### Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization For calendar year 2015, or fiscal year beginning OCT 1 ,2015, and ending SEP 30

OMB No. 1545-1878

Department of the Treasury

▶ Do not send to the IRS. Keep for your records.

Internal Revenue Service	Information about Form 8879-EO and its instructions is at www.irs.gov/formation	rm8879eo.	
Name of exempt organizatio	n.	Employ	er identification number
Defenders of	Wildlife	53-	0183181
Name and title of officer			
Jamie Rappap	ort Clark		
President & (			
	f Return and Return Information (Whole Dollars Only)		
on line 1a, 2a, 3a, 4a, or	turn for which you are using this Form 8879-EO and enter the applicable amount, if ar <b>5a,</b> below, and the amount on that line for the return being filed with this form was bl blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the app	ank, then leav	re line <b>1b, 2b, 3b, 4b</b> , or <b>5b,</b>
1a Form 990 check here	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	11:	29,405,742.
2a Form 990-EZ check h		21	
3a Form 1120-POL check			
4a Form 990-PF check h			
			7
5a Form 8868 check he	b Balance Due (Form 6000, Part I, line 30 of Part II, line 60)		-
Part II Declara	ation and Signature Authorization of Officer		
(a) an acknowledgement the date of any refund. If debit) entry to the financi return, and the financial i 1-888-353-4537 no later to processing of the electropayment. I have selected	orider, transmitter, or electronic return originator (ERO) to send the organization's return of receipt or reason for rejection of the transmission, (b) the reason for any delay in papelicable, I authorize the U.S. Treasury and its designated Financial Agent to initiatial institution account indicated in the tax preparation software for payment of the organization to debit the entry to this account. To revoke a payment, I must contact the than 2 business days prior to the payment (settlement) date. I also authorize the finar mic payment of taxes to receive confidential information necessary to answer inquiried a personal identification number (PIN) as my signature for the organization's electronic funds withdrawal.	processing the e an electronic ganization's fe U.S. Treasur ncial institution es and resolve	e return or refund, and (c) or funds withdrawal (direct deral taxes owed on this or Financial Agent at ns involved in the issues related to the
Officer's PIN: check one	e box only		
X Lauthorize Ro	ogers & Company PLLC	to enter	my PIN 71399
	ERO firm name		Enter five numbers, bu do not enter all zeros
is being filed w enter my PIN o	e on the organization's tax year 2015 electronically filed return. If I have indicated wit ith a state agency(ies) regulating charities as part of the IRS Fed/State program, I also in the return's disclosure consent screen.  If the organization, I will enter my PIN as my signature on the organization's tax year 2	o authorize th	e aforementioned ERO to
indicated within	n this return that a copy of the return is being filed with a state agency(ies) regulating enter my PIN on the return's disclosure consent screen.	charities as p	part of the IRS Fed/State
Officer's signature 🖊	Date Date	02/14/1	7
Part III   Certific	ation and Authentication		
	vour six-digit electronic filing identification		
_	by your five-digit self-selected PIN.		
number (El IIV) followed b	do not enter all z	eros	
I certify that the above no confirm that I am submitt e-file Providers for Busing	umeric entry is my PIN, which is my signature on the 2015 electronically filed return for ting this return in accordance with the requirements of <b>Pub. 4163</b> , Modernized e-File ess Returns.	or the organiz (MeF) Informa	ation indicated above. I tion for Authorized IRS
ERO's signature 🕨	Nicole Whinee Date >_	02/14/1	7

**ERO Must Retain This Form - See Instructions** 

Do Not Submit This Form To the IRS Unless Requested To Do So

### ggn

Department of the Treasury Internal Revenue Service

A For the 2015 calendar year, or tax year beginning

#### Return of Organization Exempt From Income Tax

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

and ending SEP 30,

2016

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

OCT 1, 2015

Open to Public

Inspection

OMB No. 1545-0047

D Employer identification number Check if applicable: C Name of organization Address change Defenders of Wildlife Name change 53-0183181 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 202-682-9400 1130 17th Street, NW termin-ated 38,878,657. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ X Amended return Washington, DC 20036 H(a) Is this a group return Applica-F Name and address of principal officer: Jamie Rappaport Clark Yes X No for subordinates? pending same as C above H(b) Are all subordinates included? Yes No ) ◀ (insert no.) L 4947(a)(1) or 
 If "No," attach a list. (see instructions) J Website: ▶ www.defenders.org **H(c)** Group exemption number ▶ **K** Form of organization: **X** Corporation Association Other > L Year of formation: 1947 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 net assets. 25 Number of voting members of the governing body (Part VI, line 1a) <u>23</u> Number of independent voting members of the governing body (Part VI, line 1b) 4 <u> 162</u> 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) <u>29</u> Total number of volunteers (estimate if necessary) 6 18,857. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a -18,729. b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year** Current Year 29,358,805. 28,303,087. Contributions and grants (Part VIII, line 1h) Revenue 126,780. 20,000. Program service revenue (Part VIII, line 2g) 626,581. 281,814. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 694,061. 651,945. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 30,657,331. 29,405,742. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ........ 817,739. 357,462. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 12,322,538. 12,701,529. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 1,746,772. 1,733,644. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25)  $\qquad \blacktriangleright \qquad 1$  , 049 , 356 . 15,524,533 14,389,715. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 30,398,454. 29,195,478. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 210,264. 258,877. Revenue less expenses. Subtract line 18 from line 12 Assets or Balances Beginning of Current Year **End of Year** 35,548,496. 35,612,023. 20 Total assets (Part X, line 16) 9,384,708. 9,959,455. 21 Total liabilities (Part X, line 26) Net/ 25,652,568. 26,163,788. 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. FILED ELECTRONICALLY - SEE FORM 8879-EO ATTACHED Signature of officer Date Sign Jamie Rappaport Clark, President & CEO Here Type or print name and title PTIN Print/Type preparer's name Check Preparer's signature FILED ELECTRONICALLY 02/14/17 if self-employed Paid Nicole M. Prince, CPA P01315245 Firm's name ▶ Rogers & Company PLLC 58-2676261 Preparer Firm's EIN ▶ Firm's address 8300 Boone Boulevard, Suite 600 Use Only Phone no. (703) 893-0300 Vienna, VA 22182 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

Pai	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:  Defenders of Wildlife is a national, nonprofit membership organization
	dedicated to the protection of all native animals and plants in their
	natural communities. See Schedule O for continuation of mission.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$\frac{7,200,174.}{Endangered Species Act (ESA): 10-year benchmark - More than half of the
	Endangered Species Act (ESA): 10-year benchmark - More than half of the
	species presently listed under the ESA are stable or improving.
	10 100 244 01 01 010 22 401
4b	(Code:) (Expenses \$ 10,168,344. including grants of \$ 91,610.) (Revenue \$ 32,491.)
	Key Species - 10-year benchmark - 25 vulnerable species are secure in
	important ecosystems and focal landscapes.
4c	(Code:) (Expenses \$6 , 544 , 504 • _ including grants of \$124 , 050 • ) (Revenue \$43 , 996 • )
	Habitat - 10-year benchmark - Double the acreage of high priority
	wildlife habitat managed for ecological integrity.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
10	Total program service expenses 23,913,022.

## Form 990 (2015) Defenders of Wildlife 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		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
Ü	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		<u> </u>	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44-	x	
h	Part VI  Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a		
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school 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 United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	441.	х	
15	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b	42	
13	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		<del></del>
.0	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions 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 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
			$\Omega \Omega \Omega$	

53-0183181

#### Yes No Х **20a** Did the organization operate one or more hospital facilities? *If* "Yes." *complete Schedule H* 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 Х domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Х 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Х Schedule J 23 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 lines 24b through 24d and complete Х Schedule K. If "No", go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Х 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete X 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes." X complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial 27 contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III Х 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): X a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, X director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? Х If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II Х 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Х Part V, line 1 34 X **35a** Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 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 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 X Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Х Note. All Form 990 filers are required to complete Schedule O ...

### Form 990 (2015) Defenders of Wildlife Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	216			
	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 r					
	(gambling) winnings to prize winners?			1c	X	
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	162			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
				3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		•			v
	financial account in a foreign country (such as a bank account, securities account, or other financial	accour	nt)?	4a		Х
b	If "Yes," enter the name of the foreign country:					
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A			_		v
	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 transaction that it was or is a party to a prohibited tax shelter transaction file.			5b		Λ
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
oa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to any contributions that were not tax deductible as charitable contributions?	-		6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions.			0a		- 25
b	were not tax deductible?		-	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices p	rovided to the payor?	7a	х	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w					
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contrac	t?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 88	99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	-				
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а				9a		
<b>D</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	امما				
	Initiation fees and capital contributions included on Part VIII, line 12	10a 10b				
11	Section 501(c)(12) organizations. Enter:	וטט				
	Gross income from members or shareholders	11a				
	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		,	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	, ,				
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c				77
				14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O		14b	990	(0035

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

	to line oa, ob, or rob below, describe the circumstances, processes, or changes in schedule of see instructions.			77
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
	ا ا عد		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 23			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			77
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			37
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶AK , AL , AR , CA , CO , CT , DC , FL , GA	,HI	,IL	,KS
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) are section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are section 6104 requires an organization of the forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are section 6104 requires at the forms 1023 (or 1024 if applicable).			
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	The Organization - 202-682-9400			
	1130 17th Street NW Washington DC 20036			

#### Form 990 (2015)

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

Check if Schedule O contains a response or note to any line in this Part VII ...

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

Leave this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

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

(A)  Name and Title	(B) Average hours per week	box	not c , unle	Pos heck ss pe	more rson	than is bot	h an	(D)  Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other compensation from the organization and related organizations	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)		
(1) Jamie Rappaport Clark	40.00	,,		,,				401 205	_	22 040	
President & CEO	2 50	Х		Х				401,385.	0.	33,040.	
(2) Winsome Dunn McIntosh	2.50	X		x				0.	0.	_	
Chair (3) Judith Posnikoff	2.00	^		^				0.	0.	0.	
Vice Chair	2.00	X		x				0.	0.	0.	
(4) Mark Caylor	2.00								•		
Treasurer		x		x				0.	0.	0.	
(5) Caroline Gabel	1.00										
Secretary		Х		х				0.	0.	0.	
(6) Edward Asner	0.50										
Director		Х						0.	0.	0.	
(7) Dinah Bear	0.50										
Director		Х						0.	0.	0.	
(8) Kim O'Keefe Beck	0.50										
Director		Х						0.	0.	0.	
(9) Cassie Carroll	0.50							_	_	_	
Director		Х						0.	0.	0.	
(10) John Dayton	0.50								_	_	
Director		Х						0.	0.	0.	
(11) Holly Doremus	0.50	١									
Director	0.50	Х						0.	0.	0.	
(12) Eric Glitzenstein	0.50	٠,,								•	
Director	0 50	Х						0.	0.	0.	
(13) James Hecker	0.50	X						0.	0.	0.	
Director	0.50	^						0.	0.	<u> </u>	
(14) Mari Snyder Johnson Director	0.30	X						0.	0.	0.	
(15) Ruth Musgrave	0.50	^						0.	0.	•	
Director	- 30	x						0.	0.	0.	
(16) Mamie Parker	0.50	<del></del>							•	<u>~</u>	
Director		x						0.	0.	0.	
(17) Thu Pham	0.50	<u> </u>				t					
Director		х						0.	0.	0.	
F00007 10 16 1F	•			_	_		_	•		Form <b>990</b> (2015)	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A)	(B)			(0	<b>C</b> )			(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per week					is bot or/trus		compensation	compensation	amount of
	(list any	⊢				u.c	100,	from the	from related organizations	other
	hours for	lirect				_		organization	(W-2/1099-MISC)	compensation from the
	related	e or c	stee			sated		(W-2/1099-MISC)	(***-2/1099-101130)	organization
	organizations	truste	al trus		yee	mper		(** =/ *********************************		and related
	below	Individual trustee or director	Institutional trustee	эc	Key employee	est co oyee	Je I			organizations
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Form			
(18) Ronald Pulliam	0.50									
Director		Х						0.	0.	0.
(19) Richard Robb	0.50									
Director		Х						0.	0.	0.
(20) Susan Rieff	0.50									
Director		Х						0.	0.	0.
(21) Daniel Rohlf	0.50									
Director		Х						0.	0.	0.
(22) Joel Sartore	0.50									
Director		Х						0.	0.	0.
(23) Loretta Stadler	0.50									
Director		Х						0.	0.	0.
(24) Lisa Wan	0.50									
Director		Х						0.	0.	0.
(25) Robert Wiygul	0.50									
Director		Х						0.	0.	0.
(26) James Stofan	40.00									
Chief Operating Officer				Х				240,712.	0.	15,910.
1b Sub-total							ightharpoons	642,097.	0.	48,950.
c Total from continuation sheets to Part VII, Section A							ightharpoons	1,509,253.	0.	218,508.
d Total (add lines 1b and 1c) 2,151,350. 0. 267							267,458.			
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bove	e) wł	no re	eceived more than \$100	0,000 of reportable	
compensation from the organization										19
										Ves 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

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

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual 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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
Russ Reid Company, Inc.	Public education &	
2 N Lake Avenue, Pasadena, CA 91101	constituent dev	1,097,800.
Blackbaud, Inc., 2000 Daniel Island Drive,	Computer & service	
Charleston, SC 29492	bureau	812,801.
Alta Resources		
120 N Commercial Street, Neenah, WI 54956	Fulfillment services	683,744.
Public Interest Communications, 7700	Public education &	
Leesburg Pike, Suite 301 North, Fall	constituent dev	459,797.
SCA Direct	Public education &	
1615 L Street, NW, Washington, DC 20036	constituent dev	384,652.
2 Total number of independent contractors (including but not limited to those liste	ed above) who received more than	
\$100,000 of compensation from the organization > 13		

See Part VII, Section A Continuation sheets

Form **990** (2015)

Form 990 Detender:	s of Wi.	<u>Ld.</u>	Lit	e					53-018	3181
Part VII Section A. Officers, Directors, Tru	ıstees, Key Eı	nplo	oyee	s, a	nd l	ligh	est	Compensated Employ	ees (continued)	
(A) (B) (C)								(D)	(F)	
Name and title	Average			•	ition	1		Reportable	<b>(E)</b> Reportable	Estimated
	hours	(c	heck				ly)	compensation	compensation	amount of
	per	Ť				Ė	Ť	from	from related	other
	week	١.				yee		the	organizations	compensation
	(list any	director				emplo		organization	(W-2/1099-MISC)	from the
	hours for	or di	ee			sated		(W-2/1099-MISC)		organization
	related organizations	ruste	l trus		99	npen				and related organizations
	below	ndividual trustee or	Institutional trustee	_	mplo)	st cor	 			organizations
	line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Former			
(27) Donald Barry (outgoing)	40.00									
Senior Vice President, Conservation				x				228,302.	0.	17,321.
(28) Robert Dreher (incoming)	40.00									-
Senior Vice President, Conservation				Х				0.	0.	0.
(29) Nina Fascione	40.00									
VP, Development					Х			170,298.	0.	26,198.
(30) Michael Senatore	40.00									
VP, Conservation Law					Х			151,214.	0.	30,416.
(31) Robert Dewey	40.00									
VP, Gov Relations/External Affairs					Х			152,654.	0.	30,446.
(32) Nancy Dimaio	40.00									
VP, Information Services/CIO					Х			151,021.	0.	27,169.
(33) Mikaela King	40.00									
VP, Marketing & Online Com						Х		144,508.	0.	28,624.
(34) Nancy Gloman	40.00								_	
VP, Field Conservation Programs						Х		142,164.	0.	12,038.
(35) Cynthia Hoffman	40.00					l		404 005		05 505
VP, Communications	40.00					Х		134,925.	0.	25,795.
(36) Natalie K Greiner	40.00					٦,		100 000	0	0 710
Director of Philanthropy	40.00					Х		109,232.	0.	9,719.
(37) Juliette Lillie	40.00					7.7		104 005	0	10 700
Senior Director Renwable Energy	-					Х		124,935.	0.	10,782.
	<del> </del>									
	<u> </u>									
_										
		L		L	L	L	L			
Total to Part VII, Section A, line 1c								1,509,253.		218,508.

## Form 990 (2015) Defenders of Wildlife Part VIII Statement of Revenue

		Check if Schedule O conta	ains a response	or note to any lin	e in this Part VIII			
			·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
	С	Fundraising events	1c	282,704.				
		Related organizations		52,271.				
imi	е	Government grants (contributi	ons) 1e	26,023.				
rior S	f	All other contributions, gifts, grant	s, and					
the		similar amounts not included above	/e <b>1f</b>	27,942,089.				
함	g	Noncash contributions included in lines	1a-1f: \$	259,116.				
g g		Total. Add lines 1a-1f		<b>&gt;</b>	28,303,087.			
				Business Code				
စ္ပ	2 a	Registration fees		900099	126,780.	126,780.		
ه کِ	b							
Program Service Revenue	С							
eve	d	' <u> </u>						
P. Og	е							
ᇫ	f	All other program service reve	nue					_
	g	Total. Add lines 2a-2f		<b>&gt;</b>	126,780.			
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		<b>&gt;</b>	206,633.			206,633.
	4	Income from investment of tax	c-exempt bond p	oroceeds <b>&gt;</b>				
	5	Royalties		, <b>&gt;</b>	679,763.		18,857.	660,906.
			(i) Real	(ii) Personal				
	6 a	Gross rents	2,156.					
	b	Less: rental expenses	0.					
	С	Rental income or (loss)	2,156.					
	d	Net rental income or (loss)			2,156.			2,156.
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	9,475,875.					
	b	Less: cost or other basis						
		and sales expenses	9,400,694.					
	С	Gain or (loss)	75,181.					
		Net gain or (loss)			75,181.			75,181.
ne	8 a	Gross income from fundraising	g events (not					
		including \$ 282	,704. of					
ě		contributions reported on line	1c). See					
Other Reven		Part IV, line 18	а					
Ě	b	Less: direct expenses	b	72,221.				
Ŭ	С	Net income or (loss) from fund	raising events	<b></b>	0.			
	9 a	Gross income from gaming ac						
		Part IV, line 19	а					
	b	Less: direct expenses	b					
	С	Net income or (loss) from gam	ing activities					
	10 a	Gross sales of inventory, less	returns					
		and allowances	а					
	b	Less: cost of goods sold	b					
	С	Net income or (loss) from sales	s of inventory					
Ĺ		Miscellaneous Revenue	е	Business Code				
	11 a	Miscellaneous		900099	12,142.	12,142.		
	b							
	С							
		All other revenue						
	е	Total. Add lines 11a-11d			12,142.			
	12	Total revenue. See instructions.			29,405,742.	138,922.	18,857.	944,876.

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX  Do not include amounts reported on lines 6b, (A) (B) (C) (D)										
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses					
1	Grants and other assistance to domestic organizations	220 460	220 460							
	and domestic governments. See Part IV, line 21	339,462.	339,462.							
2	Grants and other assistance to domestic	10 000	10 000							
	individuals. See Part IV, line 22	18,000.	18,000.							
3	Grants and other assistance to foreign									
	organizations, foreign governments, and foreign									
	individuals. See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors,	1 507 005	1 214 254	226 766	26 065					
	trustees, and key employees	1,587,085.	1,314,254.	236,766.	36,065					
6	Compensation not included above, to disqualified									
	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)	0 550 630	T 000 00T	1 000 000	104 004					
7	Other salaries and wages	8,572,630.	7,098,937.	1,278,889.	194,804					
8	Pension plan accruals and contributions (include	410 500	220 450	E4 060	<b>=</b> 200					
	section 401(k) and 403(b) employer contributions)	419,620.	338,159.	74,068.	7,393					
9	Other employee benefits	1,396,255.	1,180,426.	179,044.	36,785					
10	Payroll taxes	725,939.	588,067.	124,381.	13,491					
11	Fees for services (non-employees):									
а	Management									
b	Legal	18,794.	18,794.							
С	Accounting	58,100.		58,100.						
d	Lobbying									
е	Professional fundraising services. See Part IV, line 17	1,746,772.			1,746,772					
f	Investment management fees	49,104.		49,104.						
g	Other. (If line 11g amount exceeds 10% of line 25,									
	column (A) amount, list line 11g expenses on Sch O.)	1,268,836.	1,071,828.	169,549.	27,459					
12	Advertising and promotion	315,204.	277,055.	27,179.	10,970					
13	Office expenses	4,354,989.	3,613,169.	506,967.	234,853					
14	Information technology	1,197,121.	871,953.	272,978.	52,190					
15	Royalties	275,224.	229,311.	26,751.	19,162					
16	Occupancy	790,630.	622,182.	160,366.	8,082					
17	Travel	366,233.	320,674.	38,606.	6,953					
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials									
19	Conferences, conventions, and meetings	263,573.	201,080.	62,493.						
20	Interest	210,990.	170,918.	36,151.	3,921					
21	Payments to affiliates									
22	Depreciation, depletion, and amortization	632,907.	512,704.	108,441.	11,762					
23	Insurance	91,930.	74,477.	15,744.	1,709					
24	Other expenses. Itemize expenses not covered									
	above. (List miscellaneous expenses in line 24e. If line									
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)									
а	Printing/publications	2,603,283.	2,159,987.	263,063.	180,233					
b	Membership incentives	685,733.	570,894.	66,916.	47,923					
С	Transaction/ bank fees	598,917.	420,929.	152,595.	25,393					
d	Prof. fund alloc	0.	1,456,165.	169,178.	-1,625,343					
	All other expenses	608,147.	443,597.	155,771.	8,779					
25	Total functional expenses. Add lines 1 through 24e	29,195,478.	23,913,022.	4,233,100.	1,049,356					
<u> 26</u>	Joint costs. Complete this line only if the organization		. ,	. ,	. , ,					
	reported in column (B) joint costs from a combined									
	educational campaign and fundraising solicitation.									
	Check here X if following SOP 98-2 (ASC 958-720)	5,072,587.	3,295,907.	868,606.	908,074					

Form 990 (2015)

Part X | Balance Sheet

Pai	LA	Balance Sneet					
		Check if Schedule O contains a response or note	to any lir	ne in this Part X			
					(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			6,379,964.	1	1,294,403.
	2	Savings and temporary cash investments			6,465,671.	2	4,145,289.
	3	Pledges and grants receivable, net			645,096.	3	754,654.
	4	Accounts receivable, net			226,013.	4	272,738.
	5	Loans and other receivables from current and form	mer office	ers, directors,			
		trustees, key employees, and highest compensate	ed emplo	yees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualified	-	•			
		section 4958(f)(1)), persons described in section 4					
		employers and sponsoring organizations of section					
ets		employees' beneficiary organizations (see instr). C	-			6	
Assets	7	Notes and loans receivable, net			011 005	7	050 006
•	8	Inventories for sale or use			811,925.	8	852,096.
	9	Prepaid expenses and deferred charges			735,031.	9	1,044,967.
	10a	Land, buildings, and equipment: cost or other		17 401 042			
		basis. Complete Part VI of Schedule D	10a	$\frac{17,481,943}{7,765,317}$	10 000 056		0 716 626
		Less: accumulated depreciation				10c	9,716,626.
	11	Investments - publicly traded securities			6,096,403.	11	12,159,664.
	12	Investments - other securities. See Part IV, line 11				12	
	13	Investments - program-related. See Part IV, line 11			13		
	14	Intangible assets		4,223,864.	14 15	5,308,059.	
	15	Other assets. See Part IV, line 11			35,612,023.	16	35,548,496.
	16	Total assets. Add lines 1 through 15 (must equal			1,588,611.	17	1,381,029.
	17 18	Accounts payable and accrued expenses	1,300,011.	18	1,301,025.		
	19	Grants payable  Deferred revenue			85,030.	19	10,600.
	20	Tax-exempt bond liabilities			3370301	20	20,000
	21	Escrow or custodial account liability. Complete Pa				21	
Ø	22	Loans and other payables to current and former of					
Liabilities		key employees, highest compensated employees					
liqe		Complete Part II of Schedule L				22	
Ë	23	Secured mortgages and notes payable to unrelate			5,831,859.	23	5,592,490.
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, paya					
		parties, and other liabilities not included on lines 1	17-24). Co	omplete Part X of			
		Schedule D			2,453,955.	25	2,400,589.
	26	<b>-</b>			9,959,455.	26	9,384,708.
		Organizations that follow SFAS 117 (ASC 958),	check h	ere ▶ X and			
es		complete lines 27 through 29, and lines 33 and	34.				
auc	27	Unrestricted net assets			17,693,415.	27	18,596,559.
Fund Balances	28	Temporarily restricted net assets	6,573,442.	28	6,119,337.		
- Pu	29	Permanently restricted net assets	1,385,711.	29	1,447,892.		
교		Organizations that do not follow SFAS 117 (AS	C 958), c	check here			
ğ		and complete lines 30 through 34.					
sets	30	Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building, or equ				31	
Net Assets or	32	Retained earnings, endowment, accumulated inco			25 652 562	32	26 162 700
_	33	Total net assets or fund balances			25,652,568.	33	26,163,788.
	34	Total liabilities and net assets/fund balances			35,612,023.	34	35,548,496.

Form **990** (2015)

Pai	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1				<u>42.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	29			78.
3	Revenue less expenses. Subtract line 2 from line 1	3				64.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	25			68.
5	Net unrealized gains (losses) on investments	5		30	0,9	56.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	26	<u>,16</u>	3,7	88.
Pa	rt XIII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			X
					Yes	No
1	Accounting method used to prepare the Form 990:  Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,				
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch					
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	-				
	Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		
				Form	990	(2015)

#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Defenders of Wildlife

**Employer identification number** 53-0183181

<b>D</b> = .	.1 1	Danaan fan Dublia (	Observitor Observes of	TTGTTTC				3 0103101
Pa		Reason for Public						
he o	organ	ization is not a private found		•	-	-		
1	Щ	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2	Щ	A school described in <b>sect</b>						
3	Щ	A hospital or a cooperative	hospital service orga	anization described in <b>s</b> e	ection 170	(b)(1)(A)(i	ii).	
4		A medical research organiz	ation operated in co	njunction with a hospita	I described	d in <b>sectio</b>	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:						
5		An organization operated for	or the benefit of a co	llege or university owner	d or opera	ted by a g	overnmental unit describ	ped in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local government	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).	
7	X	An organization that norma	lly receives a substa	intial part of its support	from a gov	ernmental	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)					
8		A community trust describe	ed in <b>section 170(b)(</b>	(1)(A)(vi). (Complete Par	t II.)			
9		An organization that norma	lly receives: (1) more	than 33 1/3% of its sup	port from	contributi	ons, membership fees, a	and gross receipts from
		activities related to its exen	npt functions - subje	ct to certain exceptions,	and (2) no	more tha	n 33 1/3% of its suppor	t from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	ired by the organization	after June 30, 1975.
		See section 509(a)(2). (Con	mplete Part III.)					
10		An organization organized a	and operated exclus	ively to test for public sa	afety. See	section 50	)9(a)(4).	
11		An organization organized a	and operated exclus	ively for the benefit of, to	o perform	the functio	ons of, or to carry out the	purposes of one or
		more publicly supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section	509(a)(2).	See <b>section 509(a)(3).</b> (	Check the box in
		lines 11a through 11d that	describes the type o	of supporting organization	n and con	nplete lines	s 11e, 11f, and 11g.	
а			anization operated, s	supervised, or controlled	by its sup	ported org	ganization(s), typically by	giving giving
		the supported organization	on(s) the power to re	gularly appoint or elect	a majority	of the dire	ctors or trustees of the s	supporting
		organization. You must o	complete Part IV, Se	ections A and B.				
b			anization supervised	d or controlled in connec	tion with it	s support	ed organization(s), by ha	iving
		control or management of	f the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or manage the sup	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.				
С			grated. A supporting	g organization operated	in connec	tion with, a	and functionally integrate	ed with,
		its supported organizatio	n(s) (see instructions	s). You must complete l	Part IV, Se	ections A,	D, and E.	
d			<b>/ integrated.</b> A supp	orting organization oper	rated in co	nnection v	vith its supported organi	zation(s)
		that is not functionally int	egrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement and an attent	iveness
	_	requirement (see instruct	ions). <b>You must con</b>	nplete Part IV, Sections	s A and D,	and Part	V.	
е		☐ Check this box if the orga	anization received a	written determination fro	om the IRS	that it is a	a Type I, Type II, Type III	
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organi	zation.		
f		er the number of supported o	•					
g		vide the following information			V:- A 1 - 41			
	(	<ul><li>i) Name of supported organization</li></ul>	(ii) EIN	(iii) Type of organization (described on lines 1-9	(iv) Is the o listed i	n your	(v) Amount of monetary support (see	(vi) Amount of other support (see
		organization		above (see instructions))		document?	instructions)	instructions)
					Yes	No	,	,
ota	ı							

#### Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	23,753,315.	31,375,687.	29,385,093.	29,358,805.	28,303,087.	142,175,987.		
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 through 3	23,753,315.	31,375,687.	29,385,093.	29,358,805.	28,303,087.	142,175,987.		
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)						2,330,988.		
	Public support. Subtract line 5 from line 4.						139,844,999.		
	etion B. Total Support	( ) 22//	# N 00 4 0	( ) 00/0	( , , , , , ,		<u> </u>		
	ndar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total		
	Amounts from line 4	23,753,315.	31,375,687.	29,385,093.	29,358,805.	28,303,087.	142,175,987.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties	930 510	699,575.	704 030	797,626.	869,695.	2 010 445		
•	and income from similar sources	039,310.	099,313.	704,039.	737,020.	009,093.	3,910,445.		
9	Net income from unrelated business								
	activities, whether or not the								
10	business is regularly carried on								
10	Other income. Do not include gain or loss from the sale of capital								
	•	114,069.	30 068	33,196.	14,716.	12 142.	204,191.		
11	assets (Explain in Part VI.)	111/0050	30,000	3371301	11//100	12/1121	146,290,623.		
12	Gross receipts from related activities,	etc (see instructi	nne)			12	708,922.		
13	First five years. If the Form 990 is for			d fourth or fifth to			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
.0	organization, check this box and <b>stor</b>	. la awa							
Sec	ction C. Computation of Publ						<u></u>		
	Public support percentage for 2015 (I			olumn (f))		14	95.59 %		
15	Public support percentage from 2014					15	95.18 %		
16a	33 1/3% support test - 2015. If the o					nore, check this bo	x and		
	stop here. The organization qualifies	as a publicly supp	orted organization	·			<b>▶</b> X		
b	33 1/3% support test - 2014. If the o						nis box		
	and stop here. The organization qual								
17a	10% -facts-and-circumstances tes								
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and <b>stop h</b>	ere. Explain in Pa	rt VI how the organ	ization		
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization	-	▶□		
b	10% -facts-and-circumstances tes								
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, ch	neck this box and	<b>stop here.</b> Explair	in Part VI how the	•		
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	<b>&gt;</b>		
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions								

Schedule A (Form 990 or 990-EZ) 2015

#### 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	olow, please com	proto r art m.j				
	endar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(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 per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	_					
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year	1					
(	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(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						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)	<u> </u>					
13	Total support. (Add lines 9, 10c, 11, and 12.)	<u> </u>					
14	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth to	ax year as a section	on 501(c)(3) organiz	zation,
	check this box and stop here						<b>&gt;</b>
	ction C. Computation of Publ					11	
	Public support percentage for 2015 (I					15	<u>%</u>
	Public support percentage from 2014					16	%
	ction D. Computation of Inves					147	
17						17	<u>%</u>
	Investment income percentage from 2					18	% 17 is not
198	a 33 1/3% support tests - 2015. If the						
	more than 33 1/3%, check this box at						
k	33 1/3% support tests - 2014. If the	•			•	•	
00	line 18 is not more than 33 1/3%, che			•		•	
<b>2</b> U	Private foundation. If the organizatio	ri dia riot check a	box on line 14, 19	a, or 190, check th	nis box and see in	STRUCTIONS	▶Ш

#### Part IV | Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	За		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
า 9	90 or 99	90-EZ)	2015

		0310	<u> </u>	ige <b>J</b>
ı u	t IV   Supporting Organizations (continued)		V	NI.
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44-		
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			<u></u>
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions):			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	tructions	).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in <i>Part VI</i> the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	anizations					
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All							
	other Type III non-functionally integrated supporting organizations must complete Sections A through E.							
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)				
1	Net short-term capital gain	1						
2	Recoveries of prior-year distributions	2						
3	Other gross income (see instructions)	3						
4	Add lines 1 through 3	4						
5	Depreciation and depletion	5						
6	Portion of operating expenses paid or incurred for production or							
	collection of gross income or for management, conservation, or							
	maintenance of property held for production of income (see instructions)	6						
7	Other expenses (see instructions)	7						
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8						
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1	Aggregate fair market value of all non-exempt-use assets (see							
	instructions for short tax year or assets held for part of year):							
а	Average monthly value of securities	1a						
b	Average monthly cash balances	1b						
С	Fair market value of other non-exempt-use assets	1c						
d	Total (add lines 1a, 1b, and 1c)	1d						
е	Discount claimed for blockage or other							
	factors (explain in detail in <b>Part VI</b> ):							
2	Acquisition indebtedness applicable to non-exempt-use assets	2						
3	Subtract line 2 from line 1d	3						
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,							
	see instructions).	4						
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6	Multiply line 5 by .035	6						
7	Recoveries of prior-year distributions	7						
8	Minimum Asset Amount (add line 7 to line 6)	8						
Sect	ion C - Distributable Amount			Current Year				
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1						
2	Enter 85% of line 1	2						
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3						
4	Enter greater of line 2 or line 3	4						
5	Income tax imposed in prior year	5						
6	Distributable Amount. Subtract line 5 from line 4, unless subject to							
	emergency temporary reduction (see instructions)	6						
7	Check here if the current year is the organization's first as a non-functionall	y-integra	ated Type III supporting org	ganization (see				
	instructions).							

Schedule A (Form 990 or 990-EZ) 2015

1 ai	Type in item i amenemany integrated eee	(a)(3) Supporting Orga	dilizations (continued)	
	on D - Distributions			Current Year
	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	)	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
С				
d	From 2013			
е	From 2014			
	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
	Carryover from 2010 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D,			
	line 7:			
а	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
	Remainder, Subtract lines 4a and 4b from 4.			
	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a				
b				
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	LACCOC 115111 2010			

Schedule A (Form 990 or 990-EZ) 2015

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
1 4.11	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

#### **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

#### **Political Campaign and Lobbying Activities**

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2015

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, 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," on 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," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

<ul> <li>Section 501(c)(4), (5), or (6) organ</li> </ul>				
Name of organization	zationo. Complete i art iii.		Em	ployer identification number
Defend	lers of Wildlife			53-0183181
Part I-A Complete if the o	organization is exempt und	der section 501(c)	or is a section 527	organization.
<ol> <li>Provide a description of the orga</li> <li>Political expenditures</li> <li>Volunteer hours</li> </ol>	·		<b>&gt;</b>	\$
Part I-B Complete if the o	organization is exempt und	der section 501(c)	)(3).	
1 Enter the amount of any excise t	ax incurred by the organization und	der section 4955	<b>&gt;</b>	\$
2 Enter the amount of any excise t	ax incurred by organization manag	ers under section 495	5	\$
3 If the organization incurred a sec	ction 4955 tax, did it file Form 4720	for this year?		Yes Mo
4a Was a correction made?				Yes No
b If "Yes," describe in Part IV.	organization is exempt und	lor costion FO1(s)	A avaant agation E0:	(/0)/2)
1 Enter the amount directly expend			=	
<ul> <li>3 Total exempt function expendituline 17b</li> <li>4 Did the filing organization file Formation</li> <li>5 Enter the names, addresses and made payments. For each organic contributions received that were</li> </ul>		and on Form 1120-POL IN) of all section 527 p id from the filing organ a separate political org	olitical organizations to whization's funds. Also enter ganization, such as a sepa	\$ Yes No lich the filing organization the amount of political
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	contributions received and

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

Schedule C (Form 990 or 990-EZ) 2015

**b** Total lobbying expenditures to influence a legislative body (direct lobbying)

c Total lobbying expenditures (add lines 1a and 1b)

d Other exempt purpose expenditures

i Subtract line 1f from line 1c. If zero or less, enter -0j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720

reporting section 4911 tax for this year?

e Total exempt purpose expenditures (add lines 1c and 1d)

Lobbying nontaxable amount. Enter the amo	1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000			
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
Grassroots nontaxable amount (enter 25% o	250,000.		
Subtract line 1g from line 1a. If zero or less, e	0.		

#### 4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period								
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2012	<b>(b)</b> 2013	(c) 2014	<b>(d)</b> 2015	(e) Total			
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.			
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.			
c Total lobbying expenditures	372,741.	225,531.	378,739.	561,023.	1,538,034.			
<b>d</b> Grassroots nontaxable 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	161,495.	49,028.	195,545.	197,437.	603,505.			

Schedule C (Form 990 or 990-EZ) 2015

**」Yes** 

363,586.

561,023.

26,800,993.

27,362,016.

#### Schedule C (Form 990 or 990-EZ) 2015 Defenders of Wildlife 53-0183181 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

or each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a	1)	(k	-,
the lobbying activity.	Yes	No	Amo	ount
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:				
a Volunteers?				
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities?				
j Total. Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(4).	on 501(c)	(5) or se	ection	
501(c)(6).	011 00 1(0)	(0), 0. 00	701.011	
			Yes	N
• West and startistically (00% and source) discourse in a discourse district in the source of the so				
Were substantially all (90% or more) dues received nondeductible by members?		1		
<ul> <li>Did the organization make only in-house lobbying expenditures of \$2,000 or less?</li> <li>Did the organization agree to carry over lobbying and political expenditures from the prior year?</li> <li>Part III-B Complete if the organization is exempt under section 501(c)(4), section</li> </ul>	on 501(c)	2 3 (5), or se		
<ul> <li>Did the organization make only in-house lobbying expenditures of \$2,000 or less?</li> <li>Did the organization agree to carry over lobbying and political expenditures from the prior year?</li> </ul>	on 501(c)	2 3 (5), or se		ne 3,
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Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members	on 501(c)   "No," Of	2 3 (5), or se R (b) Par		ne 3,
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#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Defenders of Wildlife

Employer identification number 53-0183181

Pa	rt I Organizations Maintaining Donor Adviso	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lii	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's	s exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor		
	for charitable purposes and not for the benefit of the donor		
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the or		
1	Purpose(s) of conservation easements held by the organization	tion (check all that apply).	
	Preservation of land for public use (e.g., recreation or	education) Preservation of a histo	orically important land area
	Protection of natural habitat	Preservation of a cert	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic st	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structu	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re		
	year ▶		
4	Number of states where property subject to conservation ea	asement is located >	
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing cons	servation easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing conserva	tion easements during the year
	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	tion easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes	the organization's accounting for
	conservation easements.		
Pa	rt III Organizations Maintaining Collections of	of Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Forr	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue staten	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	chibition, education, or research in furthera	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ribes these items.	
b	If the organization elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of pul	blic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financia	I gain, provide
	the following amounts required to be reported under SFAS	116 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
h	Assets included in Form 900 Part Y		

	(	rs or wildi						83181	
Pai	t III   Organizations Maintaining C	ollections of Art	t, Historical Tre	easures, c	or Other	Simila	r Asse	<b>ts</b> (continu	ed)
3	Using the organization's acquisition, accession	on, and other records	s, check any of the	following tha	t are a sigr	nificant us	se of its	collection i	items
	(check all that apply):								
а	Public exhibition	d	Loan or excl	nange progra	ams				
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how they further th	ne organizati	on's exem	ot purpos	e in Par	XIII.	
5	During the year, did the organization solicit o	r receive donations of	f art, historical treas	sures, or oth	er similar a	ssets			
	to be sold to raise funds rather than to be ma	aintained as part of th	e organization's co	llection?				Yes	☐ No
Pai	t IV Escrow and Custodial Arran	gements. Complet	e if the organization	n answered '	'Yes" on F	orm 990,	Part IV,	line 9, or	
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodi	an or other intermedi	ary for contribution	s or other as	sets not in	cluded			
	on Form 990, Part X?							Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII								
	· · ·	•	-					Amount	
С	Beginning balance					1c			
	Additions during the year					1d			
	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo					·?		Yes	☐ No
	If "Yes," explain the arrangement in Part XIII.				-				
Pai									
		(a) Current year	(b) Prior year	(c) Two year	s back (d	) Three yea	ars back	(e) Four ye	ears back
1a	Beginning of year balance	1,385,711.	1,497,708.	7,730	724.	7,43	8,208.	6,3	55,958.
	Contributions								
	Net investment earnings, gains, and losses	62,181.	-111,997.	5(	0,518.	29	2,516.	1,0	82,250.
d	Grants or scholarships								
	Other expenditures for facilities								
	and programs			6,283	3,534.				
f	Administrative expenses			-					
g	End of year balance	1,447,892.	1,385,711.	1,49	7,708.	7,73	0,724.	7,4	38,208.
2	Provide the estimated percentage of the curr	ent vear end balance	(line 1g. column (a	i)) held as:	<u> </u>	· ·	· ·		
	Board designated or quasi-endowment	,	%	,,					
	Permanent endowment ► 100.00	%	-						
	Temporarily restricted endowment ▶	<del></del> -%							
	The percentages on lines 2a, 2b, and 2c sho								
За	Are there endowment funds not in the posse	•	tion that are held a	nd administe	red for the	organiza	tion		
	by:	ŭ				Ü		ΓY	es No
	(i) unrelated organizations							3a(i)	X
	(**)							3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organiza							3b	
4	Describe in Part XIII the intended uses of the								
_	t VI Land, Buildings, and Equipm								
	Complete if the organization answered		Part IV. line 11a. S	see Form 990	). Part X. lir	ne 10.			
	Description of property	(a) Cost or oth				umulated		(d) Book v	/alue
		basis (investme	' '	ı	` '	eciation	1	, _,,	
1a	Land	<u> </u>	,	5,586.				4,585	,586.
	Buildings			9,953.	4,42	22,03		$\frac{1,303}{4,407}$	
	Leasehold improvements		+ ', ', ',	- ,	_,	=,		, = - ,	, •
			3.20	3,175.	2.57	75,34	8.	627	,827.
u	Equipment		86			7 93			290.

Schedule D (Form 990) 2015

9,716,626.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Part VII Investments - Other Securities
---

Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.

(5) (6) (7) (8) (9)

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) Assets held in charitable remainder and other trusts	2,458,393.
(2) Unamortized loan costs	44,476.
(3) Bequests and trusts receivable	2,767,670.
(4) Deferred compensation assets	37,520.
(5)	
(6)	
<u>(7)</u>	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	5,308,059.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) Annuity and other split-interest		
(3) obligations	2,298,654.	
(4) Capital lease obligation	64,415.	
(5) Deferred compensation liabilities	37,520.	
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	2,400,589.	

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

Schedule D (Form 990) 2015

rai	Reconciliation of Revenue per Audited Fi		ui nevenue pei ni		
	Complete if the organization answered "Yes" on Form	990, Part IV, line 12a.			22 226 244
1	Total revenue, gains, and other support per audited financial s	statements		1	32,806,044.
2	Amounts included on line 1 but not on Form 990, Part VIII, line	1 1			
	Net unrealized gains (losses) on investments		300,956.		
	***************************************		3,027,125.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	72,221.		
е	Add lines 2a through 2d			2e	3,400,302.
3	Subtract line 2e from line 1			3	29,405,742.
4	Amounts included on Form 990, Part VIII, line 12, but not on li	ne 1:			
а	Investment expenses not included on Form 990, Part VIII, line	7b <b>4a</b>			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990,	Part I, line 12.)		5	29,405,742.
Par	rt XII Reconciliation of Expenses per Audited F	inancial Statements W	ith Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements			1	32,294,824.
2	Amounts included on line 1 but not on Form 990, Part IX, line				
а	Donated services and use of facilities	2a	3,027,125.		
		·····			
С					
d	Other (Describe in Part XIII.)		72,221.		
	Add lines 2a through 2d			2e	3,099,346.
3	Subtract line <b>2e</b> from line <b>1</b>		T T	3	29,195,478.
4	Amounts included on Form 990, Part IX, line 25, but not on lin				
		1 1			
	Other (Describe in Part XIII.)				
	Other (Bescribe IIII are Alli.)				_
C	Add lines 4a and 4h			40	0.
	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 99)		<del>-</del>	4c	0. 29.195.478.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 99		<del>-</del>	4c 5	0. 29,195,478.
5 Par	Total expenses. Add lines 3 and 4c. (This must equal Form 99 rt XIII Supplemental Information.	0, Part I, line 18.)		5	29,195,478.
<b>5</b> <b>Par</b> Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 99 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part II	0, Part I, line 18.)  I, lines 1a and 4; Part IV, lines	1b and 2b; Part V, line 4	5	29,195,478.
<b>5</b> <b>Par</b> Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 99 rt XIII Supplemental Information.	0, Part I, line 18.)  I, lines 1a and 4; Part IV, lines	1b and 2b; Part V, line 4	5	29,195,478.
<b>5</b> <b>Par</b> Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 99 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part II	0, Part I, line 18.)  I, lines 1a and 4; Part IV, lines	1b and 2b; Part V, line 4	5	29,195,478.
<b>Par</b> Providines	Total expenses. Add lines 3 and 4c. (This must equal Form 99 rt XIII   Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III   2d and 4b; and Part XII, lines 2d and 4b. Also complete this part III   2d and 4b; and Part XII, lines 2d and 4b.	0, Part I, line 18.)  I, lines 1a and 4; Part IV, lines	1b and 2b; Part V, line 4	5	29,195,478.
<b>Par</b> Providines	Total expenses. Add lines 3 and 4c. (This must equal Form 99 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part II	0, Part I, line 18.)  I, lines 1a and 4; Part IV, lines	1b and 2b; Part V, line 4	5	29,195,478.
Providines	Total expenses. Add lines 3 and 4c. (This must equal Form 99 rt XIII   Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part V, line 4:	0, Part I, line 18.)  I, lines 1a and 4; Part IV, lines art to provide any additional inf	1b and 2b; Part V, line 4 ormation.	5 ; Part	29 , 195 , 478 .  X, line 2; Part XI,
Providines	Total expenses. Add lines 3 and 4c. (This must equal Form 99 rt XIII   Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III   2d and 4b; and Part XII, lines 2d and 4b. Also complete this part III   2d and 4b; and Part XII, lines 2d and 4b.	0, Part I, line 18.)  I, lines 1a and 4; Part IV, lines art to provide any additional inf	1b and 2b; Part V, line 4 ormation.	5 ; Part	29 , 195 , 478 .  X, line 2; Part XI,
Par Providines	Total expenses. Add lines 3 and 4c. (This must equal Form 99 rt XIII   Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part II 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part V, line 4:  e earnings of donor-restricted of	o, Part I, line 18.) I, lines 1a and 4; Part IV, lines rt to provide any additional inf	1b and 2b; Part V, line 4 ormation.	5 ; Part	29 , 195 , 478 .  X, line 2; Part XI,
Par Providines	Total expenses. Add lines 3 and 4c. (This must equal Form 99 rt XIII   Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part V, line 4:	o, Part I, line 18.) I, lines 1a and 4; Part IV, lines rt to provide any additional inf	1b and 2b; Part V, line 4 ormation.	5 ; Part	29 , 195 , 478 .  X, line 2; Part XI,
Par Providines	Total expenses. Add lines 3 and 4c. (This must equal Form 99 rt XIII   Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part II 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part V, line 4:  e earnings of donor-restricted of	o, Part I, line 18.) I, lines 1a and 4; Part IV, lines rt to provide any additional inf	1b and 2b; Part V, line 4 ormation.	5 ; Part	29 , 195 , 478 .  X, line 2; Part XI,
Par Providines	Total expenses. Add lines 3 and 4c. (This must equal Form 99 rt XIII   Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part II 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part V, line 4:  e earnings of donor-restricted of	o, Part I, line 18.) I, lines 1a and 4; Part IV, lines rt to provide any additional inf	1b and 2b; Part V, line 4 ormation.	5 ; Part	29 , 195 , 478 .  X, line 2; Part XI,
Providences  Par  Providences  Par  The	Total expenses. Add lines 3 and 4c. (This must equal Form 99 rt XIII   Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part V, line 4:  e earnings of donor-restricted coecific programs or general operations.	o, Part I, line 18.) I, lines 1a and 4; Part IV, lines rt to provide any additional inf	1b and 2b; Part V, line 4 ormation.	5 ; Part	29 , 195 , 478 .  X, line 2; Part XI,
Providences  Par  Providences  Par  The	Total expenses. Add lines 3 and 4c. (This must equal Form 99 rt XIII   Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part II 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part V, line 4:  e earnings of donor-restricted of	o, Part I, line 18.) I, lines 1a and 4; Part IV, lines rt to provide any additional inf	1b and 2b; Part V, line 4 ormation.	5 ; Part	29 , 195 , 478 .  X, line 2; Part XI,
Par Providines Par The	Total expenses. Add lines 3 and 4c. (This must equal Form 99 rt XIII   Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part V, line 4:  e earnings of donor-restricted of ecific programs or general operators.  rt X, Line 2:	O, Part I, line 18.) I, lines 1a and 4; Part IV, lines It to provide any additional infections can be contributions can be contributions.	1b and 2b; Part V, line 4 ormation.	5; Part	29,195,478.  X, line 2; Part XI,  und either
Par Providines Par The	Total expenses. Add lines 3 and 4c. (This must equal Form 99 rt XIII   Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part V, line 4:  e earnings of donor-restricted coecific programs or general operations.	O, Part I, line 18.) I, lines 1a and 4; Part IV, lines It to provide any additional infections can be contributions can be contributions.	1b and 2b; Part V, line 4 ormation.	5; Part	29,195,478.  X, line 2; Part XI,  und either
Par Providines  Par  The  spe	Total expenses. Add lines 3 and 4c. (This must equal Form 99 rt XIII   Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part V, line 4:  e earnings of donor-restricted of ecific programs or general operators.  rt X, Line 2:  fenders had no significant uncer	O, Part I, line 18.) I, lines 1a and 4; Part IV, lines It to provide any additional infections can be contributions can be contributions.	1b and 2b; Part V, line 4 ormation.	5; Part	29,195,478.  X, line 2; Part XI,  und either
Par Providines  Par  The  spe	Total expenses. Add lines 3 and 4c. (This must equal Form 99 rt XIII   Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part V, line 4:  e earnings of donor-restricted of ecific programs or general operators.  rt X, Line 2:	O, Part I, line 18.) I, lines 1a and 4; Part IV, lines It to provide any additional infections can be contributions can be contributions.	1b and 2b; Part V, line 4 ormation.	5; Part	29,195,478.  X, line 2; Part XI,  und either
Par Providines  Par  The  spe	Total expenses. Add lines 3 and 4c. (This must equal Form 99 rt XIII   Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part V, line 4:  e earnings of donor-restricted of ecific programs or general operators.  rt X, Line 2:  fenders had no significant uncer	O, Part I, line 18.) I, lines 1a and 4; Part IV, lines It to provide any additional infections can be contributions can be contributions.	1b and 2b; Part V, line 4 ormation.	5; Part	29,195,478.  X, line 2; Part XI,  und either
Par Providines  Par  The  spe	Total expenses. Add lines 3 and 4c. (This must equal Form 99 rt XIII   Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part V, line 4:  e earnings of donor-restricted of ecific programs or general operators.  rt X, Line 2:  fenders had no significant uncer	O, Part I, line 18.) I, lines 1a and 4; Part IV, lines It to provide any additional infections can be contributions can be contributions.	1b and 2b; Part V, line 4 ormation.	5; Part	29,195,478.  X, line 2; Part XI,  und either
Par Providines Par The spe	Total expenses. Add lines 3 and 4c. (This must equal Form 99 rt XIII   Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part V, line 4:  e earnings of donor-restricted of ecific programs or general operators. The ecific programs or general operators of the ecific programs of the	O, Part I, line 18.)  I, lines 1a and 4; Part IV, lines art to provide any additional infections calculations.	1b and 2b; Part V, line 4 ormation.	5; Part	29,195,478.  X, line 2; Part XI,  und either
Par Providines Par The spe	Total expenses. Add lines 3 and 4c. (This must equal Form 99 rt XIII   Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part V, line 4:  e earnings of donor-restricted of ecific programs or general operators.  rt X, Line 2:  fenders had no significant uncer	O, Part I, line 18.)  I, lines 1a and 4; Part IV, lines art to provide any additional infections calculations.	1b and 2b; Part V, line 4 ormation.	5; Part	29,195,478.  X, line 2; Part XI,  und either
Par Providines  Par  The  specific and	Total expenses. Add lines 3 and 4c. (This must equal Form 99 rt XIII   Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part V, line 4:  e earnings of donor-restricted of ecific programs or general operators.  rt X, Line 2:  fenders had no significant uncertainty and 2015.  rt XI, Line 2d - Other Adjustmental contents of the contents	nts:	1b and 2b; Part V, line 4 ormation.	5; Part	29,195,478.  X, line 2; Part XI,  und either  er 30, 2016
Par Provinces Par The spe	Total expenses. Add lines 3 and 4c. (This must equal Form 99 rt XIII   Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part V, line 4:  e earnings of donor-restricted of ecific programs or general operators. The ecific programs or general operators of the ecific programs of the	nts:	1b and 2b; Part V, line 4 ormation.	5; Part	29,195,478.  X, line 2; Part XI,  und either
Par Providines  Par  The  specific and	Total expenses. Add lines 3 and 4c. (This must equal Form 99 rt XIII   Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part V, line 4:  e earnings of donor-restricted of ecific programs or general operators.  rt X, Line 2:  fenders had no significant uncertainty and 2015.  rt XI, Line 2d - Other Adjustmental contents of the contents	nts:	1b and 2b; Part V, line 4 ormation.	5; Part	29,195,478.  X, line 2; Part XI,  und either  er 30, 2016

#### SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service **Statement of Activities Outside the United States** 

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

Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

2015
Open to Public Inspection

Name of the organization

Employer identification number

D .	fenders of Wi	141;f^				53-01831	Ω1
			ctivities Out	tside the United States. Comple	ete if the organ		
. a	Form 990, Part IV		Cavilles Ou	iolae the office otates.compi	ete ii tile organ	ization answered	162 OH
1			n maintain record	ds to substantiate the amount of its gr	ants and other	assistance,	
				the selection criteria used to award the			Yes No
2	For grantmakers. Desc United States.	cribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and of	ther assistance ou	tside the
3		he following Part	I, line 3 table ca	an be duplicated if additional space is	needed.)		
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	is a prog describe	vity listed in (d) gram service, e specific type ee(s) in region	(f) Total expenditures for and investments in region
Nort	th America -						
Mex:	ico	0	1	Program services	See Part V		118,142.
							+
	Sub-total	0	1				118,142.
a	Total from continuation sheets to Part I	0	0				0.
С	Totals (add lines 3a						
	and 3b)	0	1				118,142.

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

Schedule F (Form 990) 2015

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. 53-0183181

1  Name of organization	(b) IRS code section	(c) Region	(d) Purpose of	(e) Amount	(f) Manner of	(g) Amount of	(h) Description	(i) Method of
2 Enter total number of the IRS, or for which t	recipient organizations the grantee or counsel	s listed above that are r	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	foreign country,	recognized as tax-ex	cempt by		
3 Enter total number of	Enter total number of other organizations or entities	entities				<b>V</b>		

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed. 53-0183181

				(a) Type of grant or assistance (b) Region
				(b) Region
				(c) Number of recipients
				(c) Number of (d) Amount of recipients cash grant
				(e) Manner of cash disbursement
				(f) Amount of non-cash assistance
				(g) Description of non-cash assistance
				(h) Method of valuation (book, FMV, appraisal, other)

### Schedule F (Form 990) 2015 I Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Yes	X No

Schedule F (Form 990) 2015

#### Part V | Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

#### 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:

Foreign expenditures are directly tracked and accounted for on the accrual method of accounting used for books.

#### Part I, line 3, Column (e):

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. A consultant works throughout the country on the various programs from the northern Gulf of California to the Southern Yucatan Peninsula.

#### SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Defenders of Wildlife

Employer identification number 53-0183181

Part I		<b>Fundraising Activities.</b> Complete if the organized to complete this part.	ganization answered "Yes" on Form 990, Part IV, line 17. Fo	orm 990-EZ filers	s are not								
1	Indicat	ndicate whether the organization raised funds through any of the following activities. Check all that apply.											
а	X	Mail solicitations	e X Solicitation of non-government grants										
b	X	Internet and email solicitations	f X Solicitation of government grants										
c	$\mathbf{X}$	Phone solicitations	g X Special fundraising events										
d	ı X	In-person solicitations											
2 a	Did th	e organization have a written or oral agreement w	ith any individual (including officers, directors, trustees or										
	key er	remployees listed in Form 990, Part VII) or entity in connection with professional fundraising services?											

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization	
Public Interest		Yes	No				
Communications, Inc 7700	Telemarketing		Х	179,829.	188,175.	-8,346.	
SD&A Teleservices, Inc							
5757 West Century Boulevard,	Telemarketing		Х	56,999.	112,702.	-55,703.	
Mal Warwick Associates - 2550	Public education,						
Ninth Street, Suite 103,	supporter participation		Х	0.	373,259.	-373,259.	
Infogroup Media Solutions -	Public education,						
P.O. Box 3243, Omaha, NE	supporter participation		Х	0.	261,776.	-261,776.	
Key Acquisition Partners, LLC	Public education,						
- 2525 Riva Road, Suite 145,	supporter participation		Х	0.	236,097.	-236,097.	
Russ Reid Company, Inc 2 N	Public education,						
Lake Avenue, Suite 600,	supporter participation		Х	0.	199,600.	-199,600.	
SCA Direct - 1615 L Street,	Public education,						
NW, Suite 1000, Washington,	supporter participation		Х	0.	140,089.	-140,089.	
Sea Change Strategies, Inc	Public education,						
7409 Birch Avenue, Takoma	supporter participation		Х	0.	130,982.	-130,982.	
Erik R. Anderson - 313 N	Public education,						
Street, SW, Washington, DC	supporter participation		Х	0.	47,264.	-47,264.	
Stephanie Heishman - 915 L	Public education,						
Street, C-425, Sacramento, CA		Х	0.	34,000.	-34,000.		
Total		236,828.	1,723,944.	-1,487,116.			

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

	,AK,AZ					•	•	•	•	•	•	•	•	•	•								
MT	, NE , NV	,NH,	NJ,	NM ,	NY	, NC	, ND	OH,	,OK	OR,	, PA	,RI	, SC	, SD	,TN	TX,	UT,	, VT	, VA	, WA ,	, WV ,	WI,	WY
DC																							

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. 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) (event type) (total number) Revenue 1 Gross receipts 354,925. 354,925. 282,704. 282,704. 2 Less: Contributions 72,221 72,221. 3 Gross income (line 1 minus line 2) ...... 4 Cash prizes 5 Noncash prizes Direct Expenses 26,044. 26,044. 6 Rent/facility costs 27,320. 27,320. 7 Food and beverages 8 Entertainment 18,857. 18,857. 9 Other direct expenses ..... 72,221. 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on 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)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses ..... Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct 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? \_\_\_\_\_ Yes \_\_\_\_ No **b** If "Yes," explain:

Sch	nedule G (Form 990 or 990-EZ) 2015 Defenders of Wildlie 53-0	0 T 8 3	TRI	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:			
á	a The organization's facility	13a		%
	<b>b</b> An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address >			
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
ŀ	b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount of gaming revenue retained by the third party ▶\$			
(	c If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
á	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	Ш	Yes	└── No
ŀ	<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year > \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, I 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	lines 9,	9b, 10	)b, 15b,
Sc	chedule G, Part I, Line 2b, List of Ten Highest Paid Fundraise	rs:		
(i	Name of Fundraiser: Public Interest Communications, Inc.			
	i) Address of Fundraiser:			
1/	700 Leesburg Pike, Suite 301 N, Falls Church, VA 22043			
<u>(i</u>				
	) Address of Fundraiser:			
57	757 West Century Boulevard, Suite 300, Los Angeles, CA 90045			

- (i) Name of Fundraiser: Mal Warwick Associates
- (i) Address of Fundraiser:
- 2550 Ninth Street, Suite 103, Berkeley, CA 94710
- (i) Name of Fundraiser: Infogroup Media Solutions
- (i) Address of Fundraiser: P.O. Box 3243, Omaha, NE 68103
- (i) Name of Fundraiser: Key Acquisition Partners, LLC
- (i) Address of Fundraiser: 2525 Riva Road, Suite 145, Annapolis, MD 21401
- (i) Name of Fundraiser: Russ Reid Company, Inc.
- (i) Address of Fundraiser: 2 N Lake Avenue, Suite 600, Pasadena, CA 91101
- (i) Name of Fundraiser: SCA Direct
- (i) Address of Fundraiser:
- 1615 L Street, NW, Suite 1000, Washington, DC 20036
- (i) Name of Fundraiser: Sea Change Strategies, Inc.
- (i) Address of Fundraiser: 7409 Birch Avenue, Takoma Park, MD 20912
- (i) Name of Fundraiser: Erik R. Anderson
- (i) Address of Fundraiser: 313 N Street, SW, Washington, DC 20024
- (i) Name of Fundraiser: Stephanie Heishman
- (i) Address of Fundraiser: 915 L Street, C-425, Sacramento, CA 95814

### SCHEDULE I (Form 990)

Internal Revenue Service Department of the Treasury

Part I

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

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

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

53-0183181

Name of the organization Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Defenders of Wildlife

P.O. Box 765540, Butrovich Bldg, St University of Alaska 4245 North Fairfax Drive 40 West 20 Street Washington, DC 20036 Springerville, AZ 85938 P.O. Box 761 Slade Ranch, LLC Fairbanks, AK 99775 4747 S. Power Road KCK Investments LLC Arlington, The Nature Conservancy New York, NY 10011 Natural Resources Defense Council 1615 M Street, NW The Wilderness Society 1 (a) Name and address of organization Enter total number of other organizations listed in the line 1 table Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 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? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. AZ 85212 Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any General Information on Grants and Assistance recipient that received more than \$5,000. Part II can be duplicated if additional space is needed VA 22203 or government 20-2888386 53-0242652 13-2654926 92-6000147 86-0920223 53-0167933 (b) EIN N/A 501(c)(3) N/A 501(c)(3) 501(c)(3) 501(c)(3) (c) IRC section if applicable (d) Amount of cash grant 18,000 12,650 51,202 63,750 75,000 6,000. (e) Amount of non-cash assistance O.N/A N/A N/A N/A N/A valuation (book FMV, appraisal, **(f)** Method of other) N/A N/A N/A N/A N/A N/A non-cash assistance (g) Description of To help deter avoid livestock To assist in efforts to To sponsor three Alaska depredations on Energy Mitigation Energy Mitigation costs for work on Renewal Re-grant to assist in depredation by wolves in reserch major polar bear engineer students to native sciences and costs for work on Re-grant to assist in workshops. inergy Mitigation costs for work on Renewal Re-grant to assist in workshops. the Blue Range Wolf livestock. orkshops. (h) Purpose of grant or assistance X Yes Renewal Z <u>ი</u>

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

See Part IV for Column (h) descriptions

Schedule I (Form 990) (2015)

School I (Form 000)							
To assist with the costs associated with effort to avoid livestock depredation by wolve on	N/A	N/A	0.	6,000.	N/A	64-0929195	Canadian River Cattle Company LP/Rainy Mesa Ranch - 605 Crescent Boulevard, Suite 200 - Ridgeland, MS 39157
To assist in efforts to avoid livestock depredation by wolves from Gila National	N/A	N/A	0.	6,000.	N/A	85-0465394	Y Canyon Ranch, LLC HC 62 Box 701 Aragon, NM 87820
To help deter depredations on livestock.	N/A	N/A	0.	6,000.	N/A	26-0702407	Strayhorse Ranch, LLC 1849 Homestead Road Lakeside, AZ 85929
To assist in efforts to avoid livestock depredation by wolves on private and leased	N/A	N/A	0.	6,000.	N/A	86-1001499	Flying W. Ranch, Inc. P.O. Box 644 Reserve, NM 87830
(h) Purpose of grant or assistance	(g) Description of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(e) Amount of non-cash assistance	(d) Amount of cash grant	(c) IRC section if applicable	(b) EIN	(a) Name and address of organization or government
53-0183181 Page 1		edule I (Form 990), Par	nited States (Sche	nizations in the U	ife vernments and Orga	of Wildlife Assistance to Governm	Schedule I (Form 990)  Defenders of Wildlife  Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

Page 2

Part depredation by wolves in the Apache-Sitgreaves grazing land assiciated with Timberline Ranch and sciences Name requirements Part I, National Forest. To assist in efforts to avoid livestock Dobson & Dobson livestock within the depredation by wolves on private and leased To assist in efforts to avoid livestock Schedule I (Form 990) (2015)

Part III Grants and Othe that includes The Organization Part IV (쇼) Purpose of Grant of Organization or Government: II, Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Line line and (a) Type of grant or assistance engineer 2: specific financial and programmatic accomplishment reporting 1, enters Column о В students into Assistance: (h) : ρ written ţο **(b)** Number of recipients reserch major University of To sponsor three Alaska grant (c) Amount of cash grant agreement 12,000 ,000. polar Alaska (d) Amount of non-cash assistance with bear conservation native the 0.N/A N/A (e) Method of valuation (book, FMV, appraisal, other) grantee N/A N/A (f) Description of non-cash assistance

532102 10-28-15

See

Part

IV for Column (a) descriptions

Schedule I (Form 990) (2015)

### Part IV | Supplemental Information

issues.

Name of Organization or Government: Slade Ranch, LLC

(h) Purpose of Grant or Assistance: To assist in efforts to avoid
livestock depredation by wolves in the Blue Range Wolf Recovery Area.

Name of Organization or Government: Flying W. Ranch, Inc.

(h) Purpose of Grant or Assistance: To assist in efforts to avoid

livestock depredation by wolves on private and leased grazing land

assiciated with the Flying W Ranch in the Gila National Forest.

Name of Organization or Government: Y Canyon Ranch, LLC

(h) Purpose of Grant or Assistance: To assist in efforts to avoid livestock depredation by wolves from Gila National Forest.

### Name of Organization or Government:

Canadian River Cattle Company LP/Rainy Mesa Ranch

(h) Purpose of Grant or Assistance: To assist with the costs associated with effort to avoid livestock depredation by wolve on their Negrito and Yeguas grazing allotmoents within the Gila National Forest during the 2016 Summer/ Fall grazing season.

### Part III, Column (a):

(a) Type of Grant or Assistance: To assist in efforts to avoid livestock

depredation by wolves on private and leased grazing land assiciated with

Timberline Ranch and Dobson & Dobson livestock within the

Apache-Sitgreaves National Forest.

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

**Compensation Information** 

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

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

Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

Defenders of Wildlife

Employer identification number 53-0183181

•	arti Questions negarating compensation		Yes	No
10	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,		res	No
Ia	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 use			
	Travel for companions  Payments for business use of personal residence			
	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 any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
	, , , , , , , , , , , , , , , , , , , ,			
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	Torm 990 of other organizations  X Approval by the board or compensation committee			
	Tees form odd or other diganizations			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
-	organization or a related organization:			
а		4a		Х
b		4b		Х
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2015

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii).

Do not list any individuals that are not listed on Form 990, Part VII.

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

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	able	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deterred compensation	penetits	(B)(I)-(D)	in column (B) reported as deferred on prior Form 990
(1) Jamie Rappaport Clark	≘	398,973.	0.	2,412.	26,950.	6,090.	434,425.	0.
President & CEO	≘	0.	0.	0.	• 0	0.	0.	0.
(2) James Stofan	Ξ	239,945.	0.	767.	12,542.	3,368.	256,622.	0.
Chief Operating Officer	흳	0.	0.	0.	• 0	0.	0.	0.
(3) Donald Barry (outgoing)	Ξ	222,203.	0.	6,099.	15,314.	2,007.	245,623.	0.
Senior Vice President, Conservation	(ii)	0.	0.	0.	. 0	0.	0.	0.
(4) Nina Fascione	Ξ	169,496.	0.	802.	11,674.	14,524.	196,496.	0.
VP, Development	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) Michael Senatore	Ξ	150,752.	0.	462.	10,584.	19,832.	181,630.	0.
VP, Conservation Law	≘		0.	0.				0.
(6) Robert Dewey	Ξ	151,935.	0.	719.	10,667.	19,779.	183,100.	0.
VP, Gov Relations/External Affairs	€		0.				1	0.
(7) Nancy Dimaio	Ξ	148,948.	0.	2,073.	10,624.	16,545.	178,190.	0.
VP, Information Services/CIO	ੰ	0.	0.	0.	0.	0.	0.	0.
(8) Mikaela King	Ξ	144,189.	0.	319.	9,986.	18,638.	173,132.	0.
VP, Marketing & Online Com	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) Nancy Gloman	Ξ	140,372.	0.	1,792.	9,475.	2,563.	154,202.	0.
VP, Field Conservation Programs	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) Cynthia Hoffman	Ξ	134,303.	0.	622.	9,414.	16,381.	160,720.	0.
VP, Communications	ੰ	0.	0.	0.	0.	0.	0.	0.
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Schedule J (Form 990) 2015

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

**Noncash Contributions** 

OMB No. 1545-0047

**Open To Public** Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

Defenders of Wildlife

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

**Employer identification number** 53-0183181

Pai	rt I Types of Property							
		(a) Check if	(b) Number of	(c) Noncash contribution	(d) Method of de		-	
		applicable		amounts reported on Form 990, Part VIII, line 1g	noncash contribu	ition ar	nount	S
1	Art - Works of art		Items contributed	Tomin 550, i art viii, iine ig				
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							
9	Securities - Publicly traded	X	38	259,116.	Fair Market	Va:	lue	
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 26	Other ( ) Other ( )							
27	· · · · · · · · · · · · · · · · · · ·							
28	Other ( )							
29	Number of Forms 8283 received by the organization	ration durin	I o the tax vear for o	contributions				
	for which the organization completed Form 828		,					
		,,					Yes	No
30a	During the year, did the organization receive by	/ contribution	on any property rep	ported in Part I, lines 1 through	gh 28, that it			
	must hold for at least three years from the date							
	exempt purposes for the entire holding period?	)				30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	oolicy that r	equires the review	of any non-standard contribu	utions?	31	Х	
32a	Does the organization hire or use third parties of	or related or	rganizations to soli	cit, process, or sell noncash				
	contributions?					32a		Х
b	If "Yes," describe in Part II.							
33	If the organization did not report an amount in	column (c) 1	for a type of prope	rty for which column (a) is ch	ecked,			
	describe in Part II.							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2015)

Schedule M	(Form 990) (2015) Detenders of Wildlite	53-0183181	Page 2
Part II	<b>Supplemental Information.</b> Provide the information required by Part I, lines 30b, 32b, and is reporting in Part I, column (b), the number of contributions, the number of items received, or a of this part for any additional information.	33, and whether the organiza combination of both. Also com	ation

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

Department of the Treasury

Internal Revenue Service

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

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

Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

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

2015
Open to Public Inspection

Name of the organization

Defenders of Wildlife

Employer identification number 53-0183181

Form 990, Part III, Line 1, Description of Organization Mission:

Defenders protects and restores imperiled species by transforming

policies and institutions and promoting innovative solutions needed to

conserve wildlife and habitat. Informed by scientific, legal and policy

expertise, hands-on wildlife management experience and effective

advocacy, Defenders works to improve public attitudes and policies

toward wildlife and its habitat.

Form 990, Part VI, Section B, line 11:

The Audit Committee meets with staff and auditors to review the draft 990 and address any Committee member comments. The staff then sends the draft 990 to all Board Members prior to finalization and 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. The Board of Directors will take action, as deemed necessary, to address any potential conflicts.

Form 990, Part VI, Section B, Line 15a:

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.

Defenders of Wildlife	53-0183181
Form 990, Part VI, Line 17, List of States receiving copy	of Form 990:
AK, AL, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, LA, MA, MD, ME, MI, MN,	MS,MO,NH,NJ,NM,NY
NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI	
Form 990, Part VI, Section C, Line 19:	
The Organization's governing documents, conflict of inter	est policy, and
financial statements are available to the public upon req	uest.
Form 990, Part XII, line 2c:	
The Organization's Audit Committee assumes responsibility	for oversight
of the audit. This process is consistent with previous y	ears.
Amended Form 990:	
This 990 had been amended to correct a typo in Part VII t	o update
Judith Posnikoff's title appropriately to Vice Chair.	

## SCHEDULE R (Form 990)

Name of the organization Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

➤ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990

Open to Public Inspection

Defenders of Wildlife

Employer identification number 53-0183181

OMB No. 1545-0047

2015

For Paperwork Reduction Act Notice, see the Instructions for Form 990.		DC 20036 See Part VII District of Columbia	Defenders of Wildlife Action Fund - 52-2298744, 1130 17th Street, NW,	(a) (b) (c)  Name, address, and EIN Primary activity Legal domicile (state or Exerminated organization state	Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part I organizations during the tax year.			(a) (b) (c)  Name, address, and EIN (if applicable) Primary activity Legal domicile (state or of disregarded entity foreign country)
		t of Columbia 501(c)(4)		(c) (d) omicile (state or Exempt Code section	Yes" on Form 990, Part IV, line 34 be			(c) (d) al domicile (state or Total income oreign country)
		n/a		(e) Public charity Direstatus (if section 501(c)(3))	Part IV, line 34 because it had one or more related tax-exempt			(e) me End-of-year assets
Schedule R (Form 990) 2015		×		(f)  Direct controlling entity  (g) Section 512(b)(13) Controlled entity?  Yes No	related tax-exempt			(f)  Direct controlling  entity

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Page 2

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

		(a) Name, address, and EIN of related organization
		(b) Primary activity
		Legal domicile (state or foreign country)
		(d) Direct controlling entity
		(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)
		(f) Share of total income
		(g) Share of end-of-year assets
		(h) Disproportionate allocations? Yes No
		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)
		General or managing partner?
		(j) (k) General or Percentage managing ownership partner? Yes No

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

90) 2015	Schedule R (Form 990) 2015	Sche				51		532162 09-08-15
No	Yes	2000		טי נימטיי)		country)		
512(b)(13) controlled entity?	ownership co	Share of end-of-year	Share of total income	(C corp, S corp,	Direct controlling entity	Legal domicile (state or foreign	Primary activity	Name, address, and EIN of related organization
(i) Section			<b>3</b>		(d)	(c)		(a)

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

90) 2015	(Form 9	Schedule R (Form 990) 2015		52	532163 09-08-15
					(6)
					(5)
					(4)
					(3)
					(2)
		Cash value	52,271.	C	(1) Defenders of Wildlife Action Fund
	lved	(d) Method of determining amount involved	(c) Amount involved	(b) Transaction type (a-s)	(a)  Name of related organization
		d relationships and transaction thresholds.	his line, including covered	who must complete t	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
×	ış.				s Other transfer of cash or property from related organization(s)
×	₹				r Other transfer of cash or property to related organization(s)
×	ď				<b>q</b> Reimbursement paid by related organization(s) for expenses
×	₽				p Reimbursement paid to related organization(s) for expenses
×	6				Sharing of paid employees with related organization(s)
×	<b>5</b>			ion(s)	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)(s)
×	<b>1</b>			anization(s)	m Performance of services or membership or fundraising solicitations by related organization(s)
×	=			_	I Performance of services or membership or fundraising solicitations for related organization(s)
×	<del>*</del>				k Lease of facilities, equipment, or other assets from related organization(s)
×	=				j Lease of facilities, equipment, or other assets to related organization(s)(s)
×	<b>≐</b>				i Exchange of assets with related organization(s)
×	<del>1</del>				Purchase of assets from related organize
×	<b>1</b> g				g Sale of assets to related organization(s)
×	⇉				f Dividends from related organization(s)
×	1e				e Loans or loan guarantees by related organization(s)
×	1d				d Loans or loan guarantees to or for related organization(s)
×	1c 2				
×					<b>b</b> Gift, grant, or capital contribution to related organization(s)
×	1a			y	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
-		tions listed in Parts II-IV?	elated organizations listed	ns with one or more re	1 During the tax year, did the organization engage in any of the following transactions with one or more related organiza
Yes No	<u>~</u>				Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

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) Name, address, and EIN of entity
				<b>(b)</b> Primary activity
				(c) Legal domicile (state or foreign country)
				(c) Legal domicile (related, unrelated, country)  (state or foreign country)  (d) Predominant income (related, unrelated, unrelated, sections 512-514)
				Are all partners sec. 501(c)(3) orgs.?
				(f) Share of total income
				(g) Share of end-of-year assets
				Disproportionate allocations?
				(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)
				General or managing partner?
				(k) Percentage ownership

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