** PUBLIC DISCLOSURE COPY **

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047 Open to Public Inspection

2008 OCT 1. and ending SEP 30. A For the 2008 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number Please use IRS Address change label or Defenders of Wildlife print or Name change type. 53-0183181 Doing Business As Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Specific Termin-202-682-9400 .130 17th Street, NW Instruc-Amended 32,637,015tions. City or town, state or country, and ZIP + 4 **G** Gross receipts \$ Applica-tion pending Washington, DC 20036 H(a) Is this a group return F Name and address of principal officer: Rodger Schlickeisen Yes X No for affiliates? same as C above **H(b)** Are all affiliates included? Yes Tax-exempt status: X 501(c) (3) ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ▶ www.defenders.org **H(c)** Group exemption number ▶ **K** Type of organization: **X** Corporation Association Other -L Year of formation: 1960 M State of legal domicile: DC Part I Summary Briefly describe the organization's mission or most significant activities: Habitat and species protection. Activities & Governance Check this box if the organization discontinued its operations or disposed of more than 25% of its assets. 25 Number of voting members of the governing body (Part VI, line 1a) 23 Number of independent voting members of the governing body (Part VI, line 1b) 192 Total number of employees (Part V, line 2a) 5 188 6 Total number of volunteers (estimate if necessary) 7a Total gross unrelated business revenue from Part VIII, line 12, column (C) 82,702. -55,617. Net unrelated business taxable income from Form 990-T, line 34 **Current Year** Prior Year 28,423,520. Contributions and grants (Part VIII, line 1h) 27,678,974 87,975. 29,250. Program service revenue (Part VIII, line 2g) 237,227. 147,341. 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) 2,746,696. 3,517,422. 30,750,872. 32,117,533. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 351,004. 413,615. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 11,717,522. 12,164,102. 1,871,838. 16a Professional fundraising fees (Part IX, column (A), line 11e) 1,325,566. **b** Total fundraising expenses (Part IX, column (D), line 25) 15,051,339. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 18,799,914. 28,954,622. 32,740,278. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -1,989,4063,162,911. Revenue less expenses. Subtract line 18 from line 12 Assets or Ralances Beginning of Year **End of Year** 31,084,882 32,491,322. 20 Total assets (Part X, line 16) 12,598,108. 11,353,643. 21 Total liabilities (Part X, line 26) 18,486,774. 21,137,679. 22 Net assets or fund balances. Subtract line 21 from line 20 Part II 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. **ELECTRONICALLY FILED** 08/16/2010 Sign Signature of officer Date Here Joseph A. Zillo, Senior VP/CFO Type or print name and title Date Preparer's identifying number (see instructions) Preparer's Check if Paid signature 08/16/10 employed Preparer's Firm's name (or Rogers & Company PLLC EIN ▶ Use Only self-employed). 8300 Boone Boulevard, Suite 600 Vienna, VA 22182 Phone no. $\triangleright 703-893-0030$ May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

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

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Part IV Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an			
	indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other			
	person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization?			
	If "Yes," complete Schedule L, Part IV	28b		X
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional			
	corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 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		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	Х	
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		Х

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Part V Statements Regarding Other IRS Filings and Tax Compliance

					Yes	No			
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		[
	U.S. Information Returns. Enter -0- if not applicable	1a	251						
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0						
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	reporta	ble gaming						
	(gambling) winnings to prize winners?			1c					
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	192						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	irns?		2 b	Х				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)								
За	a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?								
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	X				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a	Х				
b	If "Yes," enter the name of the foreign country: ► Canada								
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign	Bank a	and						
	Financial Accounts.								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans-			5b		X			
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity	-	-						
	Tax Shelter Transaction?			5c					
	Did the organization solicit any contributions that were not tax deductible?		T T	6a		X			
b	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?			6b					
7	, ,								
	a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?								
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b					
С	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?	1		7c		X			
	If "Yes," indicate the number of Forms 8282 filed during the year	7d							
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a		· · · · · · · · · · · · · · · · · · ·			X			
	benefit contract?			7e		X			
T	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f					
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required			7g 7h					
8	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098- Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and sec		1	/11					
0	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization.								
	excess business holdings at any time during the year?			8					
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			Ŭ					
а	Did the organization make any taxable distributions under section 4966?			9a					
b	Did the organization make a distribution to a donor, donor advisor, or related person?		T T	9b					
10	Section 501(c)(7) organizations. Enter: N/A			-					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
11	Section 501(c)(12) organizations. Enter: N/A								
	a Gross income from members or shareholders 11a								
	b Gross income from other sources (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)	11b							
12a	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 N/A	12b							

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

<u>Sec</u>	tion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,			
	processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body Enter the number of voting members that are independent 1b 25			
b	J			
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	Х	
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 organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		Х
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the	l _		- v
	governing body?	7a		X
_	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Δ.
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
_	by the following:		X	
a	0 0 7	8a 8b	X	
b	Each committee with authority to act on behalf of the governing body?	9a	Λ	Х
9a	Does the organization have local chapters, branches, or affiliates?	98		
D	and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must	90		
10	describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Х	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	10	21	
•••	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		х
Sec	tion B. Policies			
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this is done	12c	Х	
13	Does the organization have a written whistleblower policy?	13	Х	
14	Does 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	Х	
b	Other officers or key employees of the organization?	15b		X
	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," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
<u>Sec</u>	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶AK, AL, AR, AZ, CA, CO, CT, DC, FI		,HI	,IL
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for		
	public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd fina	ncial	
	statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion:		
	The Organization - 202-682-9400			
83200	1130 17th Street, NW, Washington, DC 20036	-	000	(0000)
83200 12-18-	See Schedule O for full list of states	Form	990 ((2008)

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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 the organization did not	compensate ar	ny of	ffice	, dir	ecto	or, tru	uste	e, or key employee.		
(A)	(B)			-	C)			(D)	(E)	(F)
Name and Title	Average			Posi				Reportable	Reportable	Estimated
	hours	(C	hecl	k all	that	арр	ly)	compensation	compensation	amount of
	per week	ector						from the	from related organizations	other compensation
	Wook	or dir	g,			ated		organization	(W-2/1099-MISC)	from the
		nstee	trust		e e	ubeus		(W-2/1099-MISC)		organization
		Individual trustee or director	Institutional trustee	L	nploy	st cor	_			and related
		Individ	Institu	Officer	Key employee	Highest compensated employee	Forme			organizations
Rodger Schlickeisen										
President	36.80	X		Х				255,994.	45,759.	62,115.
Adelaide P. Gomer										
Secretary	10.00	X		Х				0.	0.	0.
Richard Kopcho										
Treasurer	2.00	X		Х				0.	0.	0.
Edward Asner										
Director	2.00	X						0.	0.	0.
Peter G. Brown										
Director	2.00	X						0.	0.	0.
Jeff Corwin								_	_	_
Director	2.00	X						0.	0.	0.
Irene Crowe									_	
Director	2.00	X						0.	0.	0.
Gloria Flora		l								
Director	2.00	X						0.	0.	0.
Caroline Gabel		١						•	•	•
Director	2.00	X						0.	0.	0.
Eric R. Glitzenstein		,,						0	0	0
Director	2.00	X						0.	0.	0.
Liberty Godshall	2 00	١,,						0	0	0
Director Ron Pulliam	2.00	X	-					0.	0.	0.
Director	2.00	x						0.	0.	0.
Winsome McIntosh	2.00	_^						0.	0.	0.
Director	2.00	x						0.	0.	0.
Ruth Musgrave	2.00	╬			_			0.	0.	0.
Director	2.00	l v						0.	0.	0.
Dinah Bear	2.00	1						0.	0.	0.
Director	2.00	$ _{\mathbf{x}}$						0.	0.	0.
Ashley Judd	2.00	123						•	<u> </u>	•
Director	2.00	$ _{\mathbf{x}}$						0.	0.	0.
Richard Pritzlaff	+ -:	+	\vdash			\vdash			•	<u></u>
Vice Chair	10.00	x		х				0.	0.	0.
			_				_	• •	• •	

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Part VII Section A. Officers, Directors, Tru		mpl	oye			High	est					
(A)	(B)			-	C)			(D)	(E)		(F)	
Name and title	Average	_ ا		Pos			. I. A	Reportable	Reportable		stimate	
	hours per	H	hecl	k all	tnat	Тарр	iy)	compensation from	compensation from related		nount o other	Οľ
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	fr org and	pensa rom the anizati d relate anizatio	e ion ed
George B. Rabb												
Director	2.00	X						0.	0.			0.
Laura Turner Seydel												
Director	2.00	X						0.	0.			0.
Karin Sheldon												
Director	2.00	Х						0.	0.			0.
Victor Sher												
Chair	10.00	Х		Х				0.	0.			0.
Matthew Pawa												
Director	2.00	X						0.	0.			0.
Lee Talbot												
Director	2.00	Х						0.	0.			0.
Jaime A. Pinkham												
Director	2.00	X						0.	0.			0.
Susan Wallace								_				
Director	2.00	X						0.	0.			0.
Joseph A. Zillo												
Assistant Treasurer	39.90			Х				146,722.	546.	3	0,3	<u> 15.</u>
Jamie Rappaport Clark										l _		
Exec VP/Assis. Secretary	40.00			Х				245,713.	117.		0,6	
1b Total						<u> </u>		1,610,051.	58,501.	34	3,4	67.
2 Total number of individuals (including those	in 1a) who re	ceiv	ed r	nore	tha	ın \$1	00,0	000 in reportable				
compensation from the organization									>			16
											Yes	No
3 Did the organization list any former officer,	director or tru	istee	e, ke	y en	nplo	yee,	or h	nighest compensated er	mployee on			
line 1a? If "Yes." complete Schedule J for s	uch individual									l a l	i l	X

	compensation from the organization			Τ0
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3		X
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	X	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to			
	the organization? If "Yes," complete Schedule J for such person	5		X

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.

(A) Name and business address	(B) Description of services	(C) Compensation
Public Interest Communications, 7700		
Leesburg Pike, Suite 301 North, Fall	Telemarketing agent	829,817.
Public Interest Data Inc., 1800 Diagonal	Computer & service	
Road, Suite 400, Alexandria, VA 22314	bureau	306,991.
Convio, Inc., 11501 Domain Drive, Suite	Computer & service	
200, Austin, TX 78758	bureau	256,890.
Direct Mail Processors, Inc.	Direct mail	
1150 Conrad Court, Hagerstown, MD 21740	processor	247,050.
The Other Firm, 618 NW Glisan Street,		
Suite 201, Portland, OR 97209	Consulting	192,920.
2 Total number of independent contractors (including those in 1) who received m	ore than \$100,000 in compensation	
f		

See Schedule J-2 for Part VII, Section A Continuation

Form **990** (2008)

Pa	rt VII	Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d e f	Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above 16 28	42,385. 22,929. 058206. 92,169.				
g g	h	Total. Add lines 1a-1f		28423520.			
			Business Code				
ø	2 a	Registration fees	900099	28,750.	28,750.		
ار از خ	b	Contract services	900099	500.	500.		
Ser	c						
E B	d						
gra							
Program Service Revenue	e	All all and an area and a second					
_	f	. •		29,250.			
\rightarrow		Total. Add lines 2a-2f		49,450.			
	3	Investment income (including dividends, intere		146 620			146 620
		other similar amounts)		146,630.			146,630.
	4	Income from investment of tax-exempt bond p		0 451 552		4 450	0447100
	5	Royalties		2,451,553.		4,450.	2447103.
		(i) Real	(ii) Personal				
		Gross Rents 34,415.					
		Less: rental expenses					
	С	Rental income or (loss) 34,415.					
	d	Net rental income or (loss))	34,415.			34,415.
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 390,000.					
		Less: cost or other basis					
		and sales expenses 389,289.					
	С	and sales expenses Gain or (loss) 389,289. 711.					
	d	Net gain or (loss)		711.			711.
enue		Gross income from fundraising events (not including \$ 142,385. of					
Other Revenue			130,193.				
됩		1	130,193.				
		· · · · · · · · · · · · · · · · · · ·	····· ►				
	9 a	Gross income from gaming activities. See					
		Part IV, line 19 a					
		Less: direct expenses b					
		Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances a					
	b	Less: cost of goods sold b					
l	С	Net income or (loss) from sales of inventory	<u></u>				
Ι			Business Code				
Ī		Reimbursed expenses	900099	930,263.	930,263.		
	b	Advertising	541800	78,252.		78,252.	
	С	Miscellaneous	900099	22,939.	22,939.		
	d	All other revenue					
		Total. Add lines 11a-11d		1,031,454.			
	12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10		32117533.	982,452.	82,702.	2628859.
83200 02-02	19 -09	, 0, , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·		•	-	Form 990 (2008)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must comp				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	398,815.	398,815.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	,	,		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16	14,800.	14,800.		
4	Benefits paid to or for members	-			
5	Compensation of current officers, directors,				
	trustees, and key employees	1,199,439.	546,833.	486,633.	165,973
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	8,529,455.	6,707,532.	1,129,729.	692,194
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	573,974.	482,947.	46,706.	44,321
9	Other employee benefits	1,181,614.	854,409.	206,821.	120,384
10	Payroll taxes	679,620.	544,510.	80,489.	54,621
11	Fees for services (non-employees):	-			
а	Management				
b		28,002.	7,229.	20,001.	772
С	Accounting	54,271.		54,271.	
	Lobbying	-			
е	B () () () () () () () () () (1,325,566.			1,325,566
f	Investment management fees				•
g	A.,	1,073,585.	943,465.	60,657.	69,463
12	Advertising and promotion	85,641.	76,528.	5,516.	3,597
13	Office expenses	5,007,768.	3,426,796.	908,335.	672,637
14	Information technology	1,030,823.	613,316.	283,823.	133,684
15	Royalties	436,075.	330,327.	52,513.	53,235
16	Occupancy	750,336.	493,218.	234,461.	22,657
17	Travel	368,923.	306,899.	37,215.	24,809
18	Payments of travel or entertainment expenses		,		•
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	119,496.	78,183.	32,866.	8,447
20	Interest	290,753.	226,765.	45,132.	18,856
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	629,285.	490,795.	97,680.	40,810
23	Insurance	61,403.	47,844.	9,545.	4,014
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total				
_	expenses shown on line 25 below.) Publications	3,234,110.	2,350,491.	475,423.	408,196
a b	20 1 1 1 1 1	654,714.	619,654.	11,494.	23,566
	DD becomes /bessle fees	610,453.	330,770.	213,210.	66,473
c d		348,916.	266,473.	59,436.	23,007
u	Compensation payments	201,763.	201,763.	37, 430 •	23,001
f	All other expenses	65,022.	736,852.	499,214.	-1,171,044
т 25	Total functional expenses. Add lines 1 through 24f	28,954,622.	21,097,214.	5,051,170.	2,806,238
25 26	Joint Costs. Check here X if following	20,754,022.	21,001,214.	3,031,170	2,000,230
20	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	* * * * * * * * * * * * * * * * * * * *	10,953,262.	7,115,471.	2,413,648.	1 424 142
	educational campaign and fundraising solicitation	10,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1,110,4110	4,313,040.	1,424,143

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Form **990** (2008)

DOW____1

Part X | Balance Sheet (B) (A) Beginning of year End of year -621,947. 1,833,661. Cash - non-interest-bearing 1 1 4,926,782. 3,658,006. Savings and temporary cash investments 2 2 1,706,081. 2,821,079. 3 Pledges and grants receivable, net 3 669,057. 868,510. Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L 7 Notes and loans receivable, net 796,603. 640,142. Inventories for sale or use 785,891. 768,030. Prepaid expenses and deferred charges 9 15,861,945. 10a Land, buildings, and equipment: cost basis ... | 10a | **b** Less: accumulated depreciation. Complete 4,041,995. 12,279,600. 11,819,950. Part VI of Schedule D ______ 10b 10c 3,843,937. 11 3,284,237. 11 Investments - publicly traded securities 12 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets 6,698,878. 6,797,707. 15 15 Other assets. See Part IV, line 11 32,491,322. 31,084,882. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 2,144,620. 1,948,902. 17 17 Accounts payable and accrued expenses 18 Grants payable 18 20,867. 48,107. 19 19 Deferred revenue 6,430,000. 6,265,000. 20 20 Tax-exempt bond liabilities Escrow account liability. Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable 24 24 4,002,621. 3,091,634. 25 Other liabilities. Complete Part X of Schedule D 25 12,598,108. 26 Total liabilities. Add lines 17 through 25 26 11,353,643. Organizations that follow SFAS 117, check here

X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 9,469,338. 10,061,644. 27 27 Unrestricted net assets 9,664,634. 7,517,929. 28 28 Temporarily restricted net assets 1,499,507. 1,411,401. Permanently restricted net assets Organizations that do not follow SFAS 117, check here complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 32 32 18,486,774. 33 21,137,679. 33 Total net assets or fund balances 31,084,882. 32,491,322. Total liabilities and net assets/fund balances **Financial Statements and Reporting** Yes No Accounting method used to prepare the Form 990: Cash X Accrual Other Х 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a Х b Were the organization's financial statements audited by an independent accountant? c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, Х review, or compilation of its financial statements and selection of an independent accountant? 2c 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? X За

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Form 990 (2008)

b If "Yes," did the organization undergo the required audit or audits?

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

2008

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number Defenders of Wildlife 53-0183181 Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is: (Please check only one organization.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete the Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. **b** Type II c Type III - Functionally integrated By checking this box. I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below. Yes No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the organizations the organization supports. h (iii) Type of (iv) Is the organization (v) Did you notify the (vi) Is the (i) Name of supported (ii) EIN (vii) Amount of organization organization in col. in col. (i) listed in your organization in col. organization (i) organized in the U.S.? support (described on lines 1-9 governing document? (i) of your support? above or IRC section Yes No Yes No No Yes (see instructions)) Total

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

Schedule A (Form 990 or 990-EZ) 2008

Schedule A (Form 990 or 990-EZ) 2008 Defenders of Wildlife 53-01833 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.)	(Complete only if	you checked the box or	n line 5, 7, or 8 of Part I.)
--	-------------------	------------------------	-------------------------------

Se	ction A. Public Support						
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Gifts, grants, contributions, and	. ,	()	. ,	,	, ,	()
	membership fees received. (Do not						
	include any "unusual grants.")	23978933.	27462874.	29939319.	27678974.	28423520.	137483620
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 - 3	23978933.	27462874.	29939319.	27678974.	28423520.	137483620
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)						
6	Public Support. Subtract line 5 from line 4.						137483620
Se	ction B. Total Support						
Cal	endar year (or fiscal year beginning in)		(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4	23978933.	27462874.	29939319.	27678974.	28423520.	137483620
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	1903048.	1351804.	1336506.	1952563.	2632598.	9176519.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)	253,085.	529,595.	268,924.	617,720.	953,702.	
	Total support. Add lines 7 through 10						149283165
	Gross receipts from related activities					12	265,212.
13	First five years. If the Form 990 is fo	ū	s first, second, thir	d, fourth, or fifth to	ax year as a sectio	n 501(c)(3)	. —
200	organization, check this box and sto						<u></u>
	ction C. Computation of Publ						02 10 %
	Public support percentage for 2008 (14	92.10 % 93.39 %
	Public support percentage from 2007					15	
102	33 1/3% support test - 2008. If the c	-					
	stop here. The organization qualifies						
	33 1/3% support test - 2007. If the c	•		•		•	
176	and stop here. The organization qua						
1/6	10% -facts-and-circumstances tes and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
L	10% -facts-and-circumstances tes						
	more, and if the organization meets t						
	organization meets the "facts-and-cir		•		-		
18	Private foundation. If the organization						
	iodiidationi ii tile organizatio	s. ala not oncon a	207 011 1110 10, 10	م, ۱۵۵, ۱۱۵, ۱۱۱	,	edule A (Form 990	· · · · · · · · · · · · · · · · · · ·
							,

Schedule A (Form 990 or 990-EZ) 2008 Page 3 Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I. Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006(d) 2007 (e) 2008 (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 - 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6.) **Section B. Total Support** Calendar year (or fiscal year beginning in) (a) 2004 **(b)** 2005 (c) 2006(d) 2007 (e) 2008 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital

	assets (Explain in Part IV.)						<u> </u>
13	Total support (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organi	zation,
	check this box and stop here						>
Se	ction C. Computation of Publ	ic Support Per	rcentage				
15	Public support percentage for 2008 (line 8, column (f) di	vided by line 13, o	column (f))		15	%
16	Public support percentage from 2007	Schedule A, Part	IV-A, line 27g			16	%
Se	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20	008 (line 10c, colum	nn (f) divided by lir	ne 13, column (f))		17	%
18	Investment income percentage from	2007 Schedule A, F	Part IV-A, line 27h			18	%
19	a 33 1/3% support tests - 2008. If the	organization did no	ot check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization qual	fies as a publicly	supported organiza	ation	
ı	o 33 1/3% support tests - 2007. If the	organization did no	ot check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	eck this box and st	op here. The orga	nization qualifies	as a publicly suppo	orted organization	 ▶□

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

Schedule A (Form 990 or 990-EZ) 2008

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

2008

Name of the organizati	Employer identification number			
	Defenders of Wildlife	53-0183181		
Organization type (chec				
Filers of:	Section:			
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization			
	4947(a)(1) nonexempt charitable trust not treated as a private foundation			
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	501(c)(3) taxable private foundation			
Charle if way was a single	an in account by the Consult Bulle and Consid Bulle (Nets, Only a section 501/a)/(7) (0)	au (10) aussasination ann ab ach bassas		
• •	on is covered by the General Rule or a Special Rule. (Note. Only a section 501(c)(7), (8) e and a Special Rule. See instructions.)	, or (10) organization can check boxes		
General Rule				
ŭ	ns filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in numbers) mplete Parts I and II.	noney or property) from any one		
Special Rules				
509(a)(1)/170(b	01(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test o)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the gm 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I ar	reater of (1) \$5,000 or (2) 2% of the		
aggregate cont	01(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any tributions or bequests of more than \$1,000 for use <i>exclusively</i> for religious, charitable, so the prevention of cruelty to children or animals. Complete Parts I, II, and III.			
some contribut \$1,000. (If this etc., purpose. I	01(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any cions for use <i>exclusively</i> for religious, charitable, etc., purposes, but these contributions cobox is checked, enter here the total contributions that were received during the year for Do not complete any of the parts unless the General Rule applies to this organization becable, etc., contributions of \$5,000 or more during the year.)	lid not aggregate to more than an exclusively religious, charitable, ecause it received nonexclusively		
	that are not covered by the General Rule and/or the Special Rules do not file Schedule I			
	on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	, or on line 2 of their Form 990-PF, to		
LHA For Privacy Act a	nd Paperwork Reduction Act Notice, see the Instructions Schedu	le B (Form 990, 990-EZ, or 990-PF) (2008)		

823451 12-18-08

for Form 990. These instructions will be issued separately.

Name of organization

Employer identification number

Defenders of Wildlife

53-0183181

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ <u>1,245,001.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

2008
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► To be completed by organizations described below.

► Attach to Form 990 or Form 990-EZ.

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

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

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

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

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

Name of organization				
			Emp	loyer identification number
	ers of Wildlife			53-0183181
Part I-A To be completed b	y all organizations exen	npt under section	501(c) and section 5	27 organizations.
See the instructions for S	Schedule C for details.			
1 Provide a description of the organization	zation's direct and indirect politi	ical campaign activities	s in Part IV.	
2 Political expenditures				
3 Volunteer hours				
Part I-B To be completed b	y all organizations exen	npt under section	501(c)(3).	
See the instructions for S	Schedule C for details.	-		
1 Enter the amount of any excise tax	incurred by the organization ur	nder section 4955	▶	\$
2 Enter the amount of any excise tax				
3 If the organization incurred a section	on 4955 tax, did it file Form 4720	0 for this year?		Yes No
4a Was a correction made?				
b If "Yes." describe in Part IV.				
Part I-C To be completed b	y all organizations exen	npt under section	1 501(c), except section	on 501(c)(3).
See the instructions for S	Schedule C for details.			
1 Enter the amount directly expende	d by the filing organization for s	ection 527 exempt fun	ction activities	\$
2 Enter the amount of the filing organ				
exempt function activities			 ▶	\$
3 Total of direct and indirect exempt				
Form 1120-POL, line 17b			 ▶	\$
4 Did the filing organization file Form	1120-POL for this year?			Yes No
4 Did the filing organization file Form5 State the names, addresses and e				
	mployer identification number (E	EIN) of all section 527 p	political organizations to whi	ch payments were made.
5 State the names, addresses and e	mployer identification number (E e if the amount was paid from th	EIN) of all section 527 p ne filing organization's f	political organizations to whi funds or were political contr	ch payments were made. ibutions received and
5 State the names, addresses and e Enter the amount paid and indicate	mployer identification number (E e if the amount was paid from th a separate political organization	EIN) of all section 527 p ne filing organization's f	political organizations to whi funds or were political contr	ch payments were made. ibutions received and
5 State the names, addresses and enter the amount paid and indicate promptly and directly delivered to a second control of the control of	mployer identification number (E e if the amount was paid from th a separate political organization	EIN) of all section 527 p ne filing organization's f	political organizations to whi funds or were political contr	ch payments were made. ibutions received and
5 State the names, addresses and e Enter the amount paid and indicate promptly and directly delivered to a If additional space is needed, prov	mployer identification number (E e if the amount was paid from th a separate political organization ide information in Part IV.	EIN) of all section 527 page filing organization's for as a separate se	colitical organizations to white funds or were political contractions and contractions are desired fund or a political (d) Amount paid from filing organization's	ch payments were made. ibutions received and action committee (PAC). (e) Amount of political contributions received and
5 State the names, addresses and e Enter the amount paid and indicate promptly and directly delivered to a If additional space is needed, prov	mployer identification number (E e if the amount was paid from th a separate political organization ide information in Part IV.	EIN) of all section 527 page filing organization's for as a separate se	political organizations to white funds or were political contractions and contractions are political (d) Amount paid from	ch payments were made. ibutions received and action committee (PAC). (e) Amount of political contributions received and promptly and directly
5 State the names, addresses and e Enter the amount paid and indicate promptly and directly delivered to a If additional space is needed, prov	mployer identification number (E e if the amount was paid from th a separate political organization ide information in Part IV.	EIN) of all section 527 page filing organization's for as a separate se	colitical organizations to white funds or were political contractions and contractions are desired fund or a political (d) Amount paid from filing organization's	ch payments were made. ibutions received and action committee (PAC). (e) Amount of political contributions received and promptly and directly delivered to a separate
5 State the names, addresses and e Enter the amount paid and indicate promptly and directly delivered to a If additional space is needed, prov	mployer identification number (E e if the amount was paid from th a separate political organization ide information in Part IV.	EIN) of all section 527 page filing organization's for as a separate se	colitical organizations to white funds or were political contractions and contractions are desired fund or a political (d) Amount paid from filing organization's	ch payments were made. ibutions received and action committee (PAC). (e) Amount of political contributions received and promptly and directly
5 State the names, addresses and e Enter the amount paid and indicate promptly and directly delivered to a If additional space is needed, prov	mployer identification number (E e if the amount was paid from th a separate political organization ide information in Part IV.	EIN) of all section 527 page filing organization's for as a separate se	colitical organizations to white funds or were political contractions and contractions are desired fund or a political (d) Amount paid from filing organization's	ch payments were made. ibutions received and action committee (PAC). (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.
5 State the names, addresses and e Enter the amount paid and indicate promptly and directly delivered to a If additional space is needed, prov	mployer identification number (E e if the amount was paid from th a separate political organization ide information in Part IV.	EIN) of all section 527 page filing organization's for as a separate se	colitical organizations to white funds or were political contractions and contractions are desired fund or a political (d) Amount paid from filing organization's	ch payments were made. ibutions received and action committee (PAC). (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.
5 State the names, addresses and e Enter the amount paid and indicate promptly and directly delivered to a If additional space is needed, prov	mployer identification number (E e if the amount was paid from th a separate political organization ide information in Part IV.	EIN) of all section 527 page filing organization's for as a separate se	colitical organizations to white funds or were political contractions and contractions are desired fund or a political (d) Amount paid from filing organization's	ch payments were made. ibutions received and action committee (PAC). (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.
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Schedule C (Form 990 or 990-EZ) 2008

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

Schedule C (Form 990 or 990-EZ) 2008					183181 Page 2
Part II-A To be completed by (election under sec	. •	-		at filed Form 5768	
	tion belongs to an affi		ledule C for details.		
	ition checked box A ar		ovisions annly		
Limi	ts on Lobbying Exper ditures" means amou	nditures	-	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	uence public opinion (grassroots lobbying)		134,411.	
b Total lobbying expenditures to influ				284,604.	
c Total lobbying expenditures (add li				419,015.	
d Other exempt purpose expenditure				28,535,607.	
e Total exempt purpose expenditure	es (add lines 1c and 1c	l)		28,954,622.	
f Lobbying nontaxable amount. Enter	er the amount from the	e following table in bot	h columns.	1,000,000.	
If the amount on line 1e, column (a) o	or (b) is: The lob	bying nontaxable am	ount is:		
Not over \$500,000	20% of	the amount on line 1e.			
Over \$500,000 but not over \$1,000		0 plus 15% of the exc			
Over \$1,000,000 but not over \$1,5	500,000 \$175,00	0 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17		0 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000	\$1,000,0	000.			
				250 000	
g Grassroots nontaxable amount (er				250,000.	
h Subtract line 1g from line 1a. Enter				0.	
i Subtract line 1f from line 1c. Enter				0.	
j If there is an amount other than ze		· · · · · · · · · · · · · · · · · · ·		Г	Yes No
reporting section 4911 tax for this		raging Period Under		L	res NO
	ations that made a s ns below. See the ins	ection 501(h) election	n do not have to com		
	Lobbying Exper	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	806,497.	805,322.	990,736.	419,015.	3,021,570.
d Grassroots non-taxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures	308,556.	176,535.	229,118.	134,411.	848,620.

Schedule C (Form 990 or 990-EZ) 2008

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

		(8	a)	(k)
		Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?				
b c	3 /				
d					
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?				
i	Other activities? If "Yes," describe in Part IV				
j	Total lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A To be completed by all organizations exempt under section 501(c)(4)	, section	501(c)(5)	, or sect	ion
	501(c)(6). See the instructions for Schedule C for details.				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?				
Par	t III-B To be completed by all organizations exempt under section 501(c)(4)				
	501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR	if Part III	I-A, ques	tion 3 is	
	answered "Yes." See Schedule C instructions for details.				
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenditures)	ical			
	expenses for which the section 527(f) tax was paid).				
	Current year				
	Carryover from last year				
С			2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	oolitical			
_	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)		5		
	t IV Supplemental Information				
	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; ar	nd Part II-B,	line 1i. Also	, complete	this part
tor a	ny additional information.				

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. OMB No. 1545-0047 Inspection

Name of the organization

Employer identification number 53-0183181

	Defenders of Wildlife		53-0183181
Pai	rt I Organizations Maintaining Donor Advised Funds or Other Similar	Funds or A	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.		·
	(a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
_			
3	Aggregate value at and of year		
4	Aggregate value at end of year		ada .
5	Did the organization inform all donors and donor advisors in writing that the assets held in do		
_	are the organization's property, subject to the organization's exclusive legal control?		
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fund		
	for charitable purposes and not for the benefit of the donor or donor advisor or other impermi	•	
Pai	rt II Conservation Easements. Complete if the organization answered "Yes" to For	m 990, Part IV,	line /.
1	Purpose(s) of conservation easements held by the organization (check all that apply).		
	Preservation of land for public use (e.g., recreation or pleasure)	of an historical	lly important land area
	Protection of natural habitat	of certified hist	toric structure
	Preservation of open space		
2	Complete lines 2a-2d if the organization held a qualified conservation contribution in the form	of a conservati	ion easement on the last day
	of the tax year.		
			Held at the End of the Year
а	Total number of conservation easements		2a
b	-		2b
С	Number of conservation easements on a certified historic structure included in (a)		2c
d			2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminat		nization during the taxable
•	year	ou by the organ	nzation daming the taxable
4	Number of states where property subject to conservation easement is located		
5	Does the organization have a written policy regarding the periodic monitoring, inspection, viol	ations and	
3			Yes No
	enforcement of the conservation easements it holds?		tes
6	Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the		2) (1)
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of sec		
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization reports conservation easements in its revenue and		
	include, if applicable, the text of the footnote to the organization's financial statements that de	escribes the or	ganization's accounting for
	conservation easements.	011	O: 11 A
Pai	rt III Organizations Maintaining Collections of Art, Historical Treasure	s, or Otner	Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue stateme		
	treasures, or other similar assets held for public exhibition, education, or research in furtherar	ice of public se	rvice, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these items.		
b	If the organization elected, as permitted under SFAS 116, to report in its revenue statement a	nd balance she	eet works of art, historical treasures,
	or other similar assets held for public exhibition, education, or research in furtherance of public	c service, prov	ide the following amounts relating to
	these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		\$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treasures, or other similar assets for		
	the following amounts required to be reported under SFAS 116 relating to these items:	J,	•
а	Revenues included in Form 990, Part VIII, line 1		> \$
J	7.000.0 molado mir omi oco, i are A		. • •
LHA	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.		Schedule D (Form 990) 2008

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Pai	rt III Organizations Maintaining C	Collections of A	rt, His	torical Tr	easures, e	or Othe	r Simila	ar Asse	t s (continu	ıed)
3	Using the organization's accession and other	er records, check any	of the f	following tha	at are a signif	icant use	of its coll	ection ite	ms (check	all
	that apply):									
а	Public exhibition d Loan or exchange programs									
b	Scholarly research e Other									
С										
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.									
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets									
	to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No									
Pai	rt IV Trust, Escrow and Custodia	l Arrangements	. Comp	lete if organ	ization answe	ered "Yes	" to Form	990, Pai	rt IV, line 9,	or
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	ns or other as	sets not	included			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV									
	, ,	•	Ū						Amount	
С	Beginning balance						1c			
	Additions during the year						•			
e	B									
f	Ending balance									
									Yes	No
	If "Yes," explain the arrangement in Part XIV									
	rt V Endowment Funds. Complete		ered "Ye	s" to Form 9	990. Part IV.	line 10.				
	· ·	(a) Current year		rior year	(c) Two year		d) Three y	ears back	(e) Four ye	ears back
1a	Beginning of year balance	5,399,507.	(-,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(=,) =		,		(-,	
b		5,000.								
c		-701,825.								
d		, 01, 010								
	0.1									
·	and programs									
f	* 1 * 1 *									
g		4,702,682.								
2	Provide the estimated percentage of the year									
			15. %							
a b	- 20 01	<u> </u>								
C	—									
	Are there endowment funds not in the posse	• -	ation the	at are hold a	and administs	arad for th	o organiz	ration		
Ja	by:	ession of the organiza	ation the	at are rielu a	ina administr	red for ti	ie organiz	ation	V.	es No
	•								3a(i)	X
	(i) unrelated organizations (ii) related organizations									X
h	If "Yes" to 3a(ii), are the related organization	e lietad as required o	n Sche						3b	
4	Describe in Part XIV the intended uses of the								. 30	
	rt VI Investments - Land, Building				Part X line	10				
I G	Description of investment	(a) Cost or o			or other		epreciatio	n	(d) Book v	value.
	Description of investment	basis (investr		ı	(other)	(6) 0	spreciatio	''	(u) DOOK V	aiut
	Land	<u> </u>	nont,		5,586.				4,585	586
	Land				8,501.	2 (05,69	50	6,512	
	Buildings			0,51	.U, JUI.	۷, ۱	, , , 0		0,314	, 001.
	Leasehold improvements			2 2 4	5,987.	1 0	001 1	, , -	E11	Q / O
	Equipment						$\frac{301,14}{25}$		176	<u>,840.</u> ,673.
	Other				1,871.		235,19			
ıota	II. Add lines 1a-1e. (Column (d) should equal F	orm 990, Part X, colu	ırnn (B),	ипе тU(с).)					.1,819	, , , , , , , , , , , , , , , , , , , ,

Schedule D (Form 990) 2008

Schedule D (Form 990) 2008 Delenders C			3-0183181 Page 3
Part VII Investments - Other Securities. Se	e Form 990, Part X, line 1		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of val Cost or end-of-year m	
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
Total (Cal (h) should agual Form 000, Part V, cal (P) line 12.)			
Total. (Col (b) should equal Form 990, Part X, col (B) line 12.) ► Part VIII Investments - Program Related. S	oo Form 000 Part V line	12	
<u> </u>		(c) Method of val	uation:
(a) Description of investment type	(b) Book value	Cost or end-of-year m	
T. I. (0.1(1) 1.11 15 000 D. IV. I.(D) 10.15			
Total. (Col (b) should equal Form 990, Part X, col (B) line 13.) ► Part IX Other Assets. See Form 990, Part X, line	. 15		
	Description		(b) Book value
Assets held in charitable rem		ther trusts	5,475,936.
Accrued interest and dividend			1,314.
Unamortized cost of issuing h			180,120.
Bequests and trusts receivable			1,140,337.
	<u>. </u>		
			6 505 505
Total. (Column (b) should equal Form 990, Part X, col (B) li			<u>6,797,707.</u>
Part X Other Liabilities. See Form 990, Part X, (a) Description of liability	line 25.	(b) Amount	
Federal income taxes		(a) / undant	
Annuity and other split-inter	est		
obligations		2,163,331.	
Interest rate swap		928,303.	
		3 001 634	
Total. (Column (b) should equal Form 990, Part X, col (B) li	ne 25.)	3,091,634.	

In Part XIV, 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.

832053 12-23-08

Schedule D (Form 990) 2008

	t XI Reconciliation of Change in Net Assets from Form 990 to	Finan	cial State	emen	te		0 - 0 -	7101	· ugo ·
1				1	113		32	117	533.
2				2					622.
3	I otal expenses (Form 990, Part IX, column (A), line 25) Excess or (deficit) for the year. Subtract line 2 from line 1			3					911.
4				4					006.
	Net unrealized gains (losses) on investments			5				J12,	, 000.
5	Donated services and use of facilities			\vdash					
6	Investment expenses			6					
7	Prior period adjustments			7					
8	Other (Describe in Part XIV)			8				F12	006.
9	Total adjustments (net). Add lines 4-8 Excess or (deficit) for the year per financial statements. Combine lines 3 and 9			9					905.
10 Pai	t XII Reconciliation of Revenue per Audited Financial Statemen				or Ro	turr		030	, 903.
1						1		031	636.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					•	33,	031,	, 030.
a	Net unrealized gains on investments	2a	-51	2,0	n 6 . l				
b	Donated services and use of facilities	2b	1,29	5 9	16				
	Recoveries of prior year grants	2c	1,27	5,5.					
c C	OH (D. H. I. D. IVIII)	2d	1 3	0,1	93				
						2e		911	103.
3	-				····· 🛏	3	32		533.
4	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1 :					3	J 2 ,		, , , , , , ,
-	Investment expenses not included on Form 990, Part VIII, line 7b	4a							
a		4a			-				
b		40				4c			0.
5	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)				····· 🛏	5	3.2	117	533.
	t XIII Reconciliation of Expenses per Audited Financial Stateme					- 1		<u> </u>	, 555.
1	Total expenses and losses per audited financial statements					1		380	731.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:								, , , , ,
– a	Donated services and use of facilities	2a	1,29	5.9	16.				
	Prior year adjustments	2b		<u> </u>					
	Losses reported on Form 990, Part IX, line 25	2c			\neg				
	Other (Describe in Part XIV)	2d	13	0,1	93.				
	Add lines 2a through 2d					2e	1.	426	109.
3	Subtract line 2e from line 1				····-	3			622.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:								
· a	Investment expenses not included on Form 990, Part VIII, line 7b	4a							
b	Other (Describe in Part XIV)	4b							
	Add lines 4e and 4h					4c			0.
	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)				⊢	5	28.	954	622.
	rt XIV Supplemental Information								
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III,	lines 1	a and 4: Pa	ırt IV. li	nes 1b	and 2	2b: Par	t V. line	4: Part
	rt XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.	,		,				•	
Pa	rt V, line 4: The earnings of donor-restric	ted	contr	ibu	tion	s (can	be	
use	ed to fund either specific programs or gene	ral	opera	tio	ns.	I	n ad	dditi	lon,
De	fenders maintains a Board-designated endowm	nent	fund	to j	prov	id	e fo	or th	ıe
<u>101</u>	ng-term needs of the organization.								
D ~ -	ct VII line 2d . Other Adjustments.								
ra:	ct XII, Line 2d - Other Adjustments:								
Di	rect benefits to donors: 130193.								

Schedule D (Form 990) 2008

DOW____1

Schedule F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

▶ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, line 15, or line 16.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization						Employer identification number		
Defenders of W	ildlife				53-018318	1		
		Activities Ou	tside the United States. Comp	lete if the organ				
to Form 990, Pa		.0		note ii tile orgai	nzation anowored	. 00		
		n maintain recor	ds to substantiate the amount of the	grants or assista	ance, the			
•	•		selection criteria used to award the g	•	. —	Yes No		
	· ·		· ·					
2 For grantmakers. Des	cribe in Part IV th	e organization's	procedures for monitoring the use of	grant funds out	side the United Sta	tes.		
3 Activities per Region. (Use Schedule F-1	(Form 990) if ac	dditional space is needed.)					
(a) Region	(b) Number of		(d) Activities conducted in region		vity listed in (d)	(f) Total		
	offices	employees or	(by type) (i.e., fundraising,		gram service,	expenditures		
	in the region	agents in region	program services, grants to recipients located in the region)		e specific type ce(s) in region	in region		
		region	recipients located in the region,		· · · · · ·			
					grams include			
			L	national ar				
			Program services and		al wildlife			
Mexico	C	<u> </u>	grantmaking.	trade and h	zzlies, and	9,800.		
				1 '	es face many			
			Program services and	_	es race many threats in			
Canada	1	1	grantmaking.		ada as in the	5,000.		
Canada	1		granemaxing.	western car	ada as III che	3,000.		
	1							
	+							
Totals	<u> </u>	. 2				14,800.		

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

Schedule F (Form 990) 2008

DOW____1

See Part IV for Column (e) descriptions

12351014 739466 DOW

			o one recipient received more					
		ional space is needed.	o one recipient received more					
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
		Mexico, North	Assist Naturalia, A.C. in developing proactive materials and projects to	9,800.	Wire transfer	0.		
section 501(c)(3) equi	valency letter		s by the foreign country or for			. .		
	-					•	Sahad	ula E (Earm 990) 2009

Defenders of Wildlife Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement non-cash assistance non-cash assistance

Part IV | Supplemental Information

Complete this part to provide the information required by Part I, line 2, and any other additional information.

Schedule F, Part I, Line 2: The Organization enters into a written grant agreement with the grantee that includes specific financial and programmatic accomplishment reporting requirements.

Part I, line 3, Column (e):

Region: Mexico

(e) Specific Types of Services in Region: Mexican programs include
national and international wildlife trade and habitat conservation,
particularly as it affects Defenders' priority species and ecosystems and
the progressive development of wildlife law and policy in Mexico. The
Mexico consultant works throughout the country on the various programs
from the northern Gulf of California to the Southern Yucatan Peninsula.

Region: Canada

(e) Specific Types of Services in Region: Wolves, grizzlies, and other species face many of the same threats in western Canada as in the western U.S., with some species like grizzlies worse off in southern Alberta than in the states for example, but lack a strong legal system to protect them. Defenders of Wildlife keeps wildlife in the western life by restoring abundant wildlife populations prioritizing imperiled keystone species and advancing conservation of all native animals and plants through practical policies and practices and public support.

Part II, Column (d):

Region: Mexico, North America

(d) Purpose of Grant: Assist Naturalia, A.C. in developing proactive materials and projects to support jaguar and Mexican wolf conservation efforts in Northern Mexico.

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization	ers of Wildlife					53-0183	ntification number
	Complete if the organization answer	ered "\	es" to	Form 990 Part IV I	ine 1		101
 1 Indicate whether the organization rai a X Mail solicitations b X Email solicitations c X Phone solicitations d X In-person solicitations 2 a Did the organization have a written key employees listed in Form 990, F b If "Yes," list the ten highest paid indicates 	sed funds through any of the following and solicitates and solicitates and solicitates are also solicitates. Solicitates and solicitates are also solicitates are also solicitates and solicitates are also solicitates are also solicitates are also solicitates and solicitates are also solicitates and solicitates are also solicitates are also solicitates are also solicitates are also solicitates and solicitates are also solicitates and solicitates are also solicitates are also solicitates and solicitates are also solicitat	ng acti tion of tion of fundra (includerofess uant to	vities. non-g gover dising o ding o ional f o agree	Check all that apply overnment grants nment grants events fficers, directors, true fundraising services? ements under which	stees the f	or X Yes	
(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		from activity		Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
Public Interest Communications, Inc.	Telemarketer	Yes	No X	535,788.	-	776,391.	-240,603.
Harris Direct	Telemarketer		х	168,204.	1	L64,373.	3,831.
Share Group, Inc. Donor Services Group	Telemarketer		Х	109,572.		80,604.	28,968.
LLC	Telemarketer		Х	32,938.		36,992.	-4,054.
Adams Hussey & Fundraising			Х	0.		10 077	_10 077
Associates Mal Warwick	Consultant Fundraising		Λ	0.		19,077.	-19,077.
Associates	Consultant		Х	0.		5,000.	-5,000.
ASSOCIACES	Fundraising		Λ	0.		3,000.	-3,000.
Mindset Direct	Consultant		Х	0.		5,400.	-5,400.
Total				846,502.	1,(87,837.	-241,335.
3 List all states in which the organization AK, AL, AR, AZ, CA, CO, CT, NM, NY, OH, OK, OR, PA, RI,	DC, FL, GA, HI, IL, KS,	KΥ,				-	-

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

Schedule G (Form 990 or 990-EZ) 2008

Schedule G (Form 990 or 990-EZ) 2008 Defenders of Wildlife 53-0183181 Page 2 Fundraising Events. Complete if the organization answered "Yes" to Form 990. Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other Events (d) Total Events Annua1 None (Add col. (a) through dinner col. (c)) (event type) (total number) (event type) Revenue 272,578. 272,578. Gross receipts 142,385. 142,385. Less: Charitable contributions 130,193. 130,193. Gross revenue (line 1 minus line 2) Cash prizes Non-cash prizes Direct Expenses 63,572. 63,572. 6 Rent/facility costs 66,621. 66,621. Other direct expenses Direct expense summary. Add lines 4 through 7 in column (d) 130,193.) 9 Net income summary. Combine lines 3 and 8 in column (d) Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/Instant (d) Total gaming (Add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) 2 Cash prizes Direct Expenses 3 Non-cash prizes Rent/facility costs Other direct expenses Yes Yes Yes No No Volunteer labor Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Combine lines 1 and 7 in column (d) Yes No Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? **b** If "No," Explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," Explain:

Schedule G (Form 990 or 990-EZ) 2008

11 Does the organization operate gaming activities with nonmembers?

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to

11

administer charitable gaming?

				Yes	No
13 Indicate the percentage of gaming activity operated in:					
a The organization's facility	13a	Ģ	6		
b An outside facility	13b	ç	6		
14 Provide the name and address of the person who prepares the organization's gaming/special events book	s and	records:			
Name					
Address >			-		
15a Does the organization have a contract with a third party from whom the organization receives gaming reve	nue?		15a		
Tou book the organization have a continuor than a time party from the organization received garming fore					
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and	the ar	mount			
of gaming revenue retained by the third party >\$					
c If "Yes," enter name and address:					
Name					
Address					
16 Gaming manager information:					
Name N					
Name			-		
Gaming manager compensation > \$					
Description of services provided					
			-		
			-		
Director/officer Employee Independent contractor					
17 Mandatory distributions:					
a Is the organization required under state law to make charitable distributions from the gaming proceeds to					
retain the state gaming license?			17a		
b Enter the amount of distributions required under state law distributed to other exempt organizations or specific and the state of t	ent in t	he			
organization's own exempt activities during the tax year ▶ \$					

Schedule G (Form 990 or 990-EZ) 2008

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

OMB No. 1545-0047 2008

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization

Employer identification number

Defenders of Wildlife 53-0183181 General Information on Grants and Assistance Part I 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ... (c) IRC section (d) Amount of (e) Amount of (f) Method of 1 (a) Name and address of organization (b) EIN (g) Description of (h) Purpose of grant valuation (book. or government if applicable cash grant non-cash non-cash assistance or assistance FMV, appraisal, assistance other) Coalition for Sonoran Desert Grassroots public Protection - 300 E University outreach and educational 0 Blvd, Suite 120 - Tucson, AZ 85705 86-0796748 501(c)(3) 5.750 programs. Dobson and Dobson Livestock PO Box 720 Wolf Depredation 0 reduction. Vernon AZ 85940 52-6173373 6,000 Resource Media 325 Pacific Ave, 3rd Floor Maintanence of SW Lobo San Francisco, CA 94111 82-0564961 0 Coalition website. 10,000 Fort Belknap Fish and Game Department - RR1Box 66 - Harlem Expansion of tribal bison MT 59526 81-0216424 10,000, 0 pasture. Friends of Hopewell Valley Open Space - PO Box 395 - Pennington Living Land Pilot 0 Project. NJ 08534 22-2810757 501(c)(3) 10,000. Mount Grace Land Conservation Trust - 1461 Old Keene Road -Living Land Pilot 10,000. 0. 04-2938967 501(c)(3) Project. Athol, MA 01331 2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

Grants and Other Assistance to Individuals in the Uni Use Schedule I-1 (Form 990) if additional space is neede		plete if the organiza	ation answered "Yes	on Form 990, Part IV, line 22.	
(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
Part IV Supplemental Information. Complete this part to provide	de the informatio	n required in Part I,	line 2, and any other	additional information.	
Schedule I, Part I, Line 2: The Or	ganizati	on enters	into a wri	tten grant	
agreement with the grantee that in	cludes s	pecific fi	nancial an	đ	
programmatic accomplishment report	ing requ	irements.			
Part II, line 1, Column (h):					
Name of Organization or Government	:				
Fort Peck Assiniboine and Sioux Tr	ibes Fis	h and Game	Departmen	t	
(h) Purpose of Grant or Assistance	: Suppor	t the rein	troduction	of a	
second herd of wild bison from the					

SCHEDULE I-1 (Form 990)

Department of the Treasury Internal Revenue Service

Continuation Sheet for Schedule I (Form 990) Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047
2008

Open to Public
Inspection

Name of the organization

Defenders of Wildlife

Employer identification number 53-0183181

	of Wildl						53-0183181
Part I Continuation of Grants and Other	Assistance to Go	overnments and Orga	anizations in the U	.S. (Schedule I (Fo	orm 990), Part II.)		
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							Synthesis report of state
EcoAdapt							of adaptation efforts
PO Box 9767							related to North America:
Washington, DC 20016	26-3303629	501(c)(3)	71,250.	0.			marine ecosystems.
Tar River Land Conservancy Inc							
123 N Main Street							Living Land Pilot
Louisburg, NC 27549	31-1742900	501(c)(3)	10,000.	0.			Project.
Hoursburg, Ne 27343	31 1742300	301(0)(3)	10,000.	0.			rroject.
Blue Mountain Conservancy							
PO Box 666							Living Land Pilot
La Grande, OR 97850	26-0805038	501(c)(3)	10,000.	0.			Project.
Fort Peck Assiniboine and Sioux							Support the
Tribes Fish and Game Department -							reintroduction of a
510 Medicine Bear Road - Poplar,							second herd of wild biso
MT 59255	81-0292623		13,640.	0.			from the Greater
Friends of the National Zoo							Support the Panama
PO Box 37012							Amphibian Rescue and
Washington, DC 20013	52-0853312	501(c)(3)	140,000.	0.			Conservation project.
washington, be house	32 0033312	301(0)(3)	110,000.	· ·			compervation project.
2 Enter total number of Section 501(c)(3) a	and government or	ganizations					>

SCHEDULE J (Form 990)

Compensation Information

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

OMB No. 1545-0047

Open to Public . Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Defenders of Wildlife

Employer identification number

53-0183181

Pa	irt I Questions Regarding Compensation			
			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal us	e l		
	Travel for companions Payments for business use of personal residence	ce		
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If line 1a is 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 explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors	s ,		
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant Lagrange La			
	X Form 990 of other organizations X Approval by the board or compensation commit	ttee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a:			
а	Receive a severance payment or change of control payment?	4a		X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?			X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
	The organization?		<u> </u>	X
b	Any related organization?	5b		X
	If "Yes," to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	<u> </u>	X
LHA	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule J (Forn	n 990)	2008

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MIS	C compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(i)-(D)	reported in prior Form 990 or
			·					Form 990-EZ
	(i)	255,994.	0.	0.	17,232.	35,464.	308,690.	0.
Rodger Schlickeisen	(ii)	45,759.	0.	0.	3,080.	6,339.	55,178.	0.
	(i)	146,722.	0.	0.	9,876.	20,326.	176,924.	0.
Joseph A. Zillo	(ii)	546.	0.	0.	37.	76.	659.	0.
	(i)	245,713.	0.	0.	16,540.	34,040.	296,293.	0.
Jamie Rappaport Clark	(ii)	117.	0.	0.	8.	16.	141.	0.
	(i)	182,581.	0.	0.	12,290.	25,294.	220,165.	0.
Charles J. Orasin	(ii)	705.	0.	0.	47.	98.	850.	0.
	(i)	153,298.	0.	0.	10,319.	21,237.	184,854.	0.
William R. Irvin	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	134,199.	0.	0.	9,033.	18,592.	161,824.	0.
Jessie Brinkley	(ii)	581.	0.	0.	39.	80.	700.	0.
	(i)	128,768.	0.	0.	8,667.	17,839.	155,274.	0.
Robert L. Dewey	(ii)	1,196.	0.	0.	80.	166.	1,442.	0.
- 1 1	(i)	125,721.	0.	0.	8,462.	17,417.	151,600.	0.
Robert Dreher	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE J-2 (Form 990)

Continuation Sheet for Form 990

Department of the Treasury Internal Revenue Service ▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

2008
Open to Public
Inspection

Name of the Organization

Defenders of Wildlife

Employer Identification number 53-0183181

Defenders										53-0183181			
Part I Continuation of Officers, Di	rectors, Tr	ust	tee	s, K	ey	Em	nple	oyees, and Highes	t Compensated	Employees			
(A)	(B)									(F)			
Name and Title	Average		Positio					Reportable	Reportable	Estimated			
	hours	(cl	heck	k all t	that	app	ly)	compensation	compensation	amount of			
	per					a.		from	from related	other			
	week	to				Highest compensated employee		the organization	organizations (W-2/1099-MISC)	compensation from the			
		direc				ma p		(W-2/1099-MISC)	(** 2/ 1000 1/1100)	organization			
		ee or	stee			nsate		(** = /* *******************************		and related			
		trus	nal tru		oyee	ompe				organizations			
		Individual trustee or director	Institutional trustee	Officer	empl	nest c	ner						
		ınd	Inst	Offic	Key	High	For						
Charles J. Orasin										,			
Sr VP Marketing	39.10				X			182,581.	705.	37,729.			
William R. Irvin													
Sr VP Conservation	40.00				Х			153,298.	0.	31,556.			
Jessie Brinkley													
VP Development	40.00					Х		134,199.	581.	27,744.			
Robert L. Dewey													
VP Gov't Relations/Exter	40.00					Х		128,768.	1,196.	26,752.			
Robert Dreher													
Sr VP Climate Change/Gen	40.00					Х		125,721.	0.	25,879.			
Jeffrey Regen													
VP Online Mktg and Comm	37.10					Х		115,103.	9,128.	25,572.			
Sajjad Ahrabi				П									
VP Information Systems	40.00					Х		121,952.	469.	25,201.			
				П									
				П									
		L	L			<u> </u>							
		L	L			L_							
		L	L			L							
1114 E D: A 1 1D 1 1													

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Schedule J-2 (Form 990) 2008

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

NonCash Contributions

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

Attach to Form 990.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

Defenders of Wildlife

Employer identification number 53-0183181

Pai	rt I Types of Property							
	·	(a)	(b)	(c)	(d)			
		Check if	Number of	Revenues reported on	Method of dete		g	
		applicable	contributions	Form 990, Part VIII, line 1g	revenue	S		
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property	X	14	02 160	Mamirat realisa			
9	Securities - Publicly traded	Λ	14	94,109.	Market value			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution							
	(historic structures)							
14	Qualified conservation contribution (other)							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other							
26	Other ()							
27	Othor (
28	Other ()							
29	Number of Forms 8283 received by the organization	zation durin	g the tax year	for contributions				
	for which the organization completed Form 828							
	To which the organization completed form oz.	00,1 41111,	Borice / totaliev	vicaginoni			Yes	No
30a	During the year, did the organization receive by	v contributio	on any propert	v reported in Part I lines 1-2	8 that it must hold for			
ooa	at least three years from the date of the initial of							
	•			•		30a		х
L	the entire holding period?					30a		
		a aliay that r	aguiraa tha ray	view of any non atandard on	atributiono?	24	х	
31	Does the organization have a gift acceptance p				***************************************	31	<u> </u>	—
₃∠a	Does the organization hire or use third parties		_	· · · · · · · · · · · · · · · · · · ·		00-		v
	contributions?					32a		X
	If "Yes," describe in Part II.							
33	If the organization did not report revenues in c	olumn (c) fo	r a type of pro	perty for which column (a) is	cnecked,			
	describe in Part II.							
LHA	For Privacy Act and Paperwork Reduction	ACT NOTICE	e. see the Insti	ructions for Form 990.	Schedule M	(Form	1 990)	2008

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

2008
Open to Public Inspection

Name of the organization

Defenders of Wildlife

Employer identification number 53-0183181

Form 990, Part III, Line 4a, Program Service Accomplishments
approach of education, advocacy, reseach and litigation, we work to:

*Protect Native Animals and Plans: We develop and champion practical
programs to save a wide variety of North American species, including
key species such as wetlands, forests and grasslands from unsustainable
use. *Advocate for Environmental Legislation: We mobilize supporters
and work with partners on the international, national, and state and
local levels to secure laws and policies that safegaurd wild species
and their habitats.

Form 990, Part III, Line 4b, Program Service Accomplishments

radio public service announcements on protecting America's wildlife and

wild lands. Defenders of Wildlife's Website offers extensive

information on Wildlife's species and related conservation issues. The

Website, www.defenders.org, serves as a resource for learning more

about wildlife, understanding current policy issues, and getting

involved. Defenders of Wildlife also has over 25 other campaign and

informational sites, included www.savearticrefuge.org, www.saveesa.org,

and www.kidsplanet.org.

Form 990, Part VI, Section A, line 2: Directors, Matthew Pawa and Victor Sher, worked as co-counsels on a law case together.

Form 990, Part VI, Section A, line 10: The Organization's staff sends the draft 990 to all Board members and requests that any comments or questions be sent directly to the Audit Committee. The Audit Committee meets with

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

Schedule O (Form 990) 2008

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SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information. 2008
Open to Public Inspection

Name of the organization

Defenders of Wildlife

Defenders of Wildlife

Employer identification number
53-0183181

staff and auditors to review the draft 990 and address any Board member comments prior to submission of the 990 to the IRS.

Form 990, Part VI, Section B, Line 12c: The Organization annually requests completion of the conflict of interest form.

Form 990, Part VI, Section B, Line 15: For the President's salary, Human Resources independently collects salary survey information from other not-for-profit's as well as other Green groups and compiles findings.

These findings are provided to the Organization's Executive Committee that then holds a closed door conference to establish the president's salary.

Form 990, Part VI, Line 17, List of States receiving copy of Form 990:

AK,AL,AR,AZ,CA,CO,CT,DC,FL,GA,HI,IL,KS,KY,LA,MA,MD,ME,MN,MS,NC,ND,NH,NJ,NM

NY,OH,OK,OR,PA,RI,SC,TN,UT,VA,WA,WI,WV,MI

Form 990, Part VI, Section C, Line 19: The Organization's governing documents, conflict of interest policy, and financial statements are available to the public upon request.

Form 990, Part XI, line 2c

The Organization's Audit Committee assumes responsibility for oversight of the audit. This process is consistent with previous years.

SCHEDULE R (Form 990)

Part I

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

See separate instructions.

2008
Open to Public Inspection

Name of the organization

Identification of Disregarded Entities

Defenders of Wildlife

Employer identification number 53-0183181

(A) Name, address, and EIN 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
	_				
Part II Identification of Related Tax-Exempt Organiza					
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	Public charity status (if section 501(c)(3))	(F) Direct controlling entity
efenders of Wildlife Action Fund - 2-2298744, 1130 17th Street, NW,					
ashington, DC 20036	Protecting wildlife.	District of Columbia	501(c)(4)		n/a
nericans for Conservation - 74-3171415	Educating about public				
30 17th Street, NW	officials' positions on				
ashington, DC 20036	wildlife and habitat.	District of Columbia	527		n/a
efenders of Wildlife Action Fund 527	Influencing appointment of				
count - 43-2022281, 1130 17th Street, NW,	officials who will				
ashington, DC 20036	positively affect wildlife.	District of Columbia	527		n/a
					Oak a dala B (Farra 200)

Part III Identification of Related Organizations Taxable as a Partnershi	Part III	I Identification of Related Organizations Taxable as a Par	tnership
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(A)	(B)	(C)	(D)	(E)	(F)	(G)	(I	H)	(I)	(J	J)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, investment, unrelated)	Share of total income	Share of end-of-year assets	Dispropate alloc	cations?	20 of Schedule	Gener mana partn	aging ner?
		country)		a o.a o.a,			Yes	No	K-1 (Form 1065)	Yes	No
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership

Part V Transactions With Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III, or IV.					
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?				
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		Х	
b	Gift, grant, or capital contribution to other organization(s)	1b	X		
С	Gift, grant, or capital contribution from other organization(s)	1c	X		
d	Loans or loan guarantees to or for other organization(s)	1d		Х	
	Loans or loan guarantees by other organization(s)	1e		Х	
f	Sale of assets to other organization(s)	1f		Х	
g	Purchase of assets from other organization(s)	1g		Х	
	Exchange of assets	1h		Х	
	Lease of facilities, equipment, or other assets to other organization(s)	1i		Х	
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		Х	
	Performance of services or membership or fundraising solicitations for other organization(s)	1k		Х	
	Performance of services or membership or fundraising solicitations by other organization(s)	11		Х	
m	Sharing of facilities, equipment, mailing lists, or other assets	1m	Х		
	Sharing of paid employees	1n	Х		
0	Reimbursement paid to other organization for expenses	10		Х	
р	Reimbursement paid by other organization for expenses	1p	Х		
q	Other transfer of cash or property to other organization(s)	1q		Х	
r	Other transfer of cash or property from other organization(s)	1r		Х	
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) (B) (C) Amount involved Transaction Name of other organization(s) type (a-r) (1) Defenders of Wildlife Action Fund 1,158,350. M (2) Defenders of Wildlife Action Fund Ρ 123,013. (3) (4) (5) (6)

Part VI Unrelated Organizations Taxable as a Partnership

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

(A)	(B)	nary activity Legal domicile (state or foreign Are all partners section 501(c)(3) organizations? Are all partners section 501(c)(3) Are all partners section 501(c)(4) Are all partners sec		(B) (C) (D) (E)		(D) (E)		(D) (E)	(E) (F)	(G)	(H)	
Name, address, and EIN of entity	Primary activity			Are all partners ection 501(c)(3) organizations? Share of end-of-year assets		Dispr tior alloca	opor- nate itions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	neral or naging rtner?		
		country)	Yes			Yes		(Form 1065)	Yes	No		
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