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 education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a 2b 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? In Part XIII, 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), 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:

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

Schedule D (Form 990) 2018

▶ \$

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

	One of installations Maintaini	Calla	-4:£	A	uia al Tua			O4l	Cinalian A	4- /-		Page Z
	rt   Organizations Maintaini						<u> </u>					
3	Using the organization's acquisition		ssion, and o	other recoi	as, checi	k any o	t the	follow	ing that a	re a sigr	nificant u	se of its
	collection items (check all that app	ly):			٦.							
a	Public exhibition			d		or excha						
b	Scholarly research			e	Other							
С	Preservation for future gene										_	
4	Provide a description of the organ	nization's	collections	and expla	ain how t	hey fur	ther	the org	ganization's	s exemp	t purpose	e in Part
	XIII.											
5	During the year, did the organization									_		
	assets to be sold to raise funds rath			ained as pa	rt of the o	organiza	ation's	s collec	tion?		Yes	No_
Pa	rt IV Escrow and Custodial A							_				
	Complete if the organiza	ition ans	wered "Ye	es" on For	m 990, F	art IV,	line	9, or re	eported a	n amour	nt on Foi	m
	990, Part X, line 21.											
1a	Is the organization an agent, truste				-					_		
	included on Form 990, Part X?									L	Yes	No
b	If "Yes," explain the arrangement in	n Part XII	II and comp	olete the fo	llowing tab	ole:						
										Amount		
С	Beginning balance						1c					
d	Additions during the year						1d					
е	Distributions during the year						1e					
f	Ending balance					[	1f					
	Did the organization include an am		-	•	•					, _	Yes	No
	If "Yes," explain the arrangement in	n Part XII	II. Check h	ere if the e	xplanation	has be	en pro	ovided	on Part XIII			<u> </u>
Pa	rt V Endowment Funds.											
	Complete if the organiza	ition ans	wered "Ye	es" on For	m 990, F	Part IV,	line	10.				
		(a) Cu	rrent year	(b) Pric	r year	(c) Two	o years	back	(d) Three ye	ears back	(e) Four y	ears back
1a	Beginning of year balance											
b	Contributions											
С	Net investment earnings, gains,											
	and losses											
d	Grants or scholarships											
e	Other expenditures for facilities											
	and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage		rrent vear	end balanc	e (line 1a	column	(a)) l	neld as				
a	Board designated or quasi-endown			%	· (	00.0	(-,// .		•			
b	Permanent endowment >	%		_								
С	Temporarily restricted endowment	<b></b>	%									
	The percentages on lines 2a, 2b, a	ınd 2c sh	ould equal '	100%.								
3a	Are there endowment funds not in	the poss	ession of th	ne organiza	ation that	are held	d and	admir	istered for	the		
	organization by:										Y	es No
	(i) unrelated organizations										3a(i)	
	(ii) related organizations										3a(ii)	
b	If "Yes" on line 3a(ii), are the relate										3b	
4	Describe in Part XIII the intended u	ises of th	ne organiza	tion's endo	wment fur	nds.						
Pa	rt VI Land, Buildings, and Equ	ipment.										
	Complete if the organiza	ation ans										
	Description of property		(a) Cost or (inves	other basis tment)	(b) Cost (	or other ba ther)	asis		cumulated eciation	(0	l) Book valu	ie
1 a	Land		,		,-	,						
b	Buildings											
c	Leasehold improvements											
d	Equipment											
e	Other											
Tota	I Add lines 1a through 1e (Column			n 990 Part	X colum	n (B) lin	ne 100	2)	<b></b>			

Schedule D (Form 990) 2018 Page **3** 

Part VII	Investments - Other Securities.			
	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11b. See Form 990, Part X, line 12	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(1) Financia	al derivatives			
	-held equity interests			
(3) Other_ (A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related. Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11c. See Form 990, Part X, line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(1)			•	
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11d. See Form 990, Part X, line 15	
	<b>(a)</b> De	scription	(b) Book value	<u> </u>
(1)				
(2)				
(3)				
(4)				
(5)				
<u>(6)</u> <u>(7)</u>				
(8)				
(9)				
	ımn (b) must equal Form 990, Part X, col. (B) l	ine 15.)		
Part X	Other Liabilities.		, Part IV, line 11e or 11f. See Form 990, Part X,	
1.	(a) Description of liability	(b) Book value	е	
(1) Feder	al income taxes			
(2)				
(3)				
_(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 25.)	<b>&gt;</b>		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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Part 2	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ո.	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	
	Supplemental Information.	() ( )	
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Patt III, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inforr		
		i i di i di	
SEE	PAGE 5		

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### Part XIII Supplemental Information (continued)

FIN 48/ASC 740

PART X, LINE 2

DUCKS UNLIMITED, INC. (DUI) AND WETLANDS AMERICA TRUST (WAT) ARE RECOGNIZED AS ORGANIZATIONS EXEMPT FROM FEDERAL INCOME TAX UNDER 501(A) AS ENTITIES DESCRIBED IN SECTION 501(C)(3) OF THE U.S. INTERNAL REVENUE CODE, EXCEPT FOR TAXES ON INCOME FROM ACTIVITIES UNRELATED TO ITS EXEMPT PURPOSES. THE ORGANIZATION DOES NOT HAVE ANY MATERIAL UNRECOGNIZED TAX POSITIONS THAT SHOULD BE RECOGNIZED IN THE FINANCIAL STATEMENTS FOR 2019 AND 2018.

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

### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest instructions.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Inspection

name of the organization					Employer Identification	n number
DUCKS UNLIMITED, INC GROUP RE					91-2009004	
<b>Fundraising Activities.</b> Con Form 990-EZ filers are not				"Yes" on Form 9	990, Part IV, line	17.
1 Indicate whether the organization rai				activities Check a	all that apply	
	_		_	non-government g		
· · · · · · · · · · · · · · · · · · ·	е					
b Internet and email solicitations	f	I I		government grants	5	
c Phone solicitations	g	△ Spe	cial fundra	ising events		
d In-person solicitations						
<ul> <li>2a Did the organization have a written of key employees listed in Form 990</li> <li>b If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the</li> </ul>	, Part VII) or entity viduals or entities	in connec	tion with p	rofessional fundra	ising services?	X Yes No fundraiser is to be
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	ndraiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No		( )	
1			-			
ATTACHMENT 1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total			<b>—</b>	740,884.	67,500.	672,884.
3 List all states in which the organiza registration or licensing.						
AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL	,GA,HI,TD.TI	IN.				
IA, KS, KY, LA, ME, MD, MA, MI, MN, MS			M, NY, NO	C, ND, OH.		
OK,OR,PA,RI,SC,SD,TN,TX,UT,VA			,	0 / 2.12 / 022 /		

Schedule G (Form 990 or 990-FZ) 2018

ouncaule o	(1 0111 330 01 330-LZ) Z0 10	r age =
Part II	Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, o	r reported
	more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 at	nd 6b. List
	events with gross receipts greater than \$5,000.	

		events with gross receipts gre	cater than \$5,000.			
			(a) Event #1 DENVER	(b) Event #2 EAST COOPER	(c) Other events 4,088.	(d) Total events (add col. (a) through
a)			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts	446,936.	395,060.	63,840,149.	64,682,145
ď		Less: Contributions Gross income (line 1 minus	19,250.	52,500.	27,282,310.	27,354,060
	3	line 2)	427,686.	342,560.	36,557,839.	37,328,085
	4	Cash prizes				
	5	Noncash prizes	49,342.	60,200.	12,903,404.	13,012,946
suses	6	Rent/facility costs	1,255.	14,030.	8,853,194.	8,868,479
Direct Expenses	7	Food and beverages	134,363.	43,427.	12,250,364.	12,428,154
Direct	8	Entertainment				
	9	Other direct expenses	38,949.	32,179.	916,172.	987,300
	10	Direct expense summary. Add lin	es 4 through 9 in colu	mn (d)		35,296,879
	11	Net income summary. Subtract li	ne 10 from line 3, colu	ımn (d)		2,031,206
Pa	rt I	Gaming. Complete if the org \$15,000 on Form 990-EZ, lin	anization answered "	Yes" on Form 990, I	Part IV, line 19, or	reported more than
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue			47,769,041.	47,769,041
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes			29,347,542.	29,347,542
irect E	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	Yes %	Yes%	X Yes 100.0000 % No	
	7	Direct expense summary. Add lin	es 2 through 5 in colu	mn (d)	<b>&gt;</b>	29,347,542
	8	Net gaming income summary. Su	ubtract line 7 from line	1, column (d)		18,421,499
9 8	1	Enter the state(s) in which the orgals the organization licensed to con If "No," explain:		in each of these state		
10 a		Were any of the organization's gamino If "Yes," explain:	g licenses revoked, sus			Yes X No

Sched	ule G (Form 990 or 990-EZ) 2018					Page <b>3</b>
11 12	Is the organization a granto	r, beneficiary or	trustee of a trust o	r a men	nber of a partnership or other entity	
13	Indicate the percentage of					res No
а	-					1.0000 %
b						99.0000 %
14					tion's gaming/special events books and	
	Name ▶BAILEY PE	TTY 				
	Address ► ONE WATER	FOWL WAY ME	MPHIS, TN 381	20		
15 a					om the organization receives gaming	
h	If "Yes " enter the amount of	of gaming reven	ue received by the c	organizat	tion ▶ \$ and the	
	amount of gaming revenue	retained by the	third party ► \$	n garnzai		•
С	If "Yes," enter name and ac					
	Name ▶					
	Address ▶					
16	Gaming manager information	n:				
	Name ▶					
	Gaming manager compens	ation ▶\$				
	Description of services prov	vided ▶				
	Director/officer	Employe	ee In	depend	ent contractor	
17 a b Par	retain the state gaming licer Enter the amount of distri or spent in the organization t IV Supplemental Info	nse? butions required s own exempt a <b>rmation</b> . Provi	d under state law activities during the ide the explanation	to be d tax year n requir	istributions from the gaming proceeds istributed to other exempt organization \$\int 9,717,466.\$  red by Part I, line 2b, columns (iii) are table. Also provide any additional information.	Yes No
CCII	(see instructions).  G, PART III, LINE 1					
SCI	G, PARI III, LINE I	. / D				
STA	TES REQUIRED DISTRI	BUTION				
VT	9,061	NM	12,826	WV	14,904	
RI	16,817	ND	19,266	IA	28,495	
KY	45,621	NH	49,437	DE	60,258	
WY	67,312	MA	104,813	ID	120,914	
OR	126,620	NV	179,631	NE	217,131	

Schedule G (Form 990 or 990-EZ) 2018

Sched	ule G (Form 990 or 990-EZ) 2018					Page 3
11	Does the organization cond	uct gaming	activities with nonmemb	ers?		Yes No
12	Is the organization a granto	r, beneficiar	y or trustee of a trust or	r a mem	ber of a partnership or other entity	
						Yes No
13	Indicate the percentage of	gaming activ	vity conducted in:			
а	The organization's facility					%
b						%
14					ion's gaming/special events books and	
	records:					
	Name ▶					
	Address ▶					
15 a	Does the organization hav	e a contrac	ct with a third party fr	om who	om the organization receives gaming	
	_		· · ·			Yes No
b	If "Yes," enter the amount of	f gaming re	venue received by the o	rganizati	on ▶ \$ and the	
	amount of gaming revenue retained by the third party ▶ \$					
С	If "Yes," enter name and ad					
	Name ▶					
	Address					
16	Gaming manager information	n:				
	Name ▶					
	Gaming manager compensation	ation ▶\$_				
	Description of services prov	ided ►				
	Director/officer				ent contractor	
17	Mandatory distributions:					
а					tributions from the gaming proceeds to	J.,
						」Yes No
b	or spent in the organization	•			stributed to other exempt organizations	
Part					ed by Part I, line 2b, columns (iii) and (v),	and
1 611					able. Also provide any additional informa	
AK	234,876	AR	279,232	VA	319,205	
	, , , ,		,			
IN	362,394	NC	591,775	LA	622,105	
NY	653,513	CA	733,977	ΜI	1,066,967	
WI	1,110,389	TX	2,707,730			
тот.	\T 0 7EE 070					
TOT	AL 9,755,270					

Schedule G (Form 990 or 990-EZ) 2018

FUNDRAISER
PAID
HIGHEST
I
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RT
PA
G, PA
<u>г</u>

NAME AND ADDRESS OF		DID FUNDRAISER HAVE	GROSS RECEIPTS	AMOUNT PAID TO	AMOUNT PAID TO
FUNDRAISER	ACTIVITY	CUSTODY OR CONTROL	FROM ACTIVITY	(OR RETAINED BY	(OR RETAINED BY
		OF CONTRIBUTIONS?		FUNDRAISER	ORGANIZATION
		YES NO			
K.D. MANAGEMENT, LLC	EVENT PLAN.				
	/COORD	×	740,884.	67,500.	672,884.

4616 25TH AVE NE SEATTLE WA 98105 ATTACHMENT 1

Sched	Iule G (Form 990 or 990-EZ) 2018
11	Does the organization conduct gaming activities with nonmembers? Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in:
a	• • • • • • • • • • • • • • • • • • • •
b	,
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	records.
	Name ▶
	Address ►
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue? Yes No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
	amount of gaming revenue retained by the third party ▶ \$
С	If "Yes," enter name and address of the third party:
	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? Yes No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations
-	or spent in the organization's own exempt activities during the tax year > \$
Par	
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information
	(see instructions).
	·
SCH	EDULE G, PART III-STATES IN WHICH ORG. OPERATES GAMING ACTIVITIES
	·
AK.	AZ, AR, CA, CO, CT, DE, GA, ID, IL, IN,
,	
IA.	KS, KY, LA, ME, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH,
/	
OK (	OR, PA, RI, TN, TX, VT, VA, WA, WV, WI, WY,
O1C ,	Var   1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

Schedule G (Form 990 or 990-EZ) 2018

### SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service

### Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

OMB No. 1545-004	OMB No. 1545-0047	2018
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► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection å

Name of the organization	rganization						Employer identification number	on number
DUCKS UN	DUCKS UNLIMITED, INC GROUP RETURN						91-2009004	4
Part I G	General Information on Grants and Assistance	d Assistance	0					
1 Does t	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	ubstantiate the	e amount of the	grants or assistar	ice, the grantees'	eligibility for the grant	s or assistance, and	
the sel	the selection criteria used to award the grants or assistance?  Describe in Dart IV the organization's procedures for monitoring the use of grant finds in the United States.	s or assistance	e? itoring the use (	of arout funds in the	United States	and the use of grant funds in the United States		× Kes
Հ I	ibe iii rait iv tile olganiizations proced	iolii loi saint	ach ain fillion	or grant runds in the	Ollica States.	:		
Part    0	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Dart IV, line 21, for any registion that received more than ©E 000. Dart II can be diminated if additional energials.	omestic Orc	yanizations an more than ⊄5	d Domestic Gov	ernments. Com	plete if the organiz	ation answered "Y	es" on Form 990,
-   -	(a) Name and address of organization	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation	(g) Description of	(h) Purpose of grant
	or government	,	(if applicable)	grant	cash assistance	(book, FMV, appraisal, other)	noncash assistance	or assistance
(1) DUCKS U	(1) DUCKS UNLIMITED, INC.							
1 WATER	1 WATERFOWL WAY MEMPHIS, TN 38120	13-5643799	501(C)(3)	47,739,265.				CONSERVATION
(2)								
(3)								
(4)								
(5)								
(9)								
(2)								
(8)								
(6)								
		T						
(10)								
(11)								

JSA 8E1288 1.000 82765P 1985

Enter total number of other organizations listed in the line 1 table....

(12)

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

Schedule I (Form 990) (2018)

91-2009004

Page 2

Schedule I (Form 990) (2018)

**Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
_						
_						
_						
art IV	<b>Supplemental Information.</b> Provide the information required in Part I, line 2, Part III, column (b); and any other additional	information re	quired in Part I.	line 2, Part III, o	olumn (b); and any o	ther additional

information.

PART I, LINE II

PROCEDURES FOR MONITORING GRANT FUNDS WITHIN THE UNITED STATES

DUCKS UNLIMITED, INC. REPORTS ON CONSERVATION ACCOMPLISHMENTS ON AN

ANNUAL BASIS THROUGH THE ANNUAL REPORT AND ALSO THROUGH THE WEBSITE

(DUCKS.ORG). THESE ACCOMPLISHMENTS ARE EXPRESSED IN "ACRES CONSERVED" AS

WELL AS CONSERVATION EXPENDITURES BY STATE. IT IS CRITICAL THAT DUCKS

KEEPS ITS VOLUNTEERS AND MEMBERS FULLY ENGAGED WITH ITS

UNLIMITED, INC.

MISSION THROUGH EDUCATION AND COMMUNICATION OF OUR GOALS AND

ACCOMPLISHMENTS.

V 18-7.6F

### **SCHEDULE J** (Form 990)

**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

**Open to Public** 

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

DUCKS UNLIMITED, INC GROUP RETURN

Employer identification number

91-2009004

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.  First-class or charter travel  Travel for companions  Tax indemnification and gross-up payments  Discretionary spending account  Housing allowance or residence for personal use  Payments for business use of personal residence  Health or social club dues or initiation fees  Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
2	explain	1b		
_	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.    X			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
а	organization or a related organization:  Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a	Х	
b	Any related organization?	5b	Х	
•	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
_	compensation contingent on the net earnings of: The organization?	6a	X	
a h	The organization?	6b	X	
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2018

Schedule J (Form 990) 2018

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Part II For each individual whose compensation must be reported on 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 aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W-2 and/	f W-2 and/or 1099-MIS	or 1099-MISC compensation	bac tacmerite a (2)	oldoxotaoly (C)	(E) Total of ordinary	(E) Comparation
( <b>A</b> ) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(l)-(D)	in column (B) reported as deferred on prior Form 990
E. NICHOLS WILEY	Ξ	0	0	0	0	0	0	0
CHIEF CONSERVATION OFFICER	€	217,642.	60,015.	45,656.	7,705.	20,336.	351,354.	0.
EARL H. GROCHAU	ε	0	.0	.0	.0	0	.0	0
2CAO/CFO/ASST. TREASURER	€	245,306.	64,170.	2,838.	19,861.	19,119.	351,294.	0
DANIEL P. THIEL	ε	0	0	.0	.0	0	.0	0
3EXECUTIVE SECRETARY/COO WAT	€	239,826.	56,092.	2,838.	24,956.	20,511.	344,223.	0.
AMY A. BATSON	ε	0	0	.0	.0	0	.0	0.
4CHIEF FUNDRAISING OFFICER	€	234,099.	54,062.	967.	23,138.	17,739.	330,005.	0.
THOMAS W. FULGHAM	ε	0	0	.0	.0	0	.0	0.
5CHIEF COMMUNICATIONS OFFICER	€	230,105.	54,527.	27,482.	30,597.	19,985.	362,696.	0
GOVAN S. HORNOR	ε	0	.0	.0	.0	0	.0	0
GHIEF INFORMATION OFFICER	€	234,629.	54,505.	2,788.	18,047.	19,119.	329,088.	0
MARGARET EMMA EVERSON	Ξ	0	0	.0	.0	0	.0	0
7CHIEF POLICY OFFICER	€	182,794.	223,780.	18,555.	19,625.	26,186.	470,940.	0
WAYNE A. DIERKS	ε	0	.0	.0	.0	0	.0	0
8DIRECTOR OF HUMAN RESOURCES	€	213,714.	43,909.	7,590.	26,003.	21,769.	312,985.	0
THOMAS E. MOORMAN	Ξ	0	0	.0	0	0	0.	0
9CHIEF SCIENTIST/INTERIM CCO	€	184,748.	47,190.	2,215.	28,157.	23,151.	285,461.	0
H. DALE HALL	Ξ	0	0	.0	.0	0	.0	0
10 CHIEF EXECUTIVE OFFICER	€	367,192.	127,650.	8,382.	20,297.	19,119.	542,640.	0
	Ξ							
11	(ii)							
	Ξ							
12	(ii)							
	Θ							
13	(ii)							
	Ξ							
14	€							
	Ξ							
15	Œ							
	Ξ							
16	(ii)							
							Sch	Schedule J (Form 990) 2018

Page 2

Schedule J (Form 990) 2018

Page

## Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINES 5A & 6A

VARIABLE COMPENSATION

ALL EMPLOYEES PARTICIPATE IN A VARIABLE COMPENSATION PLAN THAT IS BASED

ON MEETING BUDGETED GOALS FOR REVENUE, INCOME, EXPENSE, EFFICIENCY,

MEMBERSHIP AND ACRES PROTECTED.

V 18-7.6F

Schedule J (Form 990) 2018

### SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number 91-2009004

DUCKS UNLIMITED, INC GROUP RETURN

PART VI, LINE 11

990 COMMITTEE DISTRIBUTION

A COPY OF THE 990 IS DISTRIBUTED TO A COMMITTEE MADE UP OF A NUMBER OF KEY BOARD MEMBERS (THE 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 FOR FILING. ONCE APPROVED, THE 990 IS DISTRIBUTED TO THE FULL BOARD. THE FULL BOARD WILL APPROVE BY A SIMPLE MAJORITY BEFORE THE 990 IS FILED.

PART VI, LINES 6 AND 7A

OFFICER ELECTION PROCESS

DUCKS UNLIMITED, INC. (DUI) IS A MEMBERSHIP ORGANIZATION. THE OFFICERS OF DUI, OTHER THAN THE CHIEF EXECUTIVE OFFICER AND EXECUTIVE SECRETARY, SHALL BE ELECTED FROM THE MEMBERS OF DUI. ONLY THOSE INDIVIDUALS THAT ARE CURRENT MEMBERS OF DUI SHALL BE ELIGIBLE TO SERVE AS AN OFFICER. THE AFFAIRS OF DUI ARE MANAGED BY ITS BOARD OF DIRECTORS. UPON DISSOLUTION OR WINDING UP OF DUI, ITS ASSETS REMAINING AFTER PAYMENT, OR PROVISION FOR PAYMENT, OF ALL DEBTS AND LIABILITIES OF THIS CORPORATION SHALL BE DISTRIBUTED TO A NONPROFIT FUND, FOUNDATION OR CORPORATION WHICH IS ORGANIZED AND OPERATED FOR CHARITABLE PURPOSES AND WHICH HAS ESTABLISHED ITS TAX EXEMPT STATUS UNDER SECTION 501(C)(3) OF THE IRS CODE.

PART VI, LINE 12C

COMPLIANCE POLICY

91-2009004

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 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 ANNUALLY ANY POSSIBLE CONFLICTS OF INTEREST TO THE BOARD OF GOVERNANCE COMMITTEE WHO THEN MAKES A RULING ON WHETHER THE CONFLICT OF INTEREST REALLY EXISTS. IF THERE IS A CONFLICT, THE COMMITTEE THEN PRESENTS THE FACTS AND SUGGESTED RESOLUTION TO THE BOARD OF DIRECTORS FOR A VOTE.

PART VI, LINE 19

PUBLIC AVAILABILITY OF DOCUMENTS AND POLICIES DUCKS UNLIMITED, INC. MAKES

ITS' CONSOLIDATED FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, AND CONFLICT

OF INTEREST POLICY AVAILABLE TO THE PUBLIC ON ITS' WEB SITE (DUCKS.ORG).

PART VI, LINE 2

KATHY AND STEVE CHRISTIAN ARE HUSBAND AND WIFE, AND BOTH SERVE ON BOARD OF DIRECTORS.

### SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

OMB No. 1545-0047

Open to Public

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number 91-2009004

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I

DUCKS UNLIMITED, INC GROUP RETURN

Name of the organization Department of the Treasury Internal Revenue Service

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(9)	:	:			

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. Part II

		(a)	(9)	( <del>p</del> )	(e)	€	(0)	
Name, address, and EIN of related organization	of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section 501(c)(3))	trolling /	Section 512(b)(13) controlled entity?	2(b)(13) Iled /?
							Yes	<b>8</b>
(1) WETLANDS AMERICA TRUST, INC.	36-3330394							
ONE WATERFOWL WAY	MEMPHIS, TN 38120	CONSERVATION	DC	501(C)(3)	12A, I	DUI		×
(2) DUCKS UNLIMITED, INC.	13-5643799							
ONE WATERFOWL WAY	MEMPHIS, TN 38120	CONSERVATION	DC	501(C)(3)	7	NA		×
(3)								
(4)								
(5)								
(9)								
(2)								
For Paperwork Reduction Act Notice, see the Instructions for Form 990	e the Instructions for Form 990.					Schedule R (Form 990) 2018	R (Form 99	0) 2018

Page 2

Schedule R (Form 990) 2018

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Part III

	secared in the street of the street of gain trained at the street of the	90,000,000	2010	2 2 2 2 2 2 2 2 2	a a a a a a a a a a a a a a a a						
ž	(a) Name, address, and EIN of	(b) Primary activity	(c) Legal	(d) Direct controlling	(e) Predominant	(f) Share of total	(g) Share of end-of-	(h) Disproportionate	(i) Code V - UBI	(j) General or	(k) Percentage
	related organization		domicile (state or foreign	entity	income (related, unrelated, excluded from tax under	income	year assets	allocations?	2.7	managing partner?	ownership
			country)		sections 512 - 514)		•	Yes No	1,	Yes	
(1)											
(2)											
(3)											
(4)											
(5)											
(9)											
(7)											
Dart IV	Identification of Related Organizations Taxable as a	ed Organizations	3 Taxable	as a Corporati	Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV,	ete if the organ	ization answer	ed "Yes"	on Form 990,	Part IV,	

Part IV line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

income end-of-year assets ownership	i iiii ai y activity   Ecgal actilicii	Direct controlling	Type of entity	Share of total	Share of	Percentage	Section
	(state or foreign country)	entity	(C corp, S corp, or trust)		end-of-year assets	ownership	o i z(b.)( i controlle entity?
							Yes No

# Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Part V

° N		×		×	×	×		×	×	×	×	×	<b>&gt;</b>	4					×	×	:	×	×		б							2018
Yes		_	×											×	1	_	4	×						ds.	terminir volved							1066
			4 1	2	19	-1 -		14	10	, <del>-</del>	=	-	;	¥ 7	<u> </u>	T 7	=	19	1p	19		-1	18	action threshol	( <b>d)</b> Method of determining amount involved							Schodule P (Form 990) 2018
	ted in Parts II-IV?						- - - - - -					- - - - - -												red relationships and transa	( <b>c</b> ) Amount involved							100
	elated organizations lis																							his line, including cove	(b) Transaction type (a-s)							
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.	<b>b</b> Gift, grant, or capital contribution to related organization(s)	c Gift, grant, or capital contribution from related organization(s).	d Loans or loan guarantees to or for related organization(s)			f Dividends from related organization(s)		Durchase of assets from related organization(s)	i Exchange of assets with related organization(s)	i Lease of facilities equipment or other assets to related organization(s)		k Lease of facilities, equipment, or other assets from related organization(s)	reflormance of services of member sind of fundability solicitations for related organization(s)		n snaring of facilities, equipment, mailing lists, of other assets with related organization(s)	o Sharing of paid employees with related organization(s)	<b>p</b> Reimbursement paid to related organization(s) for expenses.	q Reimbursement paid by related organization(s) for expenses			<ul> <li>Other transfer of cash or property from related organization(s).</li> </ul>	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 and transaction thresholds	(a) Name of related organization	(1)	(2)	(3)	(4)	(5)	(9)	

## Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37 Part VI

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.

l or Percentage ing ownership	No																
(j) General or managing partner?	Yes																
(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)																	
	8																
(h) Disproportionate allocations?	Yes																
(g) Share of end-of-year assets																	
(f) Share of total income																	
vartners ion (3)	٥ ٧																
(e) Are all partners section 501(c)(3) organizations?	Yes																
_	sections 512-514)																
(c) Legal domicile (state or foreign country)																	
(b) Primary activity																	
(a) Name, address, and EIN of entity		(1)	(2)	(3)	(4)	(5)	(9)	(7)	(8)	(6)	(10)	(11)	(12)	(13)	(14)	(15)	(16)

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### Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.