| ΛΌΛ Τ  | Ex   | empt Organization  | n Bus  | siness Inc   | ome 1                            | Tax Retu                                       | rp.,   | OMB No 1545-0687  |
|--|--|--|--|--|----------------------------------|--|--|---|
| orm 9.90-T   |  | (and proxy ta  |  |  |                                  |  | 9001   |   |
| o  | For caler  | ndar year 2018 or other tax year beg   | inning   | 07/01, 2018  | , and endin                      | ng 06/30,                                      | 20 <u>19</u> .   | 2018  |
| Department of the Treasury   |  | ► Go to www.irs.gov/Form99   | 9 <i>0T</i> for i  | nstructions and  | the latest i                     | information.                                   | L  | Ones to Distribution of the                                     |
| ntemal Revenue Service   | <b>▶</b> Do  | not enter SSN numbers on this form   | n as it ma   | y be made public   | if your orga                     | nization is a 501(                             |  | Open to Public Inspection for 501(c)(3) Organizations Only      |
| Check box if address changed   |  | Name of organization ( Check   | box if nar   | ne changed and se  | e instructions                   | s )  |  | yer Identification number<br>yees' trust, see instructions )    |
| address changed  |  |  |  |  |                                  |  | (  | ,,,   |
| Exempt under section   |  | DUCKS UNLIMITED, I   | NC.  |  |                                  |  |  |   |
| X 501( C ) 3 )   | Print  | Number, street, and room or suite no   | o IfaPO  | box, see instruction   | ns                               |  | 13-56  | 543799  |
| 408(e) 220(e)  | Type   |  |  |  |                                  |  |  | ated business activity code structions )                        |
| 408A530(a)   |  | ONE WATERFOWL WAY  |  |  | ·····                            |  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  | suddions ,  |
| 529(a)   |  | City or town, state or province, cour  | ntry, and Z  | IP or foreign postal   | code                             |  |  |   |
| Book value of all assets   |  | MEMPHIS, TN 38120  |  |  |                                  |  | 51112  | 20  |
| at end of year   | F Gro  | up exemption number (See instru  | ictions)   | <b>&gt;</b>  |                                  |  |  |   |
| 228,524,332.   | G Che  | ck organization type ► X 50  | 01(c) co   | rporation  | 501(c)                           | trust  | 401(a)   | trust Other trust   |
| H Enter the number of  | the orga   | nization's unrelated trades or busin   | nesses   | <b>≥</b> 2   |                                  | Describ  | e the only   | (or first) unrelated  |
| trade or business he   | re ▶MAG  | SAZINE ADVERTISING   |  | If   | only one,                        | complete Parts                                 | -V If more   | than one, describe the  |
| first in the blank spa   | ace at the   | end of the previous sentence, of   | complete   | Parts I and II, co   | mplete a So                      | chedule M for ea                               | ch addition  | nal   |
| trade or business, th  |  |  |  |  |                                  |  |  |   |
|  |  | corporation a subsidiary in an af  | filiated g   | roup or a parent-s   | subsidiary c                     | controlled group?                              |  | ▶ Yes X No  |
|  |  | identifying number of the parent   | -  |  | •                                | J ,  |  |   |
|  |  | ARL H. GROCHAU   |  |  | Telephon                         | e number ▶ 90                                  | 1-758-   | -3825   |
|  | _  | or Business Income   |  | (A) Inco   |                                  | (B) Exper                                      |  | (C) Net   |
| 1a Gross receipts or   |  |  |  |  |                                  |  |  |   |
| b Less returns and allow   |  | c Balance  | <b>▶</b> 1c  |  |                                  |  |  | ,   |
|  | -  | ule A, line 7)   | <b>—</b>   |  |                                  |  |  | 1   |
| •  | •  | 2 from line 1c   | •  |  |                                  |  |  |   |
| •  |  | ttach Schedule D)  | •  |  |                                  |  |  |   |
|  |  | Part II, line 17) (attach Form 4797)   |  |  |                                  |  |  |   |
| •  |  | rusts  |  |  |                                  |  |  |   |
| ·  |  | r an S corporation (attach statement)  | •  |  |                                  |  |  |   |
|  |  | an S corporation (attach statement)  | · —  |  |                                  |  |  |   |
| •  | •  | come (Schedule E)  | ·  |  | ,                                |  |  |   |
|  |  | ,  | ·  |  |                                  | •  |  |   |
|  |  | nts from a controlled organization (Schedule   | ' <del></del>  |  |                                  |  |  |   |
| 9 Investment income of   | a section 50°  |  |  |  |                                  |  | •  |   |
| O Comband account  |  | 1(c)(7), (9), or (17) organization (Schedule   |  |  |                                  |  | •  |   |
| ·  | activity in  | ncome (Schedule I)   | . 10   | 2 58   | 2 907                            | 1 670  | 752  | 912 155   |
| 1 Advertising incor  | activity in  | ncome (Schedule I)   | . 10   | ·  | 2,907.                           | 1,670  | ),752.   | 912,155.  |
| 1 Advertising incor  | activity in<br>ne (Sched<br>ee instruc   | ncome (Schedule I)   | . 10<br>. 11<br>. 12   |  |                                  | · · · · · · · · · · · · · · · · · · ·          |  |   |
| 1 Advertising incor<br>2 Other income (S<br>3 Total. Combine li  | activity in<br>ne (Sched<br>ee instruc<br>nes 3 thro   | ncome (Schedule I)   | . 10<br>. 11<br>. 12<br>. 13   | 2,582  | 2,907.                           | 1,670  | 0,752.   | 912,155.  |
| 1 Advertising incor<br>2 Other income (S<br>3 Total. Combine II<br>Part II Deductio  | activity in<br>ne (Sched<br>ee instruc<br>nes 3 thru<br>ns Not   | ncome (Schedule I)  dule J)  trons, attach schedule)  ough 12  Taken Elsewhere (See Ins  | . 10<br>. 11<br>. 12<br>. 13   | 2,582<br>ons for limitati  | 2,907.<br>ons on d               | 1,670<br>eductions.) (                         | 0,752.   | 912,155.  |
| Advertising incor Other income (S Total, Combine in Part II Deduction  | activity in<br>ne (Sched<br>ee instruc<br>nes 3 thro<br>ns Not<br>ns must  | ncome (Schedule I)  fule J)  trons, attach schedule)  ough 12  Taken Elsewhere (See Installed See In | . 10<br>. 11<br>. 12<br>. 13<br>struction the ur   | 2,582<br>ons for limitati<br>orelated busin  | 2,907.<br>ons on d<br>ness inco  | 1,670<br>eductions.) (<br>me.)                 | 752.<br>Except f   | 912,155.  |
| 1 Advertising incor<br>2 Other income (S<br>3 Total. Combine In<br>Part II Deduction<br>deduction<br>4 Compensation of   | activity in<br>ne (Sched<br>ee instruc-<br>nes 3 thro-<br>ns Not<br>ns must  | ncome (Schedule I)   | . 10<br>. 11<br>. 12<br>. 13<br>struction the ur   | 2,582<br>ons for limitati<br>orelated busin  | 2,907.<br>lons on d<br>less inco | 1,670<br>leductions.) (<br>me.)                | 752.<br>Except f   | 912,155.  |
| Advertising incor Other income (S Total, Combine II Part II Deduction deduction Compensation of Salaries and wag   | ne (Schedee Instructures 3 thrustures Not Instructures 5 officers, es  | Income (Schedule I)  Jule J)  Litons, attach schedule)  Lough 12  Taken Elsewhere (See Installed See | . 10<br>. 11<br>. 12<br>. 13<br>struction the ur   | 2,582<br>ons for limitati<br>orelated busin  | 2,907<br>ons on d<br>ness inco   | 1,670<br>leductions.) (<br>me.)                | 0,752.<br>Except f   | 912,155.  |
| 1 Advertising incor 2 Other income (S 3 Total, Combine II Part II Deduction deduction 4 Compensation of 5 Salaries and wag 6 Repairs and main  | ne (Sched<br>ee instruc-<br>nes 3 thro-<br>ns Not<br>ns must<br>officers,<br>es  | ncome (Schedule I)  Julie J)  Litions, attach schedule)  Julie J  Litions, attach schedule)  J  Litions, attach schedule)  Litions, attach schedule)  Litions, attach schedule  Litions  Litions | . 10<br>. 11<br>. 12<br>. 13<br>struction the ur   | 2,582<br>ons for limitationelated busin  | 2,907.<br>lons on d<br>ness inco | 1,670<br>leductions.) (<br>me.)                | Except f 14 15 16  | 912,155.  |
| 1 Advertising incor<br>2 Other income (S<br>3 Total. Combine II<br>Part II Deduction<br>deduction<br>4 Compensation of<br>5 Salaries and wag<br>6 Repairs and mair   | ne (Sched<br>ee instruc-<br>nes 3 thro-<br>ns Not<br>ns must<br>officers,<br>es  | ncome (Schedule I)  Julie J)  Litions, attach schedule)  Julie J  Litions, attach schedule)  J  Litions, attach schedule)  Litions, attach schedule)  Litions, attach schedule  Litions  Litions | . 10<br>. 11<br>. 12<br>. 13<br>struction the ur   | 2,582<br>ons for limitationelated busin  | 2,907<br>ons on d<br>ness inco   | 1,670<br>eductions.) (<br>me.)                 | Except f 14 15 16 17   | 912,155.  |
| 1 Advertising incor<br>2 Other income (S<br>3 Total, Combine In<br>Part II Deduction<br>deduction<br>4 Compensation of<br>5 Salaries and wag<br>6 Repairs and mair   | ne (Sched<br>ee instruc-<br>nes 3 thro-<br>ns Not<br>ns must<br>officers,<br>es  | ncome (Schedule I)  Julie J)  Litions, attach schedule)  Julie J  Litions, attach schedule)  J  Litions, attach schedule)  Litions, attach schedule)  Litions, attach schedule  Litions  Litions | . 10<br>. 11<br>. 12<br>. 13<br>struction the ur   | 2,582<br>ons for limitationelated busin  | 2,907<br>ons on d<br>ness inco   | 1,670<br>leductions.) (<br>me.)                | 14<br>15<br>16<br>17   | 912,155.  |
| 1 Advertising income 2 Other income (Signature) 3 Total. Combine In Part II Deduction 4 Compensation of 5 Salaries and wag 6 Repairs and main 7 Bad debts 8 Interest (attach signature) 9 Taxes and license  | activity in ne (Sched ee instructions 3 throng Not in s must fofficers, es   | troome (Schedule I)  Italian J  Italian J  Italian Schedule)  Taken Elsewhere (See instructions, and trustees (Schedule)  RECEI  (see instructions)  MAR 0 9   | 10<br>11<br>12<br>13<br>struction the ur<br>K)   | 2,582<br>ons for limitation related busin  | 2,907.<br>ons on diess inco      | 1,670<br>leductions.) (<br>me.)                | 14<br>15<br>16<br>17   | 912,155.  |
| 1 Advertising incor 2 Other income (S 3 Total. Combine II Part II Deduction 4 Compensation of 5 Salaries and wag 6 Repairs and main 7 Bad debts 8 Interest (attach s 9 Taxes and license 10 Charitable contri  | activity in ne (Sched ee instructions 3 throng ne Not in s must forficers, es  | troome (Schedule I)  Italian J  Italian J  Taken Elsewhere (See Instructions, and trustees (Schedule  RECE)  (See Instructions)  MAR 0 9   | 10<br>11<br>12<br>13<br>struction the ur<br>K)   | 2,582  ons for limitation related busing the second | 2,907.<br>ons on d<br>ness inco  | 1,670<br>leductions.) (<br>me.)                | 14<br>15<br>16<br>17   | 912,155.  |
| 1 Advertising incor 2 Other income (S 3 Total. Combine II Part II Deduction deduction 4 Compensation of 5 Salaries and wag 6 Repairs and main 7 Bad debts 8 Interest (attach s 9 Taxes and license 0 Charitable contri 1 Depreciation (att   | ne (Schede enstructions 3 thromas 3 thromas must forficers, es   | trions, attach schedule)  trions, attach schedule)  Taken Elsewhere (See Instructions, and trustees (Schedule)  RECEI  (see instructions)  MAR 0 9  See instructions for limitation rules  4562)   | 10<br>11<br>12<br>13<br>struction the ur<br>K)   | 2,582  ons for limitation related busing the second | 2,907.<br>ons on d<br>less inco  | 1,670<br>leductions.) (<br>me.)                | 0,752.<br>Except f 14 15 16 17 18 19   | 912,155.<br>or contributions,                                   |
| 1 Advertising income 2 Other income (S) 3 Total. Combine in Part II Deduction deduction 4 Compensation of 5 Salaries and wag 6 Repairs and main 7 Bad debts 8 Interest (attach s) 9 Taxes and license 10 Charitable contri   | ne (Sched ee Instruct nes 3 thro ns Not ns must fofficers, es htenance butions (Sach Form n claimed  | troome (Schedule I)  fulle J)  trons, attach schedule)  trons, attach schedule)  Taken Elsewhere (See Instructions, and trustees (Schedule  RECEI  (see instructions)  See instructions for limitation rules  4562)  OGDEN  on Schedule A-and-elsewhere on   | 10<br>11<br>12<br>13<br>struction the ur<br>K)   | 2,582  ons for limitation related busing the second | 2,907.<br>ons on d<br>ness inco  | 1,670<br>leductions.) (<br>me.)                | 14<br>15<br>16<br>17<br>18<br>19   | 912,155.<br>or contributions,                                   |
| 1 Advertising income 2 Other income (S) 3 Total. Combine in Part II Deduction deduction 4 Compensation of 5 Salaries and wag 6 Repairs and main 7 Bad debts 8 Interest (attach s) 9 Taxes and license 10 Charitable contri   | ne (Sched ee Instruct nes 3 thro ns Not ns must fofficers, es htenance butions (Sach Form n claimed  | trions, attach schedule)  trions, attach schedule)  Taken Elsewhere (See Instructions, and trustees (Schedule)  RECEI  (see instructions)  MAR 0 9  See instructions for limitation rules  4562)   | 10<br>11<br>12<br>13<br>struction the ur<br>K)   | 2,582  ons for limitation related busing the second | 2,907.<br>ons on d<br>ness inco  | 1,670<br>leductions.) (<br>me.)                | 14<br>15<br>16<br>17<br>18<br>19   | 912,155.<br>or contributions,                                   |
| 1 Advertising incor 2 Other income (S 3 Total. Combine In Part II Deduction deduction 4 Compensation of 5 Salaries and wag 6 Repairs and main 7 Bad debts 8 Interest (attach s 9 Taxes and license 10 Charitable contri 11 Depreciation (att 12 Less depreciation 13 Depletion 14 Contributions to   | activity in ne (Sched ee instructions 3 thromas must forficers, es   | trons, attach schedule)  trons, attach schedule)  trons, attach schedule)  Taken Elsewhere (See Instructions, and trustees (Schedule  RECET  See Instructions for limitation rules  4562)  OGDEN  compensation plans   | 10<br>11<br>12<br>13<br>struction the ur<br>K)<br>VED  | 2,582 ons for limitation related busin   | 2,907.<br>ons on d<br>ness inco  | 1,670 leductions.) ( me.)                      | 20,752.<br>Except f 14 15 16 17 18 19 20 22b 23                                      | 912,155.<br>or contributions,                                   |
| 1 Advertising incor 2 Other income (S 3 Total. Combine II Part II Deduction deduction 4 Compensation of 5 Salaries and wag 6 Repairs and main 7 Bad debts 8 Interest (attach s 9 Taxes and license 10 Charitable contri 11 Depreciation (att 12 Less depreciation 13 Depletion 14 Contributions to 15 Employee benefit   | activity in ne (Sched ee instructions 3 throwns 1 thrown | trons, attach schedule)  trons, attach schedule)  trons, attach schedule)  trons, attach schedule)  Taken Elsewhere (See instructions, and trustees (Schedule  RECEI  See instructions for limitation rules  4562)  OGDEN  compensation plans  | 10<br>11<br>12<br>13<br>struction the ur<br>K)   | 2,582 ons for limitation related busin   | 2,907.<br>ons on d<br>ness inco  | 1,670 leductions.) (                           | 20, 752.<br>Except f  14 15 16 17 18 19 20 22b 23 24 25                              | 912,155.<br>or contributions,                                   |
| 1 Advertising incor 2 Other income (S 3 Total. Combine II Part II Deduction deduction 4 Compensation of 5 Salaries and wag 6 Repairs and main 7 Bad debts 8 Interest (attach s 9 Taxes and license 10 Charitable contri 11 Depreciation (att 12 Less depreciation 13 Depletion 14 Contributions to 15 Employee benefit 16 Excess exempt en   | activity in ne (Sched ee instructions 3 throwns Motors Must officers, es   | tions, attach schedule)  tions, attach schedule)  tough 12  Taken Elsewhere (See instructions, and trustees (Schedule  Gree instructions for limitation rules  4562)  OGDEN  on Schedule A-and-elsewhere on  compensation plans  s  Schedule I)  | 10<br>11<br>12<br>13<br>struction the ur<br>K)   | 2,582 ons for limitation related busin   | 2,907. ons on d ness inco        | 1,670 leductions.) (                           | 22b . 23 . 26  | 912,155. or contributions,                                      |
| 1 Advertising incor 2 Other income (S 3 Total. Combine In Part II Deduction deduction 4 Compensation of 5 Salaries and wag 6 Repairs and main 7 Bad debts 8 Interest (attach s 9 Taxes and licenses 10 Charitable contri 11 Depreciation (att 12 Less depreciation 13 Depletion 14 Contributions to 15 Employee benefit 16 Excess exempt en  | activity in ne (Sched ee instructions 3 throwns Motors Must officers, es   | tions, attach schedule)  tions, attach schedule)  tough 12  Taken Elsewhere (See instructions, and trustees (Schedule  Gree instructions for limitation rules  4562)  OGDEN  on Schedule A-and-elsewhere on  compensation plans  s  Schedule I)  | 10<br>11<br>12<br>13<br>struction the ur<br>K)   | 2,582 ons for limitation related busin   | 2,907. ons on d ness inco        | 1,670 leductions.) (                           | 22b . 23 . 26  | 912,155. or contributions,                                      |
| 1 Advertising incor 2 Other income (S 3 Total. Combine In Part II Deduction deduction 4 Compensation of 5 Salaries and wag 6 Repairs and main 7 Bad debts 8 Interest (attach s 9 Taxes and licenses 10 Charitable contri 11 Depreciation (att 12 Less depreciation 13 Depletion 14 Contributions to 15 Employee benefit 16 Excess exempt en  | activity in ne (Sched ee instructions 3 throwns Motors Must officers, es   | tions, attach schedule)  tions, attach schedule)  tough 12  Taken Elsewhere (See instructions, and trustees (Schedule  Gree instructions for limitation rules  4562)  OGDEN  on Schedule A-and-elsewhere on  compensation plans  s  Schedule I)  | 10<br>11<br>12<br>13<br>struction the ur<br>K)   | 2,582 ons for limitation related busin   | 2,907. ons on d ness inco        | 1,670 leductions.) (                           | 22b<br>24<br>25<br>26<br>27  | 912,155. or contributions,                                      |
| Advertising incor Other income (S Total. Combine II Part II Deduction deduction  Compensation of Salaries and wag Repairs and main Bad debts Interest (attach s Taxes and license Charitable contri Depreciation (att Less depreciation Depletion Contributions to Employee benefit Excess exempt en   | activity in ne (Sched ee instructions 3 throwns Motors Must officers, es   | trons, attach schedule)  trons, attach schedule)  trons, attach schedule)  trons, attach schedule)  Taken Elsewhere (See instructions, and trustees (Schedule  RECEI  See instructions for limitation rules  4562)  OGDEN  compensation plans  | 10<br>11<br>12<br>13<br>struction the ur<br>K)   | 2,582 ons for limitation related busin   | 2,907. ons on d ness inco        | 1,670 leductions.) (                           | 22b . 23 . 26  | 912,155. or contributions,                                      |
| Advertising incoronal Advertision Advertis | activity in the (Schedule) (Sched | tions, attach schedule)  tions, attach schedule)  tough 12  Taken Elsewhere (See instructions, and trustees (Schedule  Gree instructions for limitation rules  4562)  OGDEN  on Schedule A-and-elsewhere on  compensation plans  s  Schedule I)  | 10<br>11<br>12<br>13<br>struction the ur<br>K)   | 2,582  ons for limitation related busing the second | 2,907. ons on d ness inco        | 1,670 leductions.) ( me.)                      | 22b<br>23<br>25<br>26<br>27  | 912,155.<br>or contributions,<br>912,155.<br>1,350.             |
| Advertising incor Other income (S) Total. Combine II Part II Deduction deduction  Compensation of Salaries and wag Repairs and mair Bad debts Interest (attach s) Taxes and license Charitable contri Depreciation (att Less depreciation Contributions to Employee benefit Excess exempt et Excess readership Other deductions Total deductions Unrelated busine  | activity in the (Schedule) (Sched | trons, attach schedule)  trons, attach schedule)  trons, attach schedule)  Taken Elsewhere (See Instructions, and trustees (Schedule)  RECEI  (see instructions)  Gee instructions for limitation rules  4562)  on Schedule A-and-elsewhere on  compensation plans  Schedule I)  chedule J)  chedule)  s 14 through 28   | 10<br>11<br>12<br>13<br>struction the ur<br>K)<br>VED  | 2,582  ons for limitation related busing the second | 2,907. ons on d less inco        | 1,670 leductions.) ( me.)  ATCH 1              | 22b<br>22b<br>22b<br>22b<br>23<br>24<br>25<br>26<br>27<br>28<br>29<br>13<br>30<br>31 | 912,155.<br>or contributions,<br>912,155.<br>1,350.<br>913,505. |
| 1 Advertising incor 2 Other income (S 3 Total. Combine In Part II Deduction deduction 4 Compensation of 5 Salaries and wag 6 Repairs and mair 7 Bad debts 8 Interest (attach s 9 Taxes and license 0 Charitable control 1 Depreciation (att 2 Less depreciation 3 Depletion 4 Contributions to 5 Employee benefit 6 Excess exempt et 7 Excess readership 8 Other deductions 9 Total deductions 0 Unrelated busine 1 Deduction for ne   | activity in the (Schedule instructions 3 through instructions in the instructions in the instructions in the instructions (Seach Form in claimed in the instructions (Seach Form  | trons, attach schedule)  trons, attach schedule)  trons, attach schedule)  Taken Elsewhere (See Instructions, and trustees (Schedule)  RECEI  (see instructions for limitation rules 4562).  OGDEN  on Schedule-A-and-elsewhere-on schedule J)  chedule J)  chedule)  s 14 through 28.  le income before net operatir  | 10 11 12 13 struction the ur K) 2020 s)  10 11 12 13 struction the ur Children The ur Chil | 2,582  ons for limitation related busing the second | 2,907. ons on diess inco         | 1,670 leductions.) ( me.)  ATCH 1 29 from line | 22b<br>22b<br>22b<br>22b<br>22b<br>23<br>24<br>25<br>26<br>27<br>28<br>29            | 912,155.<br>or contributions,<br>912,155.<br>1,350.<br>913,505. |

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## DUCKS UNLIMITED, INC.

|               | 990-T (20 |   |                   |             | F        | age Z           |
|---------------|-----------|---|-------------------|-------------|----------|-----------------|
| Par           | t III^    | Total Unrelated Business Taxable Income   |                   |             |          |                 |
| 33            |           | of unrelated business taxable income computed from all unrelated trades or businesses (see ions),   | 33                |             |          |                 |
| 34            | Amount    | ts paid for disallowed fringes  |                   |             |          |                 |
| 35            | Deducti   | on for net operating loss arising in tax years beginning before January 1, 2018 (see  |                   |             |          |                 |
|               |           | ions)   | 35                |             |          |                 |
| 36            |           | of unrelated business taxable income before specific deduction. Subtract line 35 from the sum   |                   |             |          |                 |
|               | or lines  | 33 and 34   | 36                |             | 1 /      | 000.            |
| 37            | Specific  | deduction (Generally \$1,000, but see line 37 instructions for exceptions)  | 37                |             | Ι, (     | <del>500.</del> |
| 38            | Unrelat   | ed business taxable income. Subtract line 37 from line 36 If line 37 is greater than line 36,   |                   |             |          | •               |
|               |           | e smaller of zero or line 36  | 38                |             |          | 0.              |
| Par           | t IV      | Tax Computation   |                   |             |          |                 |
| 39            | Organiz   | zations Taxable as Corporations Multiply line 38 by 21% (0 21)  | 39                |             |          |                 |
| 40            | Trusts    | Taxable at Trust Rates. See instructions for tax computation Income tax on  | + $+$ $+$         |             |          |                 |
|               | the amo   | ount on line 38 from Tax rate schedule or Schedule D (Form 1041) ▶  | 40                |             |          |                 |
| 41            | Proxy ta  | ax. See instructions  | 41                |             |          |                 |
| 42            | Alternat  | tive minimum tax (trusts only)- · · · · · · · · · · · · · · · · · · ·   | 42                |             |          |                 |
| 43            |           | Noncompliant Facility Income. See instructions  |                   |             |          |                 |
| 44            |           | dd lines 41, 42, and 43 to line 39 or 40, whichever applies   |                   |             |          |                 |
| Par           |           | Tax and Payments  |                   |             |          |                 |
|               |           | tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a   |                   |             |          |                 |
|               |           | redits (see instructions)   | 1                 |             |          |                 |
|               |           | I business credit Attach Form 3800 (see instructions)   | 1                 |             |          |                 |
| 4             | Credit f  | or prior year minimum tax (attach Form 8801 or 8827)  | i i               |             |          |                 |
|               |           | redits Add lines 45a through 45d  | 45e               |             |          |                 |
| 46            |           | at line 45e from line 44  |                   |             |          |                 |
| 47            |           | xes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)   |                   |             |          |                 |
|               |           | <del>_</del>  |                   |             |          | 0.              |
| 48            |           | xx. Add lines 46 and 47 (see instructions)  |                   |             |          |                 |
| 49            |           | et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2  | <del>"</del>      |             |          |                 |
|               |           | nts A 2017 overpayment credited to 2018   | -                 |             |          |                 |
| þ             | 2018 es   | stimated tax payments   | -                 |             |          |                 |
|               |           | Joshed Will Form 6000:  | -                 |             |          |                 |
| d             | Foreign   | organizations Tax paid or withheld at source (see instructions)   | -                 |             |          |                 |
| е             | Backup    | withholding (see instructions)  | -                 |             |          |                 |
|               |           | or small employer health insurance premiums (attach Form 8941) 50 f   | -                 |             |          |                 |
| g             |           | redits, adjustments, and payments Form 2439   |                   |             |          |                 |
|               |           | orm 4136 Other Total ▶ 50g  | ا .د ا            |             | ٠,       |                 |
| 51            |           | ayments. Add lines 50a through 50g  | 51                |             | Ι,       | 000.            |
| 52            | Estimat   | ed tax penalty (see instructions) Check if Form 2220 is attached  | ) <del>  "}</del> |             |          |                 |
| 53            |           | e. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed   | - 53              |             | -        |                 |
| 54            | -         | yment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid   | 54                |             | 1,       | 000.            |
| <u>&gt;}₹</u> | Enter the | e amount of line 54 you want Credited to 2019 estimated tax ▶1,000. Refunded ▶  | 55                |             |          |                 |
| Par           | t VI      | Statements Regarding Certain Activities and Other Information (see instruction  |                   |             |          |                 |
| 56            | -         | time during the 2018 calendar year, did the organization have an interest in or a signature of  |                   |             | Yes      | No              |
|               |           | financial account (bank, securities, or other) in a foreign country? If "Yes," the organization in  |                   |             |          |                 |
|               | FinCEN    | Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the   | foreign           | country     |          | 1               |
|               | here 🕨    |   |                   |             |          | X               |
| 57            | During t  | the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore  | eign trust?       |             |          | X               |
|               | If "Yes," | see instructions for other forms the organization may have to file  |                   |             |          |                 |
| 58            | Enter th  | ne amount of tax-exempt interest received or accrued during the tax year 🕨 \$   |                   |             |          |                 |
|               | Uı        | nder penalties of penitry, I dictare that have examined this return, including accompanying schedules and statements, and to the use correct, and complete (pectination of prepare) (other than taxpayer) is based on all information of which preparer has any knowledge | best of my        | knowledge a | and beli | ef, it is       |
| Sign          | 1   K "   | <b>7.111/19</b> 1.11 <b>2.11</b> 1.11 <b></b>   | lay the IR        |             |          |                 |
| Her           |           |   | ith the p         |             |          |                 |
|               |           |   | ee instruction    |             |          | No              |
|               |           | Print/Type preparer's name Preparer's signature Date Che  | ck If             | PTIN        |          |                 |
| Paid          |           | 1011/1/14 11 2 TXQ1 11 02 /17 /2020 1   | employed          | P012        | 2664     | 7               |
| •             | arer      |   | 's EIN 🕨          | 13-556      | 5207     |                 |
| Use           | Only      |   | ne no 336         |             |          |                 |
| 101           |           |   |                   | Form 99     | _        |                 |
| JSA           |           |   |                   |             |          | •               |

Form **990-T** (2018)

| Schedule F-Interest, Annu           | anios, royunios  |  |  | ntrolled Org  |  |                   | . <u></u>   | 7 111001 4000   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,   |   |  |
|-------------------------------------|--|--|--|---|--|-------------------|---|---|--|---|--|
| 1. Name of controlled organization  | 2 Employer identification number                                     | =  |  | ated income<br>nstructions)   |  | of specified      | ıncluded  | art of column 4 that is uded in the controlling nization's gross income |  | 6. Deductions directly connected with income in column 5                                      |  |
| (1)                                 |  |  |  |   |  |                   |   |   |  |   |  |
| (2)                                 |  |  |  |   |  |                   |   |   |  |   |  |
| (3)                                 |  |  |  |   | <u> </u>   |                   |   |   |  |   |  |
| (4)                                 |  |  |  |   | <u> </u>   |                   |   | _   |  |   |  |
| Nonexempt Controlled Organia        | zations  |  |  |   |  | 40.5              |   | 0.00  | 1 4  |   |  |
| 7 Taxable Income                    | 8 Net unrelated in<br>(loss) (see instruct                           |  |  | Total of specific ayments made  |  | includ            | ed in the co<br>cation's gros                       | ontrolling connec   |  | I Deductions directly<br>inected with income in<br>column 10                                  |  |
| (1)                                 |  |  |  |   |  |                   |   |   |  |   |  |
| (2)                                 |  |  |  |   |  |                   |   |   |  |   |  |
| (3)                                 |  |  |  |   |  |                   |   |   |  |   |  |
| (4)                                 |  |  |  |   |  |                   | columns 5 a   | nd 10   | ۸,   | dd columns 6 and 11   |  |
| Totals                              |  | <br>tion 501   | (c)(7),                                      | (9), or (17   | ) Orga   | Part              | here and on<br>, line 8, colu<br>I (see ins         | mn (A)  |  | ler here and on page 1,<br>rt I, line 8, column (B)   |  |
| 1. Description of income            | 2. Amount of   | income   |  | 3. Deduction directly cortain (attach sch   | nected   |                   |   | rt-asides<br>schedule)  |  | 5 Total deductions<br>and set-asides (col. 3<br>plus col. 4)                                  |  |
| (1)                                 | ļ  |  |  |   |  |                   |   |   |  |   |  |
| (2)                                 |  |  |  |   |  |                   |   |   |  |   |  |
| (3)<br>(4)                          | -  |  |  |   |  |                   |   |   | -  |   |  |
| Totals ▶ Schedule ! – Exploited Exe | Enter here and of Part I, line 9, co                                 | olumn (A)  | ther Th                                      | an Advert   | ising Ir   | ncome (           | see instru  | ictions)  |  | Enter here and on page 1<br>Part I, line 9, column (B)  |  |
| Description of exploited activity   | 2 Gross<br>unrelated<br>business income<br>from trade or<br>business | 3 Expe<br>direct<br>connect<br>product<br>unrela<br>business | enses<br>citly<br>ed with<br>tion of<br>ated | 4 Net incor<br>from unrelat<br>or business<br>2 minus co<br>If a gain,<br>cols 5 thro | ne (loss)<br>led trade<br>(column<br>lumn 3)<br>ompute | 5 Gros<br>from as | as income<br>stivity that<br>unrelated<br>as income | 6 Expenses attributable to column 5                                     |  | 7 Excess exempt<br>expenses<br>(column 6 minus<br>column 5, but not<br>more than<br>column 4) |  |
| (1)                                 |  |  |  | <del>                                     </del>                                      |  |                   |   |   |  |   |  |
| (2)                                 |  |  |  |   |  |                   |   |   |  |   |  |
| (3)                                 |  |  |  |   |  |                   |   |   |  |   |  |
| (4)                                 |  |  |  |   |  |                   |   |   |  |   |  |
|                                     | Enter here and on page 1, Part I, line 10, col (A)                   | Enter here<br>page 1,<br>line 10, c                          | Part I,                                      |   |  |                   |   |   |  | Enter here and<br>on page 1,<br>Part II, line 26  |  |
| Totals ▶ Schedule J- Advertising Ir | come (see instri   | ictions)   |  |   |  |                   |   |   |  |   |  |
| Part I Income From Per              |  |  | Consol                                       | idated Rad  | eis.   |                   |   |   |  |   |  |
| income From Per                     | Todicals Report  | cu on a  |  | idated Das  | ,,3  | <u> </u>          |   |   |  |   |  |
| 1 Name of periodical                | 2 Gross<br>advertising<br>income                                     | 3 Dii<br>advertisin  |  | 4. Adver<br>gain or (los<br>2 minus co<br>a gain, co<br>cols 5 thro                   | ss) (col<br>ol 3) If<br>mpute                          |                   | . Circulation 6 Readership costs                    |   | 7. Excess readership costs (column 6 minus column 5, but not more than column 4) |   |  |
| (1)                                 |  |  |  |   |  |                   |   |   |  |   |  |
| (2)                                 |  |  |  | 1   |  |                   |   |   |  | 7   |  |
| (3)                                 |  |  |  | ]   |  |                   |   |   | _  |   |  |
| (4)                                 |  |  |  |   |  |                   |   |   | -  |   |  |
|                                     |  | . ———  |  |   | -  |                   |   |   |  |   |  |
| Totals (carry to Part II, line (5)) |  |  |  |   |  |                   |   | <u> </u>  | _  | Form <b>990-T</b> (2018   |  |

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

| Name of periodical            | 2 Gross<br>advertising<br>income                         | 3 Direct advertising costs                                | 4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 | 5 Circulation income | 6 Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4) |
|-------------------------------|--|---|---|----------------------|--------------------|--|
| (1) DUCKS UNLIMITED MAGAZINE  | 2,582,907  | 1,670,752   | 912,155   | 527,622              | 3,907,789          | 912,155  |
| (2)                           |  |   |   |                      |                    |  |
| (3)                           |  |   |   |                      |                    |  |
| (4)                           |  |   | _   |                      | , ,                |  |
| Totals from Part I ▶          |  |   | r   | r                    |                    |  |
|                               | Enter here and on<br>page 1, Part I,<br>line 11, col (A) | Enter here and on<br>page 1, Part I,<br>line 11, col (B). |   |                      |                    | Enter here and<br>on page 1,<br>Part II, line 27                                 |
| Totals, Part II (lines 1-5) ▶ | 2,582,907.   | 1,670,752.  |   |                      |                    | 912,155  |

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

| 1. Name  | 2. Title     | 3 Percent of time devoted to business | 4 Compensation attributable to unrelated business |
|--|--------------|---------------------------------------|---|
| (1)  |              | %                                     |   |
| (2) ATCH 2                                       |              | %                                     | <del>-</del>                                      |
| (3)  |              | %                                     |   |
| (4)  | <del>"</del> | %                                     |   |
| Total Enter here and on page 1. Part II. line 14 |              |                                       |   |

Form 990-T (2018)

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

## **Unrelated Business Taxable Income for Unrelated Trade or Business**

OMB No 1545-0687

Department of the Treasury Internal Revenue Service

06/30 , 20 19

► Go to www.irs.gov/Form990T for instructions and the latest information. ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

Open to Public Inspection for 501(c)(3) Organizations Only

Name of organization DUCKS UNLIMITED, INC. Employer identification number

13-5643799

Unrelated business activity code (see instructions) ► 511120

| 1a | Gross receipts or sales  |    |       |      |
|----|--|----|-------|------|
| b  | Less returns and allowances C Balance                            | 1c |       |      |
| 2  | Cost of goods sold (Schedule A, line 7)                          |    | 1     |      |
| 3  | Gross profit Subtract line 2 from line 1c                        |    |       |      |
| 4a | Capital gain net income (attach Schedule D)                      |    |       |      |
| ь  | Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) | 4b | ,     |      |
| С  | Capital loss deduction for trusts                                | 4c |       |      |
| 5  | Income (loss) from a partnership or an S corporation (attach     |    |       |      |
|    | statement) ATCH 3 .  | 5  | -506. | -506 |
| 6  | Rent income (Schedule C)   |    |       |      |
| 7  | Unrelated debt-financed income (Schedule E)                      |    |       |      |
| 8  | Interest, annuities, royalties, and rents from a controlled      |    | -     |      |
|    | organization (Schedule F)  | 8  |       |      |
| 9  | Investment income of a section 501(c)(7), (9), or (17)           |    |       | •    |
|    | organization (Schedule G)  | 9  |       |      |
| 10 | Exploited exempt activity income (Schedule I)                    | 1  |       |      |
| 1  | Advertising income (Schedule J)                                  | 11 |       |      |
| 2  | Other income (See instructions, attach schedule)                 |    |       |      |
|    | Total. Combine lines 3 through 12                                | 13 | -506. | -506 |

| 14 | Compensation of officers, directors, and trustees (Schedule K)                                       | 14  |           |
|----|--|-----|-----------|
| 15 | Salaries and wages   | 15  |           |
| 16 | Repairs and maintenance  | 16  |           |
| 17 | Bad debts  | 1   |           |
| 18 | Interest (attach schedule) (see instructions)  | 18  |           |
| 19 | Taxes and licenses   |     |           |
| 20 | Charitable contributions (See instructions for limitation rules)                                     |     |           |
| 21 | Depreciation (attach Form 4562)  |     |           |
| 22 | Less depreciation claimed on Schedule A and elsewhere on return                                      | 22b |           |
| 23 | Depletion  | 23  |           |
| 24 | Contributions to deferred compensation plans   |     |           |
| 25 | Employee benefit programs  |     |           |
| 26 | Excess exempt expenses (Schedule I)  |     |           |
| 27 | Excess readership costs (Schedule J)   |     |           |
| 28 | Other deductions (attach schedule)   |     | · ·- ·- · |
| 29 | Total deductions. Add lines 14 through 28  |     |           |
| 30 | Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 | 30  | -506.     |
| 31 | Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see     |     |           |
|    | instructions)  | 31  |           |
| 32 | Unrelated business taxable income Subtract line 31 from line 30                                      |     | -506.     |

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2018

13-5643799

ATTACHMENT 1

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

PROFESSIONAL FEES

1,350.

PART II - LINE 28 - OTHER DEDUCTIONS

1,350.

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