** PUBLIC DISCLOSURE COPY **

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

OMB No. 1545-0047

			e Service	➤ The organization may			,	to satisf	y state				Inspection
Α	Fort	ne 20	007 calendar	year, or tax year beginning	OCT	1,	2007	and er	nding	SEP 3	0, 2	800	
В	Check applic	lf able:	Please C I	Name of organization							D Em	ployer ic	lentification number
Γ	Ad	dress ange		efenders of Wildl	ife						5	3-01	183181
F	Na		type.	Number and street (or P.O. box if ma		vered t	o street addres:	3)		Room/suit	_	ephone i	
Ī	Init ret	iai	see	30 17th Street,				,					82-9400
		mln-		City or town, state or country, and ZII								unting meth	
		ended	₫ Wa	shington, DC 20	036							Other (specify)	•
	Ap	olicati nding	on Sect	ion 501(c)(3) organizations and 494	7(a)(1) nor	iexem	ot charitable tr	ısts	Hanc	l lare not ap	plicable	to seci	tion 527 organizations.
			must	attach à completed Schedule A (Fo	rm 990 or 1	99U-EZ).		H(a)	ls this a group	return f	or affiliat	es? Yes X No
				lefenders.org						If "Yes," enter			,
J	Orga	nizat	ion type (chec	k only one) ▶ 🗶 501(c) (3) ◀	(insert no.)	4	947(a)(1) or 🗌	527		Are all affiliate (If "No," attach		ed? 1	I/A LYes LNo
				the organization is not a 509(a)(3) s				oss	H(d)	Ìs this a senai	ate retur	n filed by	an or-
			-	ot more than \$25,000. A return is no	t required, t	out if th	e organization			ganization co			
	cnoo	ses to	o tile a return	, be sure to file a complete return.						Group Exemp			N/A
	_			01 01 01 1 405 4- 10 40 5		2.1	024 7	0 1		Check ► L Sch. B (Form			ion is not required to attach
				es 6b, 8b, 9b, and 10b to line 12	in Not		,024,7		1		330, 330	J-LZ, 01 3	790-11 /-
Ş al	art			Expenses, and Changes		ASSE	els or Fund	ı Dala	inces				
	'			s, gifts, grants, and similar amounts				1a	l				
				s to donor advised fundssupport (not included on line 1a)					2	7,243,	635.		
				ic support (not included on line 1a)						230,			
				contributions (grants) (not included						205,			
				nes 1a through 1d) (cash 27								1e	27,678,974.
	2			vice revenue including government for							-	2	27,678,974. 87,975.
	3		•	dues and assessments			•					3	······································
	2			avings and temporary cash investme								4	130,630.
	5	5	Dividends an	d interest from securities								5	104,507.
	{	a	Gross rents	Se	e Sta	ten	nent 1	6a		71,	372.	**************************************	
				expenses								Table Comments	
ø.		C	Net rental inc	come or (loss). Subtract line 6b from	line 6a						.,,,,,,,	6c	71,372.
Revenue	7	,	Other investr	ment income (describe 🕨					1.)	7	
ě	8			nt from sales of assets other			ecurities			(B) Other		7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7	
ш				ry			76,000						
				other basis and sales expenses			273,910					11 2 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
) (attach schedule)		_	2,090	• 8c				And the second	2,090.
	١.			loss). Combine line 8c, columns (A)			Stmt 2			π		8d	2,030.
	1			ts and activities (attach schedule). If					4	406,	ደበባ		
				tincluding \$C expenses other than fundraising expe			orted on line 1b)			1 00,	000.		
		b C	Net income	expenses other man fundraising expe or (loss) from special events. Subtrac	t line Oh fra	m line	Ga !		Sta	tement	3	9c	406,800.
	10			of inventory, less returns and allowar					J	H. H. H. H. H. H. H.		Hatmiles Education	
	"			goods sold							***************************************	5 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
		C	Gross profit	or (loss) from sales of inventory (atta	ch scheduk	e). Sub	tract line 10b fr		10a			10c	
	11		•	e (from Part VII, line 103)								11	2,268,524.
	12			ie. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d,								12	30,750,872.
	13			vices (from line 44, column (B))								13	24,427,982.
Expenses	14			and general (from line 44, column (14	4,851,942.
Sen	15											15	3,460,354.
EX	16	;	Payments to	affiliates (attach schedule)								16	
	17	,	Total expens	ses. Add fines 16 and 44, column (A)								17	32,740,278.
Į.	18			eficit) for the year. Subtract line 17 fr								18	<1,989,406.>
Net Assets	19)	Net assets or	fund balances at beginning of year (from line 70	3, colui	mn (A))					19	22,042,867.
Z		}	Other change	es in net assets or fund balances (atta	ich explana	tion)		see	Sta	tement	4	20	<1,566,687.>
	21	1	Net assets or	fund balances at end of year. Comb	ne lines 18,	, 19, an	id 20					21	18,486,774.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2007)

53-0183181

Form 990 (2007)

Part II Statement of

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds					
(attach schedule)					
(cash \$ 0 • noncash \$ 0 •					
If this amount includes foreign grants, check here	22a				The control of the co
22b Other grants and allocations (attach schedule	П				Statement 6
(cash \$351,004 · noncash \$ 0 ·					
If this amount includes foreign grants, check here	22b	351,004.	351,004.		
23 Specific assistance to individuals (attach					
schedule)	23			A CONTROL OF THE CONT	
24 Benefits paid to or for members (attach					The state of the s
schedule)	24				
25a Compensation of current officers, directors, key					
employees, etc. listed in Part V-A	25a	798,065.	214,086.	475,701.	108,278
b Compensation of former officers, directors, key					
employees, etc. listed in Part V-B	25b	0.	0.	0.	0
c Compensation and other distributions, not included					
above, to disqualified persons (as defined under					
section 4958(f)(1)) and persons described in					
section 4958(c)(3)(B)	25c				
26 Salaries and wages of employees not					
included on lines 25a, b, and c	26	8,832,655.	7,191,163.	926,318.	715,174
27 Pension plan contributions not included on					
lines 25a, b, and c	27	685,681.	572,183.	64,968.	48,530
28 Employee benefits not included on lines					
25a - 27	28	1,401,121.	1,108,095.	166,775.	126,251
29 Payroll taxes	29	686,659.	547,286.	87,827.	51,546
30 Professional fundraising fees	30	1,871,838.	1,264,913.	288,932.	317,993
31 Accounting fees	31	53,685	75.	53,535.	75
32 Legal fees	32	54,213.	25,020.	24,080.	5,113
33 Supplies	33	162,478.	144,401.	11,196.	6,881
34 Telephone	34	188,456.	155,596.	22,842.	10,018
35 Postage and shipping	35	5,076,948.	3,553,733.	776,818.	746,397
36 Occupancy	36	765,613.	511,346.	228,966.	25,301
37 Equipment rental and maintenance	37	97,788.	73,818.	9,963.	14,007
38 Printing and publications	38	3,877,215.	2,658,168.	616,886.	602,161
39 Travel	39	587,307.	506,132.	49,820.	31,355
40 Conferences, conventions, and meetings	40	232,412.	124,118.	74,353.	33,941
41 Interest	41	305,025.	243,112.	39,015.	22,898
42 Depreciation, depletion, etc. (attach schedule)	42	624,745.	497,938.	79,908.	46,899
43 Other expenses not covered above (itemize):					
a	43a				
b	43b				
C	43c				
ď	43d				
e	43e				
1	431				
g See Statement 5	43g	6,087,370.	4,685,795.	854,039.	547,536
Total functional expenses. Add lines 22a through	П				
43g. (Organizations completing columns (B)-(D),					
carry these totals to lines 13-15)	44	32,740,278.	24,427,982.	4,851,942.	3,460,354

(iii) the amount allocated to Management and general \$ 2,195,262.; and (iv) the amount allocated to Fundraising \$ 1,982,397.

Form **990** (2007)

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

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

	at is the organization's primary exempt purpose? Abitat and species protection.	Program Service Expenses
clie	organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of nts served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) anizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
а	See Statement 7 - Wildlife Action	
b	(Grants and allocations \$ 351,004.) If this amount includes foreign grants, check here ► □ See Statement 8 - Information, Education, and Communication	13,794,846.
IJ	Dee Beacement 0 - Informacion, Baacacton, and Communication	
c	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □ See Statement 9- Constituency Outreach	8,929,931.
Ī		
		4 500 005
ď	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	1,703,205.
	(Grants and allocations \$) If this amount includes foreign grants, check here	
е	Other program services (attach schedule)	
_	(Grants and allocations \$) If this amount includes foreign grants, check here	24,427,982.
Ť	Total of Program Service Expenses (should equal line 44, column (B), Program services)	Form 990 (2007)
		roilli 550 (2007)

DOW

	: Whe	ere required, attached schedules and amounts uld be for end-of-year amounts only.	within the	description column	(A) Beginning of year		(B) End of year
	45	Cash - non-interest-bearing			134,927.	45	<621,947.
	46	Savings and temporary cash investments		l l	4,483,977.	46	4,584,352.
		Accounts receivable		669,057.	4 040 001		660 057
	Ь	Less: allowance for doubtful accounts	47b		1,240,381.	47c	669,057.
		Pledges receivable			1,909.	40-	
	l	Less: allowance for doubtful accounts			1,220,274.		1,706,081.
	49	Grants receivable			1,220,214.	49	1,700,001.
	50 a	Receivables from current and former officers				50a	
		key employees Receivables from other disqualified persons				JUA	
	0					50b	
Assets	E1 0	4958(f)(1)) and persons described in section Other notes and loans receivable		(D)		2000	
Ass		Less: allowance for doubtful accounts	1			51c	
	52	Inventories for sale or use			585,763.		796,603.
	53	Prepaid expenses and deferred charges			530,008.	53	785,891.
		Investments - publicly-traded securities St	mt 10	Cost X FMV	1,932,711.	54a	414,634.
	ь	Investments other securities St	mt 15	Cost X FMV	4,908,902.		3,771,733.
		investments - land, buildings, and					
		equipment: basis	55a				
						Six Hill	
	b	Less: accumulated depreciation	55b			55c	
	56	Investments - other				56	
		Land, buildings, and equipment: basis					40.070.000
	b	Less: accumulated depreciation Stmt 1	1 57b	3,458,909.	12,401,706.	57c	12,279,600.
	58	Other assets, including program-related investmen			C 250 700		C COO 070
				tatement 12	6,359,788.	58	6,698,878.
	59	Total assets (must equal line 74). Add lines			33,800,346.		31,084,882. 2,144,620.
	60	Accounts payable and accrued expenses			2,409,863.		2,144,020.
	61	Grants payable			191,044.	61	20,867.
တ္	62	Deferred revenue		i i	171,044.	63	20,007.
abilities	63	Loans from officers, directors, trustees, and a Tax-exempt bond liabilities			6,585,000.		6,430,000.
igpi		Mortgages and other notes payable		±	0,000,000	64b	
	65	Other liabilities (describe	See S	tatement 14)	2,571,572.		4,002,621.
	00	Other habilities (describe		,			
	66	Total liabilities. Add lines 60 through 65			11,757,479.	66	12,598,108.
		anizations that follow SFAS 117, check here					
		67 through 69 and lines 73 and 74.		·			
Ses	67	Unrestricted			12,600,797.		9,469,338.
<u>a</u>	68	Temporarily restricted		I I	7,764,070.		7,517,929.
Ba	69	Permanently restricted			1,678,000.	69	1,499,507.
Net Assets or Fund Balances	Orga	anizations that do not follow SFAS 117, chec	ck here 🕽	▶ and			
Ξ	1	complete lines 70 through 74.					
ts o	70	Capital stock, trust principal, or current fund				70	
sse.	71	Paid-in or capital surplus, or land, building, a				71	
Ť.	72	Retained earnings, endowment, accumulated				72	
Se	73	Total net assets or fund balances, Add lines 67 th	-		22 NA2 067	70	18,486,774.
	 	(Column (A) must equal line 19 and column (B) m			22,042,867 33,800,346	73	31,084,882.
	74	Total liabilities and net assets/fund balance	es. Add III	ies do anu 73	33,000,340	74	31,004,004.

Pa	art V-A Reconciliation of Revenue per Audited Final Instructions.)	ncial Statements W	ith Revenue p	er Ke	eturn (Se	e the
	Total revenue, gains, and other support per audited financial statemen	nta		Ī	a 31.	102,302.
a	Amounts included on line a but not on Part I, line 12:	115				
b			ы <1,566,6	87.	**************************************	
1			h2 1.918.1	17	Transfer of the state of the st	
2 3			b3		9000	
	011 (17)		b4		The new has	
*	Other (specify): Add lines b1 through b4				ь	351,430.
C	Subtract line b from line a				c 30,	750,872.
d	Amounts included on Part I, line 12, but not on line a:	***************************************	.,	·····		
1			d1			
		1	d2		2000 2000 2000 2000 2000 2000 2000 200	
_	Other (specify): Add lines d1 and d2				d	0.
Δ	Total revenue (Part I line 12) Add lines c and d	.,		. •	e 30,	750,872.
Ρŧ	Total revenue (Part I, line 12). Add lines c and dart IV-B Reconciliation of Expenses per Audited Fina	incial Statements	With Expenses	per	leturn	
a	Total expenses and losses per audited financial statements				a 34,	658,395.
b	Amounts included on line a but not on Part I, line 17:					
1			b1 1,918,1	17.		
2	Prior year adjustments reported on Part I, line 20		b2		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
3			b3		100 100 100 100 100 100 100 100 100 100	
4	Other (specify):		b4		100 mm	
	Add lines b1 through b4				ь 1,	918,117.
C	Subtract line b from line a				c 32,	740,278.
d	Amounts included on Part I, line 17, but not on line a:				110000	
1	Investment expenses not included on Part I, line 6b		d1			
	Other (specify):		d2			
	Add lines d1 and d2		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		d	0.
						710 270
e	Total expenses (Part I line 17) Add lines c and d					740,278.
e Pa	Total expenses (Part I, line 17). Add lines c and dart V-A Current Officers, Directors, Trustees, and Ke	e y Employees (List ea	ach person who wa	s an of		
e Pa	Total expenses (Part I line 17) Add lines c and d	ey Employees (List ea are not compensated.) (So	ach person who wa ee the instructions.)	s an of	ficer, dire	ctor, trustee,
e Pa	Total expenses (Part I, line 17). Add lines c and dart V-A Current Officers, Directors, Trustees, and Ke	ey Employees (List earlier not compensated.) (So (B) Title and average hours per week devoted to	ach person who wa ee the instructions.) (C) Compensation (If not paid, enter	s an of	ficer, dire	ctor, trustee,
e Pa	Total expenses (Part I, line 17). Add lines c and d art V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	ey Employees (List earlier not compensated.) (Si (B) Title and average hours	ach person who wa ee the instructions.) s (C)Compensation	s an of	ficer, dire	ctor, trustee,
e Pa	Total expenses (Part I, line 17). Add lines c and d art V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	ey Employees (List earlier not compensated.) (So (B) Title and average hours per week devoted to	ach person who wa ee the instructions.) (C) Compensation (If not paid, enter	s an of	ficer, dire	ctor, trustee,
	Total expenses (Part I, line 17). Add lines c and d art V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	ey Employees (List earlier not compensated.) (So (B) Title and average hours per week devoted to	ach person who wa ee the instructions.) (C) Compensation (If not paid, enter -0)	(D)Cor emplo plans comper	ficer, dire	ctor, trustee, (E) Expense account and other allowances
	Total expenses (Part I, line 17). Add lines c and d art V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address ee Statement 16	ey Employees (List earlier not compensated.) (So (B) Title and average hours per week devoted to	ach person who wa ee the instructions.) (C) Compensation (If not paid, enter	(D)Cor emplo plans comper	ficer, dire	ctor, trustee, (E) Expense account and other allowances
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	Total expenses (Part I, line 17). Add lines c and d art V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address ee Statement 16	ey Employees (List earlier not compensated.) (So (B) Title and average hours per week devoted to	ach person who wa ee the instructions.) (C) Compensation (If not paid, enter -0)	(D)Cor emplo plans comper	ficer, dire	ctor, trustee, (E) Expense account and other allowances
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	Total expenses (Part I, line 17). Add lines c and d art V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address ee Statement 16	ey Employees (List earlier not compensated.) (So (B) Title and average hours per week devoted to	ach person who wa ee the instructions.) (C) Compensation (If not paid, enter -0)	(D)Cor emplo plans comper	ficer, dire	ctor, trustee, (E) Expense account and other allowances
	Total expenses (Part I, line 17). Add lines c and d art V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address ee Statement 16	ey Employees (List earlier not compensated.) (So (B) Title and average hours per week devoted to	ach person who wa ee the instructions.) (C) Compensation (If not paid, enter -0)	(D)Cor emplo plans comper	ficer, dire	ctor, trustee, (E) Expense account and other allowances
	Total expenses (Part I, line 17). Add lines c and d art V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address ee Statement 16	ey Employees (List earlier not compensated.) (So (B) Title and average hours per week devoted to	ach person who wa ee the instructions.) (C) Compensation (If not paid, enter -0)	(D)Cor emplo plans comper	ficer, dire	ctor, trustee, (E) Expense account and other allowances
	Total expenses (Part I, line 17). Add lines c and d art V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address ee Statement 16	ey Employees (List earlier not compensated.) (So (B) Title and average hours per week devoted to	ach person who wa ee the instructions.) (C) Compensation (If not paid, enter -0)	(D)Cor emplo plans comper	ficer, dire	ctor, trustee, (E) Expense account and other allowances
	Total expenses (Part I, line 17). Add lines c and d art V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address ee Statement 16	ey Employees (List earlier not compensated.) (So (B) Title and average hours per week devoted to	ach person who wa ee the instructions.) (C) Compensation (If not paid, enter -0)	(D)Cor emplo plans comper	ficer, dire	ctor, trustee, (E) Expense account and other allowances
	Total expenses (Part I, line 17). Add lines c and d art V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address ee Statement 16	ey Employees (List earlier not compensated.) (So (B) Title and average hours per week devoted to	ach person who wa ee the instructions.) (C) Compensation (If not paid, enter -0)	(D)Cor emplo plans comper	ficer, dire	ctor, trustee, (E) Expense account and other allowances
	Total expenses (Part I, line 17). Add lines c and d art V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address ee Statement 16	ey Employees (List earlier not compensated.) (So (B) Title and average hours per week devoted to	ach person who wa ee the instructions.) (C) Compensation (If not paid, enter -0)	(D)Cor emplo plans comper	ficer, dire	ctor, trustee, (E) Expense account and other allowances
	Total expenses (Part I, line 17). Add lines c and d art V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address ee Statement 16	ey Employees (List earlier not compensated.) (So (B) Title and average hours per week devoted to	ach person who wa ee the instructions.) (C) Compensation (If not paid, enter -0)	(D)Cor emplo plans comper	ficer, dire	ctor, trustee, (E) Expense account and other allowances
	Total expenses (Part I, line 17). Add lines c and d art V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address ee Statement 16	ey Employees (List earlier not compensated.) (So (B) Title and average hours per week devoted to	ach person who wa ee the instructions.) (C) Compensation (If not paid, enter -0)	(D)Cor emplo plans comper	ficer, dire	ctor, trustee, (E) Expense account and other allowances

Form 990 (2007) Defenders of Wildlife		l al	22-01021	Yes No
Part V-A Current Officers, Directors, Trustees, and Ke	····			169 140
75 a Enter the total number of officers, directors, and trustees permitted meetings		siness at board	23	
b Are any officers, directors, trustees, or key employees listed in Form listed in Schedule A, Part I, or highest compensated professional an Part II-A or II-B, related to each other through family or business rela the individuals and explains the relationship(s)	d other independent contr	actors listed in Scl a statement that i	hedule A, dentifies	75b X
c Do any officers, directors, trustees, or key employees listed in Form listed in Schedule A, Part I, or highest compensated professional an Part II-A or II-B, receive compensation from any other organizations, organization? See the instructions for the definition of "related organ	d other independent contr whether tax exempt or tax nization." S	actors listed in Scl able, that are relat	hedule A, ed to the	75c X
If "Yes," attach a statement that includes the information described				75d X
Part V-B Former Officers, Directors, Trustees, and Ke Benefits (If any former officer, director, trustee, or key er the year, list that person below and enter the amount of co	y Employees That F	Received Com sation or other ben	pensation of efits (described	r Other below) during
(A) Name and address None	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit	(E) Expense account and other allowances
Part VI Other Information (See the instructions.)				Yes No
76 Did the organization make a change in its activities or methods of constatement of each change			- 1	76 X
77 Were any changes made in the organizing or governing documents If "Yes," attach a conformed copy of the changes.	but not reported to the IR	5?		77 X
78 a Did the organization have unrelated business gross income of \$1,00b If "Yes," has it filed a tax return on Form 990-T for this year?		***************************************	,	78a X 78b X
79 Was there a liquidation, dissolution, termination, or substantial cont 80 a Is the organization related (other than by association with a statewice	de or nationwide organizat	ion) through comm	non	79 X
membership, governing bodies, trustees, officers, etc., to any other	exempt or nonexempt org	anization?		80a X
b If "Yes," enter the name of the organization ► See State	and check whether it is	exempt or	nonexempt	
81 a Enter direct and indirect political expenditures. (See line 81 instruct			0.	
b Did the organization file Form 1120-POL for this year?				81b X Form 990 (2007)

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	Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially			
	less than fair rental value?	82a	X	
b	If "Yes," you may indicate the value of these items here. Do not include this			
	amount as revenue in Part I or as an expense in Part II.			
	(See instructions in Part III.) 82b 1,918,117.			Same
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	v
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not			
	tax deductible?	84b		
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	85a		—
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	85b	Allender.	BOWN.
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a			
	waiver for proxy tax owed for the prior year. Dues assessments and similar amounts from members 85c N/A			
C		7. 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
d	Section toz(e) tobbying and pointed experiences			
е	Aggregate fiolided detable difficulty of section occopy /// y data fields			
1	Taxable astionic of lobbyring and political experience (into out years)	85g	(Marie Service)	
g	Does the organization court to pay the doublet decotor decotor and an area and an area and area area.	UUg		\vdash
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the			
	37 / 7	85h		
00	following tax year? N/A 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on		5/6/8	
86	1 1			
	line 12 Gross receipts, included on line 12, for public use of club facilities 86a N/A 86b N/A			
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a N/A			
o, b		222		
U	against amounts due or received from them.) 87b N/A	The state of the s		100000000000000000000000000000000000000
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership,			
-	or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?			
	If "Yes," complete Part IX	88a		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Part XI	88b		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:			
	section 4911▶ 0 • ; section 4912 ▶ 0 • ; section 4955 ▶ 0 •			
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year or did it become aware of an excess benefit transaction from a prior year?	2000	1000000	77
	If "Yes," attach a statement explaining each transaction	89b		X
C	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under		1200	
	sections 4912, 4955, and 4958			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization	00.		X
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e 89f	 	X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	091	7-0-0-0-0	1 1 1
9	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization,	89g	500000	X
	or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? List the states with which a copy of this return is filed See Statement 19	uug	<u> </u>	<u> </u>
				104
	Number of employees employed in the pay period that holdes Materi 12, 2007	2-9	400	
91 a	The books are in care of ► The Organization Telephone no. ► 202-68 Located at ► 1130 17th Street, NW, Washington, DC			
	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
D	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b	Х	
	If "Yes," enter the name of the foreign country ▶ Canada			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.	New York		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	MIN I DIMITION I NOCOUTAGE	Forn	n 990	(2007)

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Form 990 (2007) Defenders of	Wildl	ife		53-0	183181 Page 8
Part VI Other Information (continued)					Yes No
c At any time during the calendar year, did the organ			the Ur	nited States?	91c X
If "Yes," enter the name of the foreign country		N/A			
92 Section 4947(a)(1) nonexempt charitable trusts filir					
and enter the amount of tax-exempt interest receiv	ed or accru-	ed during the tax year		▶ 92	N/A
Part VII Analysis of Income-Producing A		ded business income	Evolud	ed by section 512, 513, or 514	
Note: Enter gross amounts unless otherwise	(A)	(B)	(C)	(D)	(E)
indicated.	Business	Amount	Exclu- sion	Amount	Related or exempt function income
93 Program service revenue:	code		code		49,257.
Registration fees					38,718.
b Contract services			-		30,710.
<u> </u>					
d					
€					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments			14	130,630.	
95 Interest on savings and temporary cash investments			14	104,507.	
96 Dividends and interest from securities	CARS MANAGEMEN		14	104,507.	
97 Net rental income or (loss) from real estate:			ASSESSED.		
a debt-financed property			16	71,372.	
b not debt-financed property			10	11,314.	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets			18	2 000	
other than inventory			10	2,090.	406,800.
101 Net income or (loss) from special events					400,000.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a See Statement 20		4,750.		1,646,054.	617,720.
b					
C					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		4,750.		1,954,653.	1,112,495.
105 Total (add line 104, columns (B), (D), and (E))				> _	3,071,898.
Note: Line 105 plus line 1e, Part I, should equal the amo	unt on line 1	2, Part I.			
Part VIII Relationship of Activities to the					
Line No. Explain how each activity for which income is repo	orted in colum	ın (E) of Part VII contributed	l import	antly to the accomplishment o	f the organization's
 exempt purposes (other than by providing funds to 	or such purpo	oses).			
See Statement 21					
Part IX Information Regarding Taxable	Subsidia		ed Er		15.)
(A) Name, address, and EIN of corporation, Percentage of		(C) Nature of activities		(D) Total income	(E) End-of-year
partnership, or disregarded entity ownership intere	st	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			assefs
	%				
N/A	%				
	%				
	%			<u> </u>	
Part X Information Regarding Transfer					instructions.)
 (a) Did the organization, during the year, receive any funds, (b) Did the organization, during the year, pay premiums, direction of the year in the year in	ectly or indired	ctly, on a personal benefit co			Yes X No
Tester in the to tay in a contract of the test of the					Form 990 (2007)

	Totals			
			Yes	N
108 Did	d the organization have a binding written contract in effec	t on August 17, 2006, covering the interest, rents, royalties, and		
an	nuities described in question 107 above?			<u></u>
	Under penalties of perjury, I declare that I have examined this return, incluand complete. Declaration of preparer (other than officer) is based on all in	iding accompanying schedules and statements, and to the best of my knowledge and information of which preparer has any knowledge.	belief, it is true, co	rrect,
Please	Shazol.	Le/11/09		
Sign	Signature of officer	Date		

He Type or print name and title Date Check if Preparer's self-employed Paid signature 07/10/09 Preparer's Firm's name (or EIN ▶ & Company PLLC Rogers yours If self-employed), Use Only 8300 Boone Boulevard, Suite 600 address, and ZIP + 4 Phone no. > 703 - 893 - 0030VA 22182 Vienna,

Form **990** (2007)

SCHEDULE A

(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3) (Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.) ▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ 2007

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Defenders of Wildlife Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 1 of the instructions. List each one. If there are none, enter "None.") (a) Name and address of each employee paid more than \$50,000 (b) Title and average hours per week devoted to position (c) Compensation (c) Compensation (d) Contributions to employee benefit plans & deterred carcount a allowar	
(See page 1 of the instructions. List each one. If there are none, enter "None.")	
(a) Name and address of each employee paid (b) Title and average hours (c) Compensation (d) Contributions to (e) Expense devoted to (c) Compensation (d) Contributions to (e) Expense devoted to (e) Compensation	
	ense 1d other
more than \$50,000 position compensation allowa	
Charles J. Orasin Sr VP Marketing	
1130 17th Street, Washington, DC 2003 39.77 188,904. 42,943.	
William R. Irvin Sr VP Conservation	
1130 17th Street, NW, Washington, DC 40.00 158,340. 35,995.	
Jessie Brinkley VP Development	
1130 17th Street, NW, Washington, DC 39.75 139,622. 31,740.	
Robert L. Dewey VP Govt Relations	
1130 17th Street, NW, Washington, DC 39.61 129,923. 29,535.	
Robert Dreher VP Conservation Law	
1130 17th Street, NW, Washington, DC 40.00 125,000. 28,416.	
Total number of other employees paid	
over \$50,000 \blacktriangleright 60	
Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services	
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")	
(a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compe	isation
Care2.com Inc. Computer &	
Care2.com, Inc. Computer & 275 Shoreline Drive, Suite 300, Redwood City, CA service bureau 420,	000.
2/3 DHOTCHING BITYO, BUTOU OUT, ITOMIC TO THE TOTAL TO	
DILECT MAIL FIOCODOTE, FEEL,	521.
1130 Contact Court, magerboom, 122 22.10	
	260.
1000 Diagonar Road, bares ref,	
Adam Hussey & Associates Professional 1600 Wilson Boulevard Suite 300 Alrington, VA 2fundraising 367,	299.
1000 Wilson Boulevale, bales sol, 111	
The Other Firm 618 NW Glisan Street Suite 201. Portland, OR 972Consulting 219,	714.
OTO NW GITSam Delect, Sales	111.
Total number of others receiving over	
\$50,000 for professional services	100000000000000000000000000000000000000
Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services	
(List each contractor who performed services other than professional services, whether individuals or	
firms. If there are none, enter "None." See page 2 of the instructions.)	
(a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compe	nsation
Public Interest Communications Telemarketing	120
7700 Leesburg Pike, Suite 301 North, Fall Church, agent 987,	138.
Share Group, Inc. Telemarketing	
P.O. Box 55183, Boston, MA 02205 agent 297,	<u> </u>
Fineline Telemarketing	
290 Garry Street, Winnipeg, MB R3C 1H3 agent 233,	346.
Harris Direct Telemarketing	
6800 Owensmouth Avenue, Suite 200, Canoga Park, Cagent 202,	<u> 560.</u>
Names in the News Calif. Inc. Mailing list	
Names in the News Calif. Inc. Mailing list	<u> </u>
Names in the News Calif. Inc. Mailing list	076.

Schedule A (Form 990 or 990-EZ) 2007

J	Part III Statements About Activities (See page 2 of the instructions.)	ľ	Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$ 990,736. (Must equal amounts on line 38, Part VI-A, or line 38b)	1	X	
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations			
	checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) a Sale, exchange, or leasing of property?	2a	A STATE OF THE STA	X
	b Lending of money or other extension of credit?	2b		X
	c Furnishing of goods, services, or facilities?	2c		X
	d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? See Part V-A, Form 990	2d	X	
	e Transfer of any part of its income or assets?	2e		Х
	a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a		х
	b Did the organization have a section 403(b) annuity plan for its employees?	3b	Х	<u> </u>
	c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		Х
	d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		Х
	a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a		Х
	b Did the organization make any taxable distributions under section 4966?	4b		
	c Did the organization make a distribution to a donor, donor advisor, or related person?	4c		
	d Enter the total number of donor advised funds owned at the end of the tax year		N/	A
	e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		N/	A
	f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on			0
	line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts			0.
	g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year			0.

Schedule A (Form 990 or 990-EZ) 2007

Par	t IV	Reason for Non-Private Foundation S	Status (See pages 4 ti	hrough 8 of the instruction	ns.)		
5 6 7 8 9	y that th	ne organization is not a private foundation because it is: (If A church, convention of churches, or association of ch A school. Section 170(b)(1)(A)(ii). (Also complete Part A hospital or a cooperative hospital service organization A federal, state, or local government or governmental of A medical research organization operated in conjunction and state	urches, Section 170(b)(1 V.) n. Section 170(b)(1)(A)(i Init, Section 170(b)(1)(A) In with a hospital, Section	I)(A)(i). ii).)(v). 1 170(b)(1)(A)(iii). Enter t			
10 11a 11b 12	X	An organization operated for the benefit of a college or (Also complete the Support Schedule in Part IV-A.) An organization that normally receives a substantial part (a) (1)(A)(Vi). (Also complete the Support A community trust. Section 170(b)(1)(A)(Vi). (Also corport An organization that normally receives: (1) more than	art of its support from a g Schedule in Part IV-A.) nplete the Support Sche 33 1/3% of its support fr	povernmental unit or from dule in Part IV-A.) om contributions, membe	the general p	oublic. nd gross	
13		receipts from activities related to its charitable, etc., fur its support from gross investment income and unrelate by the organization after June 30, 1975. See section 5 An organization that is not controlled by any disqualifie 509(a)(3). Check the box that describes the type of sup	ed business taxable incor 09(a)(2). (Also complete ed persons (other than fo oporting organization: Type III-Fu	me (less section 511 tax): the Support Schedule in undation managers) and i	irom busines i Part IV-A.) otherwise me	ses acquired lets the requiren Type III-O	
		Provide the following information a	1		1		
		(a)	(b)	(c)	(đ)	(e)
		Name(s) of supported organization(s)	Employer identification number (EIN)	Type of organization (described in lines 5 through 12 above or IRC section)	organizati the sur organi	upported on listed in porting zation's documents?	Amount of support
			Employer identification	(described in lines 5 through 12 above	organizati the sur organi	on listed in porting zation's	
			Employer identification	(described in lines 5 through 12 above	organizati the sur organi governing	on listed in porting zation's documents?	
Total			Employer identification	(described in lines 5 through 12 above	organizati the sur organi governing	on listed in porting zation's documents?	

га	Note: You may use the	e wor	rkshe	et ir	the ins	tructio	ons for c	onverting	from	the acc	rual to th	ie cas	h meth	od o	of acco	ounting.		
begi	ndar year (or fiscal year nning in)) 200			(b) 20			(c) 20			(d) 20			(e) To	al	
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	29	, 01	12,	048.	27	,280	,822.	23,	978,	933.	20	,756	, 8	79.	101,028	, 68	2.
16	Membership fees received																	
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's		4 /	3.F	7.5											125	75	7
	charitable, etc., purpose		1.	45,	757.	1	****					-				123	, 15	
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	1	, 34	43 <u>,</u>	. 656 .	1	,501	,269.	1,	. 903 ,	048.	1	,272	, 6	58.	6,020	,63	<u>1.</u>
19	Net income from unrelated business																	
	activities not included in line 18					<u> </u>						<u> </u>						
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf				····													
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge																	
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets		2(68,	924.		504	,681.	1	253	teme		22 100	, 9	26.	1,127	,61	6.
23	Total of lines 15 through 22	30	,7:	50,	, 385,	29	,286	,772.	26,	, 135	066.	22	<u>,130</u>	, 4	63.	108,302	<u>, 68</u>	6.
24	Line 23 minus line 17	30	, 6:	24,	628.	29	,286	,772.	26	,135,	,066.	22	,130	, 4	63.	108,176	<u>,92</u>	9.
25	Enter 1% of line 23				,504.			,868.			351.		221		1	0.465		
26	Organizations described on lines 1													. •	26a	2,163	,53	<u>y.</u>
b	Prepare a list for your records to she																	
	unit or publicly supported organizati																	0
	Do not file this list with your return										,			. 🖢	26b	108,176	92	U.
C	Total support for section 509(a)(1) t			line 2	4, colum	n (e)	C 2 1			•••••					26c	100,1/0	, , ,	<i>J</i> .
d	Add: Amounts from column (e) for I	ines:		_	6,0										004	7,148	24	7
				2			,616								26d	101,028		
6	Public support (line 26c minus line 2	26d to	ital) .				00a /dan	ninatari	 1							93.		
	Public support percentage (line 26 Organizations described on line 12	e (nu	mera	1101)	o includo	y iine d in lic	200 (uei	S and 17 f) hat we	re receive	nd from a	"dienu	alified n	erso	n " nrec	<u> </u>		
27	records to show the name of, and to	tal an	noun A	ts rec	ceived in	each y	ear from,	each "disc	ualifie	d person	" Do not i	file thi	s list wi	th yo	our retu	ırn, Enter the su	n of	
	(2006)	((200	5) .					2004)					(200)3)			
b	For any amount included in line 17 t and amount received for each year, described in lines 5 through 11b, as the larger amount described in (1) o (2006)	that w well a or (2),	as m as inc ente	nore t dividu r the	han the I Jals.) Do sum of th	arger i not file iese di	of (1) the e this list fferences	amount o : with your : (the exce	n line 2 retur n ss amo	25 for the . After co ounts) for	year or (mputing each yea	2) \$5,0 the dif r:	000. (Inc ference N/A	clude betw	in the reen the	list organization e amount receive	s d and	
C	Add: Amounts from column (e) for I	ines:			15				_ 16									
	17				_ 20 _	- "			21				··	. •	27c		/A	
C	Add: Amounts from column (e) for I 17 I Add: Line 27a total				a	nd line	e 27b tota	ıl							27d		/A	
€	 Public support (line 27c total minus) 	line 2	27d ta	otal)										. 💌	27e	l N	/A	Garage (
f	Total support for section 509(a)(2) 1 Public support percentage (line 27	test: E	nter	amoi	ınt on lin	e 23, c	olumn (e)	<u>, P</u> [271		IN / .	<u> </u>		97~	N	/A	%
ç		e (nu	mera	itor)	aivided b	y line	Z/T (den	ominator) hv line 97) F(den	minotar							/ <u>A</u>	<i>7</i> ₀ %
28	Havenel Constant for an argenization d	noarit	and in	a lina	10 11 6	r 10 H	at receiv	ed any uni	ienal c	erante du	rina 2883	throu	ah 2006	nre	nare a	list for your reco	rds to	
	show, for each year, the name of the c return. Do not include these grants in	ontrib	utor,	, the	date and	amour	it of the g	rant, and	a brief	description	on of the I	nature	of the g	rant.	סח סט	t file this list wi	и уош	

None

Schedule A (Form 990 or 990-EZ) 2007

723131 12-27-07

Schedule A (Form 990 or 990-EZ) 2007 Defenders of Wildlife Part V Private School Questionnaire (See page 9 of the instructions.)

	(To	be completed	ONLY by school	Is that checked the	e box on line 6 in Part IV)
--	-----	--------------	----------------	---------------------	-----------------------------

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing		Yes	No
29	instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues,			
	and other written communications with the public dealing with student admissions, programs, and scholarships?	30	20/2004	
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of			
	solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known	(100)(Ka		
	to all parts of the general community it serves?	31	ga wante	3305-300-55
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	1 Turney 1 T		

		11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
		100 mm 10		
32	Does the organization maintain the following:	00	23334	
a	Records indicating the racial composition of the student body, faculty, and administrative staff?			
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs, and scholarships?			
ď	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
		A sure region to the con-		
		17 17 17 17 17 17 17 17 17 17 17 17 17 1		
33	Does the organization discriminate by race in any way with respect to:	100000000000000000000000000000000000000		
а	Students' rights or privileges?			
b	Admissions policies?			
C	Employment of faculty or administrative staff?		-	<u> </u>
đ	Scholarships or other financial assistance?			
е	Educational policies?			-
f	Use of facilities?			ļ
g	Athletic programs?	1	<u> </u>	<u> </u>
h	Other extracurricular activities?	33h	=======================================	
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
		- 5505		
		1 2 mg 1 m		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?			
b	Has the organization's right to such aid ever been revoked or suspended?	34b	Menin	10.000.000
	If you answered "Yes" to either 34a or b, please explain using an attached statement.		2000 p. 1000	helessin.
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50,			
	1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation			

DOW____1

Schedule A (Form 990 or 990-EZ) 2007 Defenders of Wildlife		53-0183181 Page 6
Part VI-A Lobbying Expenditures by Electing Public Charities (See page (To be completed ONLY by an eligible organization that filed Form 5768)	ge 11 of the instructions.)	
	you checked "a" and "limit	ed control" provisions apply.
Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Affiliated gr totals	(b)
Total lobbying expenditures to influence public opinion (grassroots lobbying) Total lobbying expenditures to influence a legislative body (direct lobbying) Total lobbying expenditures (add lines 36 and 37) Other exempt purpose expenditures Total exempt purpose expenditures (add lines 38 and 39) Lobbying nontaxable amount. Enter the amount from the following table - If the amount on line 40 is - Not over \$500,000 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000	N/A 36 37 38 39 40	229,118. 761,618. 990,736. 31,749,542. 32,740,278.
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 \$1,00	42 43 44	1,000,000. 250,000. 0.
4-Year Averaging Period Under Sec (Some organizations that made a section 501(h) election do not have to below. See the instructions for lines 45 through 50 on page	o complete all of the five o	olumns

		Lobbying Exp	enditures During 4-Year Av	eraging Period	l	
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2006	(c) 2005	(d) 2004		(e) Total
45 Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000	,000.	4,000,000.
46 Lobbying ceiling amount (150% of line 45(e))						6,000,000.
47 Total lobbying expenditures	990,736.	805,322.	806,497.	799	,734.	3,402,289.
48 Grassroots nontaxable amount	250,000.	250,000.	250,000.	250	,000.	1,000,000.
49 Grassroots ceiling amount (150% of line 48(e))						1,500,000.
50 Grassroots lobbying expenditures	229,118.		308,556.	148	,782.	862,991.
Part VI-B Lobbying A	Activity by Nonelec nly by organizations that did	ting Public Chariti not complete Part VI-A) (S	es ee page 14 of the instructio	ns.)		N/A
During the year, did the organization influence public opinion on a legis	on attempt to influence natio	nal, state or local legislation		Ye	s No	Amount
a Volunteers b Paid staff or management (Inc.)			ough h.)			
 c Media advertisements d Mailings to members, legislat 	ors, or the public					
Publications, or published or Grants to other organizations	for lobbying purposes	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
 g Direct contact with legislators h Rallies, demonstrations, semi i Total lobbying expenditures (a 	inars, conventions, speeches	, lectures, or any other me	ans	3		0.
If "Yes" to any of the above, a	Iso attach a statement giving	a detailed description of th	e lobbying activities.			Form 990 or 990-F7) 2007

Schedule A (Form 990 or 990-EZ) 2007

Exempt Organizations (See page 14 of the		a Helanonampa With Hononame			
51 Did the reporting organization directly or indirectly engage in an		r organization described in section			
501(c) of the Code (other than section 501(c)(3) organizations)			_		
a Transfers from the reporting organization to a noncharitable exe				Yes	No
(i) Cash			51a(i)		X
(ii) Other assets			a(ii)		Х
b Other transactions:					
(i) Sales or exchanges of assets with a noncharitable exempt of	organization		b(i)		X
(ii) Purchases of assets from a noncharitable exempt organizar			b(ii)		X
(iii) Rental of facilities, equipment, or other assets			b(iii)		X
(iv) Reimbursement arrangements	***************************************		b(iv)	X	
(v) Loans or loan guarantees	***************************************		b(v)		X
(vi) Performance of services or membership or fundraising soli	citations		b(vi)		<u> X</u>
c Sharing of facilities, equipment, mailing lists, other assets, or pa			С		X
d If the answer to any of the above is "Yes," complete the following					
goods, other assets, or services given by the reporting organiza					
transaction or sharing arrangement, show in column (d) the val	ue of the goods, other assets, c	r services received:			
	c) le exempt organization	(d) Description of transfers, transactions, and st	aring arı	rangem	nents
52 a Is the organization directly or indirectly affiliated with, or related Code (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule:	to, one or more lax-exempt or	Janizations described in Section 30 ((c) of the	Yes		No
(a) Name of organization	(b) Type of organization	(c) Description of relationshi	p		
Defenders of Wildlife Action Fu	nd501(c)(4)	See Statement 23			
Defenders of Wildlife Action Fu	ınd				
527 Account	527				
Americans for Conservation	527				

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

Department of the Treasury Internal Revenue Service Name of organization

Schedule of Contributors

Supplementary Information for line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

Employer identification number

2007

Defenders of Wildlife 53-0183181 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule-see instructions.) General Rule-For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.) Special Rules-X For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.) For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.) For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the Parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF). LHA For Paperwork Reduction Act Notice, see the Instructions Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

723451 12-27-07

for Form 990, Form 990-EZ, and Form 990-PF.

Employer identification number

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53-0183181

Part I	Contributors (See Specific Instructions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 602,500.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution.
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.

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Form 990	Rental	Income				St	atemer	nt	1 —
Kind and Location of Proper	ty			i	Activit Number		Gros		me
Subleasing of facilities				-	1		71	1,37	2.
Total to Form 990, Part I,	line 6a						71	1,37	2.
Form 990 Gain (Loss)	From Publ	licly Tr	aded Se	curi	ties	St	atemer	nt	2
Description	Gro Sales		Cost Other B		Expen of Sa		Net (
Sale of securities	276	5,000.	273,	910.		0.		2,09	0.
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To Form 990, Part I, line 8	3 276	6,000. ==================================	273,	910.	·	<u> </u>			
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Form 990 Sp Description of Event To Fm 990, Part I, line 9	Gross Receipts 406,800.	Contrik	Activitout. Gled Re	rossevenu	e Exp	St rect enses	Net :	nt Inco (Los 6,80	3 me s)
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Form 990	Other	Statement 5		
	(A)	(B) Program	(C) Management	(D)
Description	Total	Services	and General	Fundraising
Awards Computer services Membership	132,929. 1,255,602.	69,814. 852,767.	62,949. 238,322.	166. 164,513.
incentives Professional fees	905,015. 1,218,841.	770,071. 1,052,049.	74,354. 75,483.	60,590. 91,309.
Loxbox fees Honoraria	701,823. 372,774.	456,090. 284,177.	139,969. 36,914.	105,764. 51,683.
Taxes and licenses Advertising	286,214. 138,660.	222,557. 130,159.	41,832. 5,481.	21,825. 3,020.
Proactive projects Insurance Dues and	61,5 41. 76,527.	61,541. 60,987.	9,792.	5,748.
subscriptions List rentals	114,609. 152,076.	86,323. 100,771.	17,408. 26,243.	10,878. 25,062.
Temporary help Registration fees Compensation	147,559. 78,097.	75,981. 46,466.	66,891. 28,056.	4,687. 3,575.
payments Miscellaneous Bond amortization	278,285. 157,697. 9,121.	278,285. 130,487. 7,270.	29,178. 1,167.	<1,968.> 684.
Total to Fm 990, ln 43	6,087,370.	4,685,795.	854,039.	547,536.

Form 990 Cash Grants and Alloca to Individuals	tions	Statement 6
Class of Activity/Donee's Name and Address	Donee's Relationship	Amount
Grant Black Bear Conservation Committee P.O. Box 80442 Baton Rouge, LA 70898	None	5,000.
Grant Black Swamp Conservancy 132 West Second Street Perrysburgh, OH 43551	None	10,000.
Grant Cheyenne River Sioux Tribe Endangered Species P.O. Box 590 Eagle Butte, SD 57625	None	5,000.
Grant Defenders of Wildlife Action Fund 1130 17th Street, NW Washington, DC 20036	None	230,000.
Grant Grand Canyon Wildlands Council P.O. Box 1594 Flagstaff, AZ 86002	None	20,000.
Grant Grand Traverse Regional Land Conservancy 3860 N. Long Lake Road Travers City, MI 49684	None	5,000.
Grant Greater Yellowstone Coalition P.O. Box 1874 Bozeman, MT 59771	None	2,000.
Grant Kentucky Natural Lands Trust 433 Chestnut Street Berea, KY 40403	None	10,000.
Grant National Wildlife Federation 240 North Higgins Missoula, MT 59802	None	5,000.

Defenders of Wildlife		53-0183181
Grant New Mexico Friends of River Otters P.O. Box 238 Taos, NM 87571	None	15,000.
Grant North Carolina Coastal Land Trust 3301 Trent Road New Bern, NC 28562	None	5,000.
Grant Northern Jaguar Project 110 S. Church Tucson, AZ 85701	None	7,004.
Grant Oglala Sioux Parks and Recreation Authority P.O. Box 570 Kyle, SD 57752	None	5,000.
Grant Southwest Michigan Land Conservancy 6851 S. Sprinkle Road Portage, MI 49002	None	10,000.
Grant Teton Regional Land Trust P.O. Box 247 Driggs, ID 83422	None	5,000.
Grant Whidbey Camano Land Trust Wonn Road Greenbank, WA 98253	None	10,000.
Grant Yellowstone Park Foundation 222 East Main Street Bozeman, MT 59715	None	2,000.
Total Included on Form 990, Part II, line 22b		351,004.

Form 990 Statement of Program Service Accomplishments

Statement

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Description of Program Service One

Wildlife Action - Long known for its leadership on endangered species issues, Defenders of Wildlife is a solution-oriented organization dedicated to saving imperiles animals and plants, conserving habitat and building a broad constituency for protecting wildlife and wild places. We harness the skills and expertise of more than 100 scientists, wildlife specialists, educators, activists, economists and attorneys to work in the hall of Congress, state legislatures, the courts, local communities and more than a dozen Defenders of Wildlife offices in North America. We develop and advocate innovative solutions that will encourage conservation of entire ecosystems and interconnected habitats while protecting predators that serve as indivator species for ecosystem health. this multi-pronged approach of education, advocacy, reseach and litigation, we work to: *Protect Native Animals and Plans: We develop and champion practical programs to save a wide variety of North American species, including key species such as wetlands, forests and grasslands from *Advocate for Environmental Legislation: unsustainable use. We mobilize supporters and work with partners on the international, national, and state and local levels to secure laws and policies that safegaurd wild species and their habitats.

	Grants	Expenses
To Form 990, Part III, line a	351,004.	13,794,846.

Form 990 Statement of Program Service Accomplishments

Statement

8

Description of Program Service Two

Information, Education, and Communication: Defenders of Wildlife's quarterly magazine, DEFENDERS, is sent to all members. This award-winning publicaton features informative articles on crucial wildlife and conservation issues, editorial comment, and accounts of current actions taken by the organization. Defenders of Wildlife's other educational outreach projects include: providing the public with up-to-date information on wildlife and habitat protection issues: maintaining an activist network and alerting activists to contact elected officials on key wildlife issues; and providing information to students and teachers of wildlife issues. Defenders of Wildlife also reaches the public by briefing the local and national media on timely and crucial wildlife topics and by producing high-quality video and radio public service announcements on protecting America's wildlife and wild lands. Defenders of Wildlife's Website offers extensive information on Wildlife's species The Website, and related conservation issues. www.defenders.org, serves as a resource for learning more about wildlife, understanding current policy issues, and getting involved. Defenders of Wildlife also has over 25 other campaign and informational sites, included www.savearticrefuge.org, www.saveesa.org, and www.kidsplanet.org.

						Grants	Expenses
To Form	990,	Part	III,	line	b		8,929,931.

			·				
Form 990	Statement	of	Program	Service	Accomplishments	Statement	9

Description of Program Service Three

Constituency Outreach: Defenders of Wildlife has an agressive program to recruit and retain members to facilitate public participation in furthering its mission. Defenders of Wildlife provides the public with educational materials to inform them about issues affecting wildlife, the work of Defenders of Wildife, and opportunities to take action on behalf of imperiled wildlife.

			Grants	Expenses
To Form 990, Part III, line c				1,703,205.
Form 990 Gover	nment Se	curities		Statement 10
	Cost/FMV	U.S. Governm	State and ent Local Gov't	Total Gov't Securities
U.S. Government Securities	FMV	414,6	34.	414,634.
Total to Form 990, line 54a, Co	ol B	414,6	34.	414,634.
Form 990 Depreciation of A	Assets No	t Held for	Investment	Statement 11
Description		st or r Basis	Accumulated Depreciation	Book Value
Land Property and equipment		,585,586. ,152,923.	0. 3,458,909.	4,585,586. 7,694,014.
Total to Form 990, Part IV, 1n	57 15	,738,509.	3,458,909.	12,279,600.

Form 990 Other Assets		Statement 12
Description	Beginning of Year	End of Year
Assets held in charitable remainder and other trusts Accrued interest and dividends Unamortized cost of issuing bonds Bequests and trusts receivable	5,154,098. 23,087. 198,360. 984,243.	5,569,350. 843. 189,240. 939,445.
Total to Form 990, Part IV, line 58	6,359,788.	6,698,878.

Form 990	Tax-Exemp	Statement	13			
Purpose of Issue	e					
District of Colu	_ umbia tax e	xempt bond	ls			
Unexpended Bond Proceeds	Maturity Date	Interest Rate	Use by Third	Party		
0.	07/01/29	.00%	NO	-		
Repayment Terms		Secu	rity Provided		Amount o Issue Outstandi	
The term of the		7 Bulc	ling			
years, with inte		for			6,430,0	00.
	rs.				6,430,0	
the first 2 year	rs.	, Part IV,				
the first 2 year	rs.	, Part IV,	line 64a	Beginning of Year	6,430,0	14
Total included of	on Form 990 payable	, Part IV, Other I	line 64a		6,430,0 Statement End of Ye 1,000,0	14 ar 00.01.

Form 990	Other Securities		State	ement	15
Security Description		Cost/FMV		her rities	5
Mutual Funds Money Market funds Certificates of deposit		FMV FMV FMV	3,	,429,30 302,88 39,54	39.
To Form 990, line 54b, Co	ol B		3	,771,73	33.
Form 990 Part V-A - I	ist of Current Officer Trustees and Key Employ	s, Directors, ees	State	ement	16
Name and Address	Title and Avrg Hrs/Wk	Compen- sation	Employee Ben Plan Contrib		
Rodger Schlickeisen 1130 17th Street, NW Washington, DC 20036	President 34.20	254,947.	57,949.		0.
Adelaide P. Gomer 1130 17th Street, NW Washington, DC 20036	Secretary 10.00	0.	0.		0.
Richard Kopcho 1130 17th Street, NW Washington, DC 20036	Treasurer 2.00	0.	0.		0.
Joseph A. Zillo 1130 17th Street, NW Washington, DC 20036	Assistant Tr 39.78	easurer 150,432.	34,193.		0.
Jamie Rappaport Clark 1130 17th Street, NW Washington, DC 20036	Executive Vi 39.98	ce President 244,882.	55,662.		0.
Edward Asner 1130 17th Street, NW Washington, DC 20036	Director 2.00	0.	0.		0.
Peter G. Brown 1130 17th Street, NW Washington, DC 20036	Director 2.00	0.	0.		0.

Defenders of Wildlife			53-01	183181
Jeff Corwin 1130 17th Street, NW Washington, DC 20036	Director 2.00	0.	0.	0.
Irene Crowe 1130 17th Street, NW Washington, DC 20036	Director 2.00	0.	0.	0.
Gloria Flora 1130 17th Street, NW Washington, DC 20036	Director 2.00	0.	0.	0.
Caroline Gabel 1130 17th Street, NW Washington, DC 20036	Director 2.00	0.	0.	0.
Eric R. Glitzenstein 1130 17th Street, NW Washington, DC 20036	Director 2.00	0.	0.	0.
Liberty Godshall 1130 17th Street, NW Washington, DC 20036	Director 2.00	0.	0.	0.
Ron Pulliam 1130 17th Street, NW Washington, DC 20036	Director 2.00	0.	0.	0.
Winsome McIntosh 1130 17th Street, NW Washington, DC 20036	Director 2.00	0.	0.	0.
Ruth Musgrave 1130 17th Street, NW Washington, DC 20036	Director 2.00	0.	0.	0.
Barry Noon 1130 17th Street, NW Washington, DC 20036	Director 2.00	0.	0.	0.
Terry C. Pelster 1130 17th Street, NW Washington, DC 20036	Director 10.00	0.	0.	0.
Richard Pritzlaff 1130 17th Street, NW Washington, DC 20036	Director 2.00	0.	0.	0.
George B. Rabb 1130 17th Street, NW Washington, DC 20036	Director 2.00	0.	0.	0.

Defenders of Wildlife			5	3-0183181
Laura Turner Seydel 1130 17th Street, NW Washington, DC 20036	Director 2.00	0.	0.	0.
Karin Sheldon 1130 17th Street, NW Washington, DC 20036	Director 2.00	0.	0.	0.
Vic Sher 1130 17th Street, NW Washington, DC 20036	Director 10.00	0.	0.	0.
Alan Steinberg 1130 17th Street, NW Washington, DC 20036	Director 2.00	0.	0.	0.
Lee Talbot 1130 17th Street, NW Washington, DC 20036	Director 2.00	0.	0.	0.
Totals Included on Form 990	Part V-A	650,261.	147,804.	0.
Form 990 Identif	ication of Related Or Part VI, Line 801		Stat	cement 17
Name of Organization			Exempt	NonExempt
Defenders of Wildlife Action Defenders of Wildlife Action Americans for Conservation	n Fund n Fund 527 Account		X X X	

Related Organ	empensation from mizations	Stat	tement 18
Officer's Name	Compensation	Employee Benefit Plan Contribution	
Rodger Schlickeisen	43,041.	9,783.	
Name of Related Organization		Employer	ID Number
Defenders of Wildlife Action Fund		52-2	298744
Relationship Between Organizations			
Affiliates			
Compensation Description			
Defenders of Wildlife Action Fund, Def Account, and Americans for Conservation organizations.	on and is compensa	ted from mult:	iple
Office Name	Companyation	Employee Benefit Plan	
-		Benefit Plan Contribution	
	Compensation 745.	Benefit Plan Contribution 169.	Account
Joseph A. Zillo		Benefit Plan Contribution 169. Employer	Account ID Number
Joseph A. Zillo Name of Related Organization		Benefit Plan Contribution 169. Employer	Account
Joseph A. Zillo Name of Related Organization Defenders of Wildlife Action Fund		Benefit Plan Contribution 169. Employer	Account ID Number
Joseph A. Zillo Name of Related Organization Defenders of Wildlife Action Fund Relationship Between Organizations		Benefit Plan Contribution 169. Employer	Account ID Number
Officer's Name Joseph A. Zillo Name of Related Organization Defenders of Wildlife Action Fund Relationship Between Organizations Affiliates Compensation Description		Benefit Plan Contribution 169. Employer	Account ID Number

Employee

Officer's Name	Compensation	Benefit Plan Contribution	
Jamie Rappaport Clark	118.	27.	
Name of Related Organization		Employer	ID Number
Defenders of Wildlife Action Fund		52-22	98744

Relationship Between Organizations

Affiliates

Compensation Description

Jamie Rappaport Clark serves as the Executive Vice President of Defenders of Wildlife, Defenders of Wildlife Action Fund, and Defenders of Wildlife Action Fund 527 Account and is compensated from multiple organizations.

Officer's Name	Compensation	Employee Benefit Plan Contribution	
Rodger Schlickeisen	179.	41.	
Name of Related Organization		Employer	ID Number
Americans for Conservation		74-31	L71415

Relationship Between Organizations

Common board members

Compensation Description

Rodger Schlickeisen serves as the President for Defenders of Wildlife, Defenders of Wildlife Action Fund, Defenders of Wildlife Action Fund 527 Account, and Americans for Conservation and is compensated from multiple organizations.

Employee

Officer's Name	Compensation	Benefit Plan Contribution	
Joseph A. Zillo	73.	17.	
Name of Related Organization		Employer	ID Number
Americans for Conservation		74-31	.71415

Relationship Between Organizations

Common board members

Compensation Description

Joseph Zillo serves as the Assistant Treasurer for Defenders of Wildlife, Defenders of Wildlife Action Fund, and Defenders of Wildlife Action Fund 527 Account, and devoted time to Americans for Conservation and is compensated from multiple organizations.

Form 990	List of	States Receiving	Copy of	Return	Statement	19
		Part VI, Line	90			

States

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

Form 990	Of	Other Revenue			Statement 20
Description	Bus Code	Unrelated Business Inc	Excl Code	Excluded Amount	Related or Exempt Func- tion Income
Mailing list rental Mailing list rental Royalties Reimbursed expenses Miscellaneous Royalties	900004	4,750.	13 15 15	131,979. 315,309. 1,198,766.	
To Form 990, Part VII,	line 103	4,750.	=	1,646,054.	617,720.

Form	990 Part VIII - Relationship of Activities to Statement Accomplishment of Exempt Purposes	21
Line	Explanation of Relationship of Activities	
93a	Fees earned through registration fees for the Organization's conferneces and events.	
93b	Income generated through the performance of contracts for services provided which relate to the Organization's exempt purpose.	
103a	Reimbursed expenses - amounts received from related organization base on terms of cost-sharing agreement. Miscellaneous - income generated from acitivites which help to accomplish the Organization's exempt purpose.	∌đ

Schedule A	Other Inc	ome	St	atement	22
Description	2006 Amount	2005 Amount	2004 Amount	2003 Amount	
Other	268,924.	504,681.	253,085.	100,9	26.
Total to Schedule A, line 22	268,924.	504,681.	253,085.	100,9	26.

Schedule A Affiliation with Tax-Exempt Organizations Part VII, Line 52, Column (c)

Statement 23

Name of Affiliated or Related Organization

Defenders of Wildlife Action Fund

Description of Relationship with Affiliated or Related Organization
Affiliate

Name of Affiliated or Related Organization

Defenders of Wildlife Action Fund 527 Account

Description of Relationship with Affiliated or Related Organization
Affiliate

Name of Affiliated or Related Organization

Americans for Conservation

Description of Relationship with Affiliated or Related Organization
Historical and continuing relationship

Form **8868** (Rev. April 2008)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

➤ File a separate application for each return.

OMB No. 1545-1709

iternal Hev	enue Service			C1
Flf vou	are filing for an Automatic 3-Month Extension, complete only Part I and check this box		<i></i>	X
• If you	are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this	form).		
n not c	omplete Part II unless you have already been granted an automatic 3-month extension on a previously fil	ed Forr	n 8868.	
Part I				
	end .	ninta		
	ation required to file Form 990-T and requesting an automatic 6-month extension - check this box and com		1	
Part I on				
o file inc	corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an come tax returns.			
noted be (not auto vou mus	tic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronic matic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or cold to submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic file gov/efile and click on e-file for Charities & Nonprofits.	nsolida ing of t	ted Form 990-T. his form, visit	Instead,
Type or	Name of Exempt Organization	Emplo	oyer identification	on number
print				
prince	Defenders of Wildlife	5.3	<u>3-0183181</u>	
File by the due date fo filing your	Number attact and room or suite no. If a P.O. box, see instructions			
return. See instruction	TID - to Fore toroism address and instructions			
	Washington, DC 20036			
<u> </u>	ype of return to be filed(file a separate application for each return):			
Unecki				
X Fo	orm 990 Form 990-T (corporation) Form 47			
Fo	orm 990-BL Form 990-T (sec. 401(a) or 408(a) trust)			
F	orm 990-EZ Form 990-T (trust other than above)			
Fe	orm 990-PF	370		
• The	oooks are in the care of ▶ The Organization			
Teler	object No. ► $202-682-9400$ FAX No. ► $\frac{202-682-1331}{202-682-1331}$			
▲ If the	organization does not have an office or place of business in the United States, check this box			
- 14 Ale:	- is face Crown Between enter the organization's four digit Group Exemption Number (GEN)	is is for	r the whole group	o, check this
hox 🕨	If it is for part of the group, check this box. If it is for part of the group, check this box.	memb	ers the extensior	will cover.
DUX P				
1 1	request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time un	tii		
	May 15, 2009 , to file the exempt organization return for the organization named a	above.	The extension	
-	for the organization's return for:			
12	calendar year or			
	X tax year beginning OCT 1, 2007 , and ending SEP 30, 2008			
,	Tax year deginning OCT 1, 2007			
2 !f	this tax year is for less than 12 months, check reason: Initial return Final return		Change in accou	inting period
20 16	this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any			
	onrefundable credits. See instructions.	3a	\$	
- 11 - 14	this application is for Form 990-PF or 990-T, enter any refundable credits and estimated			
	ax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	
<u>ti</u>	ax payments made, include any prior year overpayment answed as a constant of the second second and the second seco			
c E	eposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).	1		
		3c	\$	N/A
	ee instructions.		<u> </u>	
Cautio	n. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Forn	า 8879-	EO for payment	instructions
	For Privacy Act and Paperwork Reduction Act Notice, see Instructions.			8 (Rev. 4-200
LHA	For Privacy Act and Paperwork Reduction Act Notice, see instructions.			

Form 8	868 (Rev. 4-2008)			Page 2
• If y	ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this b	ох		▶ X .
	Only complete Part II if you have already been granted an automatic 3-month extension on a previously file	d Form 8	3868.	
If ye	ou are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).			
Par	Additional (Not Automatic) 3-Month Extension of Time. You must file original an	d one co	ру.	
Туре	Name of Exempt Organization	Empl	oyer ider	ntification number
print			2 016	12101
File by t	Defenders of Wildlife	3	3-018	
extende due dat filing the	Number, street, and room or suite no. If a P.O. box, see instructions.	For IF	RS use on	ıly
return. S instructi	See City, town or post office, state, and ZIP code. For a foreign address, see instructions.			
	k type of return to be filed (File a separate application for each return): Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A	= -	rm 5227	Form 8870
Ш	Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720	i	rm 6069	
STOP	! Do not complete Part II if you were not already granted an automatic 3-month extension on a previous	usly file	d Form 8	868.
	e books are in the care of ▶ The Organization			
	ephone No. ► 202-682-9400 FAX No. ► 202-682-133.]		
	the organization does not have an office or place of business in the United States, check this box			>
	his is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	nis is for	the who	e group, check this
box !	[
	I request an additional 3-month extension of time until August 15, 2009 .			
	For calendar year, or other tax year beginning OCT 1, 2007, and ending	SEP	30,	2008
6	If this tax year is for less than 12 months, check reason: Initial return Final return		Change ir	accounting period
7	State in detail why you need the extension			
	Additional time needed to compile third party informa-	tion	nece	essary to
	file a complete and accurate return.	T		
8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any			
	nonrefundable credits. See instructions.	8a	\$	
	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated	0.000		
	tax payments made. Include any prior year overpayment allowed as a credit and any amount paid	1000.000.00		
	previously with Form 8868.	8b	_\$	
c	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit		_	N/A
	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	. 8c	\$	N/A
	Signature and Verification			today and ballof
Under it is tru	penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the correct, and complete, and that Lam authorized to prepare this form.	e best of		
Signat	ure > C(N	Date	<u>▶ 5</u>	-/3-69
			Foi	rm 8868 (Rev. 4-2008)

1