8 GHANGE 5/11 OF 3: AGCOUNTING PERIOD

Form 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2013
Open to Public Inspection

<u>A_</u>	For the 20	3 calendar year, or tax year beginning $01/01/14$, and ending $06/30/14$							
В	Check if applica	e: C Name of organization ·	D Emp	oloyer identification number					
	Address change TENNESSEE WILDLIFE FEDERATION, INC.								
	Name change	Doing Business As 62-6047188							
\equiv	· ·	Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone							
님	Initial return	300 ORLANDO AVENUE, SUITE 200	61	L5-353 - 1133					
Ш	Terminated	City or town, state or province, country, and ZIP or foreign postal code							
П	Amended return	NASHVILLE TN 37209	G Gross	receipts \$ 1,229,908					
一	Application pen	F Name and address of principal officer:							
ш	rippilodilon pon	MIKE BUTLER H(a) Is this a g	roup return fo	or subordinates? Yes No					
		300 ORLANDO AVE., SUITE 200 H(b) Are all st	ubordinates i	included? Yes No					
			o," attach a li	ist. (see instructions)					
1	Tax-exempt st	tus: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527							
J	Website;	WWW.TNWF.ORG H(c) Group ex	emption nun	nber					
ĸ	Form of organia		_	M State of legal domicile: TN					
P	Part I	Summary							
	1 Brief	describe the organization's mission or most significant activities:							
a		ADING THE CONSERVATION, SOUND MANAGEMENT, & WISE USE OF TENNE	ESSEE '	S					
anc		LDLIFE AND GREAT OUTDOORS.							
Ë									
Governance	2 Chec	this box I if the organization discontinued its operations or disposed of more than 25% of its net as							
න්		er of voting members of the governing body (Part VI, line 1a)		18					
	4 Num	er of independent voting members of the governing body (Part VI, line 1b)	4						
/itie	5 Total	number of individuals employed in calendar year 2013 (Part V, line 2a)	5	_					
Activities	6 Total	number of volunteers (actimate if necessary)		225					
⋖		unrelated business revenue from Part VIII, column (C), line 12							
	b Net u	nrelated business taxable income from Form 990-T, line 34	7b						
	2.101	Prior Yo	,	Current Year					
o)	8 Cont	butions and grants (Part VIII, line 1h) 1,46	3,843	847,270					
Revenue	9 Prog	am service revenue (Part VIII, line 2g) 55	2,512	2 212,750					
eVe	10 Inves	ment income (Part VIII, column (A), lines 3, 4, and 7d)	3,445	184					
œ	11 Othe		2,897						
		revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,21	2,697	1,148,156					
	13 Gran		4,655						
	14 Bene	ts paid to or for members (Part IX, column (A), line 4)		0					
Ø			7,090	492,955					
benses	16a Profe	sional fundraising fees (Part IX, column (A), line 11e)		0					
	b Total	fundraising expenses (Part IX, column (D), line 25) ► 151,965							
Ж		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	9,586	455,140					
	18 Total		1,331						
	1		1,366						
P 89	3	Beginning of Co		End of Year					
Net Assets or Fund Balances	20 Total		2,690						
A As	21 Total		0,303						
1000000	terror transfer and transfer and the second	sets or fund balances. Subtract line 21 from line 20 1,23	<u>2,387</u>	1,441,923					
P	art II	Signature Block							
		of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the b		knowledge and belief, it is					
tru	ue, correct, a	d complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowled	ge.						
				·					
Sig	1 1 1	Signature of officer	Dat	te					
He	re	MIKE BUTLER CHIEF EXECUT	IVE (OFFICER					
	<u> </u>	Type or print name and title							
	ı	Type preparer's name Preparer's signature Date	Chec	ck if PTIN					
Paid	505		15 self-e	employed P00369288					
			Fim's ElN ▶						
Use	Only	104 WOODMONT BLVD STE 120							
	Firm	address NASHVILLE, TN 37205-2311	Phone no.	615-279-0088					
Мау	the IRS di	cuss this return with the preparer shown above? (see instructions)		X Yes No					

Form 990 (2013) TENNESSEE WILDI	LIFE FEDERATION, INC.	62-6047188	Page 2
	ervice Accomplishments		
		in this Part III	<u></u>
1 Briefly describe the organization's mission		c wice lice or meaning	CCERIC
LEADING THE CONSERVATI WILDLIFE AND GREAT OUT		& WISE USE OF TENNE	DOEE D
WILDELIE IND CHARLE CO.			
***************************************	•••••		
2 Did the organization undertake any signific	ant program services during the year which	n were not listed on the	
prior Form 990 or 990-EZ?			Yes X No
If "Yes," describe these new services on S			
3 Did the organization cease conducting, or	make significant changes in how it conduc	ts, any program	□ ਓ
services? If "Yes," describe these changes on Scheo	lula O		Yes X No
4 Describe the organization's program service		raest program services, as measured by	
expenses. Section 501(c)(3) and 501(c)(4)			
the total expenses, and revenue, if any, fo		,	
4a (Code:) (Expenses \$	333,986 including grants of \$	2,177) (Revenue \$)
ADVOCATES SOUND NATURA			
VARIOUS EDUCATIONAL PR			
OF TENNESSEE'S ENVIRON RESOURCE CONSERVATION			
BALANCES CONSERVATION			
*			
•			
	202 025		
4b (Code:) (Expenses \$ SCHOLASTIC CLAY TARGET	293,825 including grants of \$) (Revenue \$)
YOUTH, GRADES 5-12, AN			
TARGET SHOOTING COMPET			
THE STATE AND TEACH YO			
SAFETY WHILE INSTILLIN	G VALUES OF DISCIPLI	NE, LEADERSHIP	
AND TEAMWORK THAT WILL	HELP MOLD THE FUTURE	E SPORTSMEN AND	
WOMEN OF TENNESSEE.			
• • • • • • • • • • • • • • • • • • • •			
·····			
• • • • • • • • • • • • • • • • • • • •			
4c (Code:) (Expenses \$	43,098 including grants of \$) (Revenue \$	
		FIGHT HUNGER IN TEN	NESSEE BY
DISTRIBUTING DONATED V	ENISON TO HUNGER REL	EF ORGANIZATIONS ACRO	OSS THE
STATE.			
· · · · · · · · · · · · · · · · · · ·			
• • • • • • • • • • • • • • • • • • • •			
•			
• • • • • • • • • • • • • • • • • • • •			
• • • • • • • • • • • • • • • • • • • •			
4d Other program services. (Describe in Sche	dule O.)		
	including grants of \$) (Revenue \$)
An Total program convice expenses	670 909		

Form 990 (2013) TENNESSEE WILDLIFE FEDERATION, INC. 62-6047188

Pa	art IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
Ŭ	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	x	
0	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			\vdash
8		8		х
^	complete Schedule D, Part III	0		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or	9		x
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	40	v	
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	CASSES.
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.		BARR	10000000
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		٠,,	
	complete Schedule D, Part VI	11a	X	<u> </u>
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
.,	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		x
12	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	—		T -
18	Dord VIII. Proceedings of One OF IIVes II computed Coloradula C. Dord II	18		x
10	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	'0		† <u></u>
19		19		x
20-	If "Yes," complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
20a	If "Vee" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20h		

Checklist of Required Schedules (continued)

	Checkist of Required Schedules (Continued)		T.,	Τ
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Yes	No
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States			1
	on Part IX, column (A), line 22 If "Ves." complete Schodule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			 ••
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		x
24a				1
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No." go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		122
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		\vdash
Ŭ	to defease any tax-exempt bonds?	04-		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		-	
25a				
ZJa	() () () () () () () () () ()			3,5
L	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	_	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
00	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If so, complete Schedule L, Part II	26	X	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes" complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N. Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701 2 and 301 7701 22 If "Voc." complete Schoolide B. Bort I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	or IV and Part V line 1	24	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a		
D			ĺ	
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
30	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			77
27	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,		İ	
20	Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	(2042)

Enter the amount of reserves on hand

Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

X

13c

Form 990 (2013) TENNESSEE WILDLIFE FEDERATION, INC. 62-6047188 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 18 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 18 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X Are any governance decisions of the organization reserved to (or subject to approval by) members. stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 The governing body? X 8a Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O ... X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? X 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 13 X Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ **TN** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: MIKE BUTLER

300 ORLANDO AVE.

TN 37209

NASHVILLE

615-353-1133

Form 990 /2013)	TENNESSEE	WILDITE	FEDERATION,	INC.	62-6047188
FORTH 990 (7015)		***************************************		TI10 .	02 003/100

Page 7

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

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

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

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

|X| Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any	box	k, unle	ss pe	ition more rson i	than on s both a or/trustee	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) MONTY HALCOMB										
DIRECTOR	0.50	x						o	0	o
(2) ALBERT MENEFEE,	III							0		
(2) ADDEKT PEREFEE,	0.50									
DIRECTOR	0.00	X						0	0	0
(3) L. DANIEL HAMMOI										
	0.50									
CHAIRMAN	0.00	X		X				0	. 0	0
(4) RIC WOLBRECHT										
	0.50									
SECRETARY	0.00	X		X				0	0	0
(5) TERRY LEWIS	0.50									
	0.50	37		3,7					0	0
SECRETARY (6) JOHN JACKSON	0.00	X		Х				0	0	<u> </u>
(6) JOHN DACKSON	0.50									
DIRECTOR	0.00	x						0	o	0
(7) SAM MARS III	0.00	1						<u> </u>		
(i) blut thinb thi	0.50									
DIRECTOR	0.00	X						o l	0	0
(8) R.B. BAIRD, III						\Box				
	0.50									
DIRECTOR	0.00	X						0	0	0
(9) ROBERT LINEBERG	1									
	0.50	.]								_
TREASURER	0.00	X		X				0	0	0
(10) CHRIS NISCHAN										
	0.50								_	
DIRECTOR	0.00	X		<u> </u>	ļ	-		0	0	0
(11) ALLEN COREY	0.50									
DIRECTOR	0.00	x						0	o	0
DAA	0.00	1		L	L				<u> </u>	Form 990 (2013)

811500SHORT 05/11/2015 3:03 PM Pg 14 Form 990 (2013) **TENNESSEE WILDLIFE FEDERATION, INC. 62-6047188** Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (D) (F) Name and title Average Position Reportable Reportable Estimated hours per (do not check more than one compensation compensation from amount of box, unless person is both an week from related other (list any officer and a director/trustee) the organizations compensation hours for organization (W-2/1099-MISC) from the Institutional related (W-2/1099-MISC) organization fividual director organizations and related employee below dotted organizations compensated line) trustee trustee (12) FRANK DUFF 0.50 DIRECTOR 0.00 X 0 0 (13) BOB FREEMAN 0.50 DIRECTOR 0.00 X 0 0 0 (14) DR. JOHN O. GAYDEN 0.50 BOARD CHAIRMAN 0.00 X X 0 0 0 (15) PETER SCHUTT 0.50 VICE-CHAIRMAN 0.00 X X 0 0 0 (16) TAMI MILLER 0.50 DIRECTOR 0.00 X 0 0 0 (17) MIKE CHASE 0.50 DIRECTOR 0.00 X 0 0 0 (18) RICHARD SPEER 0.50 DIRECTOR 0.00 X 0 0 0 (19) MICHAEL BUTLER 40.00 0.00 CEO 0 0 1b Sub-total Total from continuation sheets to Part VII, Section A Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization > 0 Yes No 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual X 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual _____ 4 X Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person X 5 Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address (C) Compensation

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

0

811500SHORT 05/11/2015 3:03 PM Pg 15 Form 990 (2013) TENNESSEE WILDLIFE FEDERATION, INC. 62-6047188 Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (F) Reportable Reportable Estimated Name and title Average Position hours per (do not check more than one compensation compensation from amount of box, unless person is both an from related other week the organizations compensation (list any officer and a director/trustee) organization (W-2/1099-MISC) from the hours for (W-2/1099-MISC) organization related nstitutional and related organizations employee organizations below dotted line) (12) KENDALL MCCARTER 40.00 CHIEF DEV OFFICER 0.00 X 0 0 (13)(14)(15)(16)(17)(18)(19)Total from continuation sheets to Part VII, Section A Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization Yes No Did the organization list any former officer, director, or trustee, key employee, or highest compensated 3 employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

Form 990 (2013) TENNESSEE WILDLIFE FEDERATION, INC. 62-6047188

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) Total revenue (C) Unrelated Revenue exempt function business excluded from tax under sections revenue revenue 512-514 1a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 30,165 1d e Government grants (contributions) 184,407 1e f All other contributions, gifts, grants, and similar amounts not included above 1f 632,698 48,226 g Noncash contributions included in lines 1a-1f: h Total. Add lines 1a-1f 847,270 Revenue Busn. Code 2a PROGRAM SERVICE REVENUE 193,250 193,250 19,500 WETLAND MITIGATION FEES 19,500 Service Program (f All other program service revenue g Total. Add lines 2a-2f. 212,750 3 Investment income (including dividends, interest, and other similar amounts) 184 184 4 Income from investment of tax-exempt bond proceeds ▶ 5 Royalties ... (ii) Personal 15,741 6a Gross rents b Less: rental exps. 15,741 c Rental inc. or (loss) d Net rental income or (loss) 15,741 15,741 7a Gross amount from (i) Securities (ii) Other sales of assets other than inventory b Less: cost or other basis & sales exps. c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events Revenue (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 80,018 **b** Less: cost of goods sold 81,752 b c Net income or (loss) from sales of inventory -1,734 -1,734Miscellaneous Revenue Busn. Code 11a LICENSE PLATE REVENUE 67,588 67,588 6,357 6,357 d All other revenue e Total. Add lines 11a-11d 73,945 12 Total revenue. See instructions. 1,148,156 0 300,886

Form 990 (2013) TENNESSEE WILDLIFE FEDERATION, INC. 62-6047188

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses Do not include amounts reported on lines 6b, Program service Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 41,735 65,745 6,860 114,340 trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 313,207 206,081 40,241 66,885 Other salaries and wages Pension plan accruals and contributions (include 1,681 2,732 4,524 111 section 401(k) and 403(b) employer contributions) 6,198 15,295 5,542 27,035 Other employee benefits 9 8,903 33,849 20,895 4,051 Payroll taxes Fees for services (non-employees): 11 Management 9,000 9,000 **b** Legal 26,942 11,585 15,357 c Accounting Professional fundraising services. See Part IV, line 17 е Investment management fees Other, (If line 11g amount exceeds 10% of line 25, column 1,070 4,230 66,281 71,581 (A) amount, list line 11g expenses on Schedule O.) 500 500 Advertising and promotion 12 28,246 7,573 6.874 42,693 Office expenses Information technology 14 Royalties 15 104 38,229 33,657 4,468 Occupancy 16 10,851 58,696 45,234 2,611 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 582 582 20 Payments to affiliates 21 2,957 21,118 16,262 1,899 Depreciation, depletion, and amortization ... 22 6,736 15,102 8,366 23 Insurance Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 120,627 120,627 PROGRAM EVENTS & SUPPLIES 18,628 18,628 PROPERTY MGMT EXPENSE b 16,575 16,575 PROCESSING FEES C 2,513 861 8,440 5,066 SUPPLIES d 686 6,427 4,969 772 All other expenses 125,221 151,965 948,095 670,909 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶

following SOP 98-2 (ASC 958-720)

Total net assets or fund balances

Total liabilities and net assets/fund_balances

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash—non-interest bearing 1,119,331 1,359,835 Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net 92,704 34,090 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L Notes and loans receivable, net Inventories for sale or use 7,738 4,679 Prepaid expenses and deferred charges 3,772 25,251 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 494,057 377,593 b Less: accumulated depreciation 10b 115,036 116,464 10c Investments—publicly traded securities 11 108,567 117,758 11 Investments—other securities. See Part IV, line 11 12 12 13 Investments—program-related. See Part IV, line 11 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 5,542 23,866 15 Total assets. Add lines 1 through 15 (must equal line 34) 1,452,690 1,681,943 16 Accounts payable and accrued expenses 17 79,050 143,181 17 Grants payable 18 19 Deferred revenue 19 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 30,000 30,000 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 21,605 21,605 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 89,648 45,234 Total liabilities. Add lines 17 through 25 220,303 240,020 26 Organizations that follow SFAS 117 (ASC 958), check here Vet Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 650,554 713,078 Temporarily restricted net assets 294,496 436,229 29 Permanently restricted net assets 287,337 292,616 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds

> 1,681,943 Form 990 (2013)

1,441,923

1,232,387

1,452,690

Form	990 (2013) TENNESSEE WILDLIFE FEDERATION, INC. 62-6047188			Page 12
	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI		<u>.</u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		8,156
2	Total expenses (must equal Part IX, column (A), line 25)	2		8,095
3	Revenue less expenses. Subtract line 2 from line 1	3		0,061
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))			2,387
5	Net unrealized gains (losses) on investments	5		9,475
6	Donated services and use of facilities	6		
7	Investment expenses	1 - 1		
8	Prior period adjustments	1 0 1		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))	10	1,44	1,923
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>	<u></u>
				Yes No
1	Accounting method used to prepare the Form 990:		_	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	_X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate basis, consolidated basis, or both:			
	Separate basis X Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?		3a	\perp
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b	

Form **990** (2013)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

TENNESSEE WILDLIFE FEDERATION, INC

Employer identification number 62-6047188

				THOUTTH LUDBICAL	LOIN,	TIVC.			102	-004	: / TOO		
P	art l	Reas	son for Public Charit	y Status (All organizations	s must o	complete	e this p	oart.) S	See ins	structio	ns.		
The	orga			use it is: (For lines 1 through 11,				,					
1				ssociation of churches described									
2				I)(A)(ii). (Attach Schedule E.)		, ,							
3		A hospital o	r a cooperative hospital ser	vice organization described in s	ection 17	'0(b)(1)(A)(iii).						
4	П			ed in conjunction with a hospital				b)(1)(A)	(iii). En	ter the h	hospital's nam	te.	
		city, and sta		,				.~,(- /(/	()-		risopharo man	Ο,	
5		• .		t of a college or university owner	d or opera	ited by a	aovernm	 nental ur	it desc	ihed in	• • • • • • • • • • • • • • • • • • • •		
	L		0(b)(1)(A)(iv). (Complete Pa		и от ороги	nou by u	9010.1111	icinai ai	iit uosoi	ibca iii			
6	\Box			governmental unit described in	coction 1	170/6\/4\/	A \/\.\						
7	X			a substantial part of its support f				fram th		والماريس است	_		
•	التا		section 170(b)(1)(A)(vi). (ioni a gov	remmenta	ii unit oi	HOITI (II)	e gener	ai public	С		
8	П			170(b)(1)(A)(vi). (Complete Pa	-4 II V								
9	Н												
3				(1) more than 33 1/3% of its su									
				mpt functions—subject to certain									
				and unrelated business taxable				x) from	busines	ses			
40	\Box			30, 1975. See section 509(a)(2									
10	Н			exclusively to test for public sa									
11	Ш			exclusively for the benefit of, to									
				orted organizations described in						section	n		
			—	the type of supporting organiza				through	11h.				
	$\overline{}$	а 🔲 Туре		c Type III–Function			d				tionally integr	ated	
е				rganization is not controlled dire									
				ner than one or more publicly su	ipported o	rganizatio	ns desc	ribed in	section	509(a)((1)		
		or section 50	· · · ·										
f				ermination from the IRS that it is	s a Type I	, Type II,	or Type	III supp	orting				
		-	check this box										. 🔲
g		Since Augus	it 17, 2006, has the organiz	ation accepted any gift or contrib	oution fron	n any of t	he						
		following pe											
		(i) A perso	n who directly or indirectly of	controls, either alone or together	with pers	ons descr	ibed in	(ii) and				Yes	No
		(iii) belo	w, the governing body of th	e supported organization?							11g(i)		İ
		(ii) A family	member of a person descr	ibed in (i) above?							11g(ii)		
		(iii) A 35% (controlled entity of a person	described in (i) or (ii) above?			, ,				11g(iii)		
h		Provide the	following information about	the supported organization(s).								4	
(i)	Name	e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Did	you notify	(vi)	Is the	(vii) Amount	of mone	tarv
	orga	anization		(described on lines 1-9	1	in col. (i) listed in your		nization in	organizat	ion in col.	supp		,
				above or IRC section (see instructions))	governing	document?		of your port?		zed in the S.?			
				(See Histiacions))	Yes	No	Yes	No	Yes	No			
A)									ļ				-
B)													
_,													
C)							ļ	 	ļ				
- ,													
D)						 							
۷,													
E)									 				
<i>,</i>													
						7.11 (Fig. 1997)		10.677	N/O/A	763,573	**********		
otal													

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

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

Sec	tion A. Public Support							
Caler	dar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013		(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,193,358	1,056,943	1,102,238	1,463,843	847,	,270	5,663,652
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3	1,193,358	1,056,943	1,102,238	1,463,843	847	,270	5,663,652
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount							
	shown on line 11, column (f)							1,050,097
_6	Public support. Subtract line 5 from line 4.							4,613,555
	tion B. Total Support				1000			
Caler	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	- 1	(f) Total
7	Amounts from line 4	1,193,358	1,056,943	1,102,238	1,463,843	847	,270	5,663,652
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	28,733	31,532	42,101	43,323	15	, 925	161,614
9	Net income from unrelated business activities, whether or not the business is regularly carried on							- (- (- (- (- (- (- (- (- (- (
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	341,881	545,878	700,142	701,063	284	,961	2,573,925
11	Total support. Add lines 7 through 10	312,002						8,399,191
12	Gross receipts from related activities, etc.	(see instructions)					12	· · · · · · · · · · · · · · · · · · ·
13	First five years. If the Form 990 is for the	organization's first	t. second. third. for	urth, or fifth tax vea	ar as a section 50	1(c)(3)		
	organization, check this box and stop her							▶ □
Sec	tion C. Computation of Public S	upport Percen	tage			- Control of the Cont		
14	Public support percentage for 2013 (line 6			n (f))			14	54.93%
15	Public support percentage from 2012 Sch						15	58.76%
	33 1/3% support test—2013. If the organ	ization did not che	ck the box on line	13, and line 14 is	33 1/3% or more, o	check this		
	box and stop here. The organization qual							▶ 🗓
b	33 1/3% support test—2012. If the organ							_
	check this box and stop here. The organi						<i>.</i>	▶ □
17a	10%-facts-and-circumstances test—20	I3. If the organizati	on did not check a	box on line 13, 16	Sa, or 16b, and line	14 is		
	10% or more, and if the organization mee	ts the "facts-and-ci	rcumstances" test,	check this box an	nd stop here. Expl	ain in		
	Part IV how the organization meets the "forganization"							▶ □
b	organization 10%-facts-and-circumstances test—20	12. If the organizati	on did not check a	box on line 13, 16	 3a. 16b. or 17a. an	d line		
-	15 is 10% or more, and if the organization							
	Explain in Part IV how the organization m	eets the "facts-and	-circumstances" te	st. The organizatio	on qualifies as a p	ublicly		
	supported organization							▶ ∐
18	Private foundation. If the organization di	d not check a box	on line 13, 16a, 16	b, 17a, or 17b, che	eck this box and se	е		
	instructions							<u> </u>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.)

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

800	if the organization falls to	quality under t	ne tests listed	below, please	complete Part	II.)	
	tion A. Public Support ndar year (or fiscal year beginning in) ▶	1 () 0000	T 41	T		- T	
		(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						,
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
	tion B. Total Support					1	
Calen	dar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the		, second, third, for	urth, or fifth tax yea	ar as a section 50	1(c)(3)	
	organization, check this box and stop her	e		-			> 🗌
Sect	ion C. Computation of Public Su						
15	Public support percentage for 2013 (line 8	, column (f) divided	by line 13, colum	n (f))		15	%
16	Public support percentage from 2012 Sche	edule A, Part III, lin	e 15		********	16	%
	ion D. Computation of Investme						
17	Investment income percentage for 2013 (li	ine 10c, column (f)	divided by line 13	, column (f))		17	<u>%</u>
18	Investment income percentage from 2012					18	%_
19a	33 1/3% support tests—2013. If the organ						
L	17 is not more than 33 1/3%, check this bo						▶ ∐
b	33 1/3% support tests—2012. If the organized the second three 18 is not more than 33 1/3%, shock the	nization did not che	ck a box on line 1	4 or line 19a, and	line 16 is more tha	an 33 1/3%, and	, —
20	line 18 is not more than 33 1/3%, check th Private foundation. If the organization did	is pox and stop he	ere. The organizati	on qualifies as a p	oublicly supported	organization	▶ 凵
20	rrivate foundation. If the organization did	i not check a box o	n line 14. 19a. or	19b. check this bo	x and see instruct	ions	▶

Schedule A (Form 990 or 990-EZ) 2013 TENNESSEE WILDLIFE FEDERATION, INC. 62-6047188 Part IV Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).
PART II, LINE 10 - OTHER INCOME DETAIL
PROGRAM REVENUE \$ 1,759,199
LICENSE PLATE REVENUE \$ 608,727
OUTDOOR SHOWS \$ 205,999
SUPPLEMENTAL INFORMATION
SINCE THE ORGANIZATION IS CHANGING ITS ACCOUNTING PERIOD TO END ON JUNE 30,
THIS 990 REFLECTS A SHORT PERIOD OF 1/1/14 TO 6/30/14. THEREFORE:
PART II, COLUMN (A) REPRESENTS YEAR ENDING 12/31/10
PART II, COLUMN (B) REPRESENTS, YEAR ENDING 12/31/11
PART II, COLUMN (C) REPRESENTS, YEAR ENDING 12/31/12
PART II, COLUMN (D) REPRESENTS, YEAR ENDING 12/31/13
PART II, COLUMN (E) REPRESENTS, SHORT YEAR ENDING 6/30/14
,

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

▶ Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Employer identification number

2013

TENNESSEE W	VILDLIFE FEDERATION, INC.	62-6047188
Organization type (chec	ck one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a pri	ivate 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	
	on is covered by the General Rule or a Special Rule . 1(c)(7), (8), or (10) organization can check boxes for both the General F	Rule and a Special Rule. See
General Rule		
	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, s ny one contributor. Complete Parts I and II.	\$5,000 or more (in money or
Special Rules		
under sections 50	1(c)(3) organization filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % sup 09(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, du \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or old and II.	uring the year, a contribution of
during the year, to	1(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received total contributions of more than \$1,000 for use exclusively for religious urposes, or the prevention of cruelty to children or animals. Complete F	, charitable, scientific, literary,
during the year, c not total to more t year for an exclus applies to this org	1(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received contributions for use exclusively for religious, charitable, etc., purposes than \$1,000. If this box is checked, enter here the total contributions the sively religious, charitable, etc., purpose. Do not complete any of the paganization because it received nonexclusively religious, charitable, etc. year	s, but these contributions did nat were received during the parts unless the General Rule , contributions of \$5,000 or
Caution. An organization 990-EZ, or 990-PF), but it	that is not covered by the General Rule and/or the Special Rules does t must answer "No" on Part IV, line 2, of its Form 990; or check the box 2, to certify that it does not meet the filing requirements of Schedule B	s not file Schedule B (Form 990, x on line H of its Form 990-EZ or on its

Nome of organization

Name of organizatio	n		
TENNESSEE	WILDLIFE	FEDERATION,	INC

Employer identification number 62-6047188

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.								
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
.1		\$ 250,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
2		\$ 184,407	Person X Payroll Noncash (Complete Part II for noncash contributions.)					
(a)	(b)	(c)	(d)					
No. 3	Name, address, and ZIP + 4	Total contributions \$ 25,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)					
(a)	(b)	(c)	(d)					
No. 4	Name, address, and ZIP + 4	Total contributions \$ 30,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
5		\$ 100,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
6		\$ 30,165	Person Payroll Noncash (Complete Part II for noncash contributions.)					

811500SHORT 05/11/2015 3:03 PM Pg 26 Schedule B (Form 990, 990-EZ, or 990-PF) (2013) Name of organization Employer identification number TENNESSEE WILDLIFE FEDERATION, INC. 62-6047188 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution 7 Person Payroll 25,000 Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution 8 Person

Schedule B (Form 990, 990-EZ, or 990-PF) (2013) Employer identification number Name of organization 62-6047188 TENNESSEE WILDLIFE FEDERATION, INC. Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (c) (a) No. (d) (b) FMV (or estimate) from Date received Description of noncash property given (see instructions) Part I USE OF BUILDING 6 \$ 30,165 (c) (a) No. (d) (b) FMV (or estimate) from Date received Description of noncash property given (see instructions) Part I (c) (a) No. (d) (b) FMV (or estimate) from Date received Description of noncash property given (see instructions) Part I (a) No. (c) (d) (b) FMV (or estimate) from Date received Description of noncash property given (see instructions) Part I (a) No. (c) (d) (b) FMV (or estimate) from Date received Description of noncash property given (see instructions) Part I

		5	•
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		¢	
		Ψ	* *************************************

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

Complete if the organization is described below.

► See separate instructions. Information about Schedule C (Form 990 or 990-EZ) and its

instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

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

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Nan	ne of organization			Employer identifica	
Pai	TENNESSEE WILDLIFE F t I-A Complete if the organization is exen	EDERATION, INC.	V or io o costi	62-60471	
1	Provide a description of the organization's direct and indir	ect political campaign activities	in Part IV	on 527 organizati	on.
2	Political expenditures			> \$	
3	Volunteer hours		• • • • • • • • • • • • • • • • • • • •	·····	
	Volunteer hours	***************************************	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	
Par	t I-B Complete if the organization is exer	npt under section 501(c	:)(3).		
1	Enter the amount of any excise tax incurred by the organization	zation under section 4955		▶ \$	
2	Enter the amount of any excise tax incurred by organization	on managers under section 495	55	▶ \$	
3	If the organization incurred a section 4955 tax, did it file Fo	orm 4720 for this year?		***************************************	Yes No
4a	Was a correction made?	*****			Yes No
200000	II res, describe in Part IV.				
	t I-C Complete if the organization is exen			ion 501(c)(3).	
1	Enter the amount directly expended by the filing organization				
	activities	••••		<i>.</i> ▶\$	
2	Enter the amount of the filing organization's funds contribu				
3	527 exempt function activities			> \$	***************************************
3	Total exempt function expenditures. Add lines 1 and 2. En line 17b		•		
4		 -0		> \$	
5	Did the filing organization file Form 1120-POL for this yea	[/ /[[]]]			Yes No
J	Enter the names, addresses and employer identification nu organization made payments. For each organization listed,	amber (EIIN) of all section 527	political organizatio	ons to which the filing	
	the amount of political contributions received that were pro-	enter the amount paid from the	e illing organizatio	on's tunds. Also enter	
	as a separate segregated fund or a political action commit	tee (PAC) If additional space i	a separate politica s pooded provide	information, such	
	(a) Name	(b) Address	(c) EIN	1	(a) Amount of11411
	(-)	(b) Address	(C) ERV	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds. If none, enter -0	promptly and directly
					delivered to a separate political organization. If
					none, enter -0
(1)					
(2)					
(3)		•			
4)					
5)					
					
6)					

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

Schedule C (Form 990 or 990-EZ) 2013

	Lobbying Expenditu	res During 4-Year	Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount	2,720	1,624	1,398	1,492	7,234
b Lobbying ceiling amount (150% of line 2a, column(e))					10,851
c Total lobbying expenditures	13,600	8,119	6,989	7,459	36,167
d Grassroots nontaxable amount	680	406	350	373	1,809
e Grassroots ceiling amount (150% of line 2d, column (e))					2,714
f Grassroots lobbying expenditures				0	

Schedule C (Form 990 or 990-EZ) 2013

TENNESSEE WILDLIFE FEDERATION, Schedule C (Form 990 or 990-EZ) 2013

Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NC (election under section 501(h)).	T filed	For	n 5768		1 ago
For each "Ve		(a)		(b)	
	s," response to lines 1a through 1i below, provide in Part IV a detailed the lobbying activity.	Yes	No	Ar	nount	
1 During th	e year, did the filing organization attempt to influence foreign, national, state or local	97634				
legislation	n, including any attempt to influence public opinion on a legislative matter or					
referendu	m, through the use of:					
a Volunteer						
b Paid staff	or management (include compensation in expenses reported on lines 1c through 1i)?					
c Media ad	dvertisements?					
d Mailings t	o members, legislators, or the public?					
e Publicatio	ns, or published or broadcast statements?					
i Grants to	other organizations for lobbying purposes?					
g Direct cor	ntact with legislators, their staffs, government officials, or a legislative body?					
h Rallies, d	emonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i Other act	ivities?					
j Total. Add	d lines 1c through 1i	•				
2a Did the a	ctivities in line 1 cause the organization to be not described in section 501(c)(3)?		P.S01504-05 ₀ 0		Selforinte	
b If "Yes," e	enter the amount of any tax incurred under section 4912					
c If "Yes." e	enter the amount of any tax incurred by organization managers under section 4912	·			-	
d If the filing	g organization incurred a section 4912 tax, did it file Form 4720 for this year?	. [5108969	1995/1999		7255655	Mark Star
Part III-A	Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	or se	oction	(SAR-PRAIS)	
	501(c)(6).	(0)(0),	01 30	SCHOII		
4 187 1					Yes	s No
1 Were sub	stantially all (90% or more) dues received nondeductible by members?			1		
2 Did the or	ganization make only in-house lobbying expenditures of \$2,000 or less?			2		
Part III-B	ganization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501			3		
4 D	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."	OR (b)	Parl	t III-A, line	∍ 3, is	3
1 Dues, ass	essments and similar amounts from members		1			
	62(e) nondeductible lobbying and political expenditures (do not include amounts of					
	xpenses for which the section 527(f) tax was paid).					
a Current ye	***************************************		2a			
b Carryover	from last year		2b			
C TOTAL		- 1	2c			
• Aggregate	amount reported in section 6035(e)(1)(A) notices of horizontable section 162(e) dues	l	3			
4 If notices v	were sent and the amount on line 2c exceeds the amount on line 3, what portion of the					
excess do	es the organization agree to carryover to the reasonable estimate of nondeductible lobbying					
and politic	al expenditure next year?		4			
5 Taxable a	mount of lobbying and political expenditures (see instructions)		5			
Part IV	Supplemental Information	<u></u>				
Provide the desc	criptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Par	f II_Δ line	2 2 ar		·····	
Part II-B, line 1.	Also, complete this part for any additional information.		J Z, ai	ia		
SCHEDUL	E C, PART II-A, EXPLANATION OF FOUR YEAR AVERAGIN	G				
DUE TO	CHANGE IN ACCOUNTING PERIOD, COLUMNS FOR PART II-	A LII	VE :	2 REFL	ECT	
THE FOL	LOWING PERIODS:					
COLUMN	(A) REPRESENTS YEAR ENDING 12/31/11					
***************************************		• • • • • • • • • •				
COLUMN	(B) REPRESENTS YEAR ENDING 12/31/12					
COLUMN	(C) REPRESENTS YEAR ENDING 12/31/14					

Schedule C (Form 99					EDERATION,	INC.	62-604/188	Page 4
Part IV	Suppleme	ntal Informa	ition (continue	d)				
	(n) n==		<i>c</i>	T1T T17	C/20/4 4			
COLUMN	(D) REP	RESENTS	6 MONTHS	ENDING	6/30/14			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
•								
							.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
					,			
,								
,								
,								
,								
			,					
								,

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

			Linployer	identification flumber
	TENNESSEE WILDLIFE FEDERATION, INC.		62-6	047188
F	Part I Organizations Maintaining Donor Advised Fun Complete if the organization answered "Yes" to Fundamental Part I	nds or Other Similar Funds or	Accoun	ts.
	Templete if the enganization andworld 100 to 1	(a) Donor advised funds		b) Funds and other accounts
1	Total number at end of year	(a) Donor advised funds		b) runds and other accounts
2				
3	Aggregate grants from (during year)			
4	- 55 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -			
5	1.00	the coaste hold in dance of its d		
•				П., П.,
6	funds are the organization's property, subject to the organization's excl	usive legal control?		Yes No
o	de la como de la como			
	only for charitable purposes and not for the benefit of the donor or dono			
P	conferring impermissible private benefit? Conservation Easements.			Yes No
	Complete if the organization answered "Yes" to Fo	orm 990, Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organization (check	all that apply).		
	Preservation of land for public use (e.g., recreation or education)	Preservation of an historically imp	oortant la	nd area
	X Protection of natural habitat	Preservation of a certified historic		
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conser	vation contribution in the form of a conse	rvation	
	easement on the last day of the tax year.			Held at the End of the Tax Year
a	Total number of conservation easements		2a	2
k	b Total acreage restricted by conservation easements		2b	6,100.00
c	Number of conservation easements on a certified historic structure inclu	ded in (a)	2c	
c	d Number of conservation easements included in (c) acquired after 8/17/0	6. and not on a	·	
	historic structure listed in the National Posister		2d	
3		nguished, or terminated by the organizat		ı the
	tax year ▶	, and a significant		
4	Number of states where property subject to conservation easement is lo	ocated ▶ 1		
5	Does the organization have a written policy regarding the periodic monitoring	* * * * * * * *		
	violations, and enforcement of the conservation easements it holds?			Yes X No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforci	ng conservation easements during the ve	ear	
	▶ 0	and the second s	Jui	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing co	onservation easements during the year		
	▶ \$ 4,800	and your		
8	Does each conservation easement reported on line 2(d) above satisfy the	ne requirements of section 170(h)(4)(B)		
	(i) and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation easeme	nts in its revenue and expense statemen	t. and	
	balance sheet, and include, if applicable, the text of the footnote to the	organization's financial statements that de	escribes t	he
	organization's accounting for conservation easements.			
Pa	Organizations Maintaining Collections of Art, F Complete if the organization answered "Yes" to Fo	Historical Treasures, or Other S	Similar	Assets.
4.				
та	If the organization elected, as permitted under SFAS 116 (ASC 958), no			eet
	works of art, historical treasures, or other similar assets held for public e		rance of	
L	public service, provide, in Part XIII, the text of the footnote to its financia			
a	If the organization elected, as permitted under SFAS 116 (ASC 958), to			
	works of art, historical treasures, or other similar assets held for public e	xhibition, education, or research in furthe	rance of	
	public service, provide the following amounts relating to these items:			
	(i) Revenues included in Form 990, Part VIII, line 1			\$
	(II) Assets included in Form 990, Part X		•	\$
2	If the organization received or held works of art, historical treasures, or of		ide the	
	following amounts required to be reported under SFAS 116 (ASC 958) re			
а	Revenues included in Form 990, Part VIII, line 1			\$
b	Assets included in Form 990 Part X			Φ.

		PEDERATION,			0111 1	4- /			ige Z
Part III Organizations Maintaining	Lucina de la constitución de la					sets (continu	ea)	
3 Using the organization's acquisition, accessi collection items (check all that apply):	on, and other records	, check any of the follo	owing that are	e a signific	ant use of its				
a Public exhibition	d ∏ l	oan or exchange prog	grams						
b Scholarly research	е 🗍 (Other							
c Preservation for future generations									
4 Provide a description of the organization's of	ollections and explain	how they further the o	organization's	exempt p	urpose in Part				
XIII.	•	•	-						
5 During the year, did the organization solicit	or receive donations of	of art. historical treasur	es. or other :	similar					
assets to be sold to raise funds rather than							Yes	П	No
Part IV Escrow and Custodial A	rangements.								
Complete if the organization	n answered "Yes"	to Form 990, Part	: IV, line 9,	or repor	rted an amou	unt on	Form		
990, Part X, line 21.									
1a Is the organization an agent, trustee, custoo	lian or other intermedi	ary for contributions or	other assets	s not			_		t I
							Yes		No
b If "Yes," explain the arrangement in Part XII	I and complete the fol	lowing table:							
							Amount		
c Beginning balance					1c				
d Additions during the year					1d				
e Distributions during the year									
f Ending balance									
2a Did the organization include an amount on I							Yes		No
b If "Yes," explain the arrangement in Part XII	I. Check here if the ex	planation has been pr	ovided in Pai	t XIII					
Part V Endowment Funds.									
Complete if the organization	n answered "Yes"	to Form 990, Part	: IV, line 10	<u>).</u>					
	(a) Current year	(b) Prior year	(c) Two yea	rs back	(d) Three years b	oack	(e) Four y	ears b	ack
1a Beginning of year balance	87,600	82,058	8	2,058	82,	058			
b Contributions		5,000							
c Net investment earnings, gains, and									
losses	6,665	10,533		6,015	2,	900			
d Grants or scholarships									
e Other expenditures for facilities and									
programs									
f Administrative expenses	6,665	9,991		6,015	2,	900			
g End of year balance	87,600	87,600	8	2,058	82,	058			
2 Provide the estimated percentage of the cui	rent year end balance	(line 1g, column (a))	held as:						
a Board designated or quasi-endowment ▶	%								
b Permanent endowment ► 100.00 %									
c Temporarily restricted endowment ▶	%								
The percentages in lines 2a, 2b, and 2c sho	ould equal 100%.								
3a Are there endowment funds not in the poss	ession of the organiza	tion that are held and	administered	for the			_		
organization by:								es	No
(i) unrelated organizations							3a(i)	X	
198 - I t d a subsettant							3a(ii)		X
b If "Yes" to 3a(ii), are the related organization							3b		
4 Describe in Part XIII the intended uses of the									
Part VI Land, Buildings, and Equ									
Complete if the organization		to Form 990, Part	: IV, line 1	1a. See l	Form 990, P	art X,	line 10		
Description of property	(a) Cost or other b				ccumulated		(d) Book v		
	(investment)	(othe	er)	dep	preciation				
1a Land									
b Buildings									
c Leasehold improvements			30,686		12,006		1	8,6	680
d Equipment			63,371		365,587				784
e Other									
Total. Add lines 1a through 1e. (Column (d) must		X, column (B), line 10)(c).)		>		11	6,4	164

Schedule D (Form 9	90) 2013	TENNESSEE	WILDLIFE	FEDERATION,	INC.	62-6047188
--------------------	----------	-----------	----------	-------------	------	------------

	Complete if the organization answered "Yes" (a) Description of security or category	(b) Book value	(c) Method of valuation:
	(including name of security)	(b) Book value	Cost or end-of-year market value
(1) Financial	derivatives		
	eld equity interests		
(3) Other	***************************************		
(A)			
(D)			
(E)			
(F)			
(G)			
(H)			
	n (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII	Investments—Program Related.	to Form 000 Devt IV line	44a Can Farma 000 Deet V the a 40
	Complete if the organization answered "Yes" (a) Description of investment		
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			Cost of end-or-year market value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 13.) ▶		
Part IX	Other Assets.		
,	Complete if the organization answered "Yes"	to Form 990, Part IV, line	11d. See Form 990, Part X, line 15.
	(a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6) (7)			
(8)			
(9)			
	n (b) must equal Form 990, Part X, col. (B) line 15.)		
Part X	Other Liabilities.	<u> </u>	
	Complete if the organization answered "Yes"	to Form 990. Part IV. line	11e or 11f See Form 990 Part X
	line 25.	,,	
1.	(a) Description of liability	(b) Book value	
(1) Federal	income taxes		
	LL LIABILITIES	44,960	
(3) OTHER	ACCRUED LIABILITIES	274	
(4)			
(5)	· · · · · · · · · · · · · · · · · · ·	P. P.	
(5) (6)			
(5) (6) (7)			
(5) (6) (7) (8)			
(5) (6) (7) (8) (9)	n (b) must equal Form 990, Part X, col. (B) line 25.) ▶	45,234	

Schedule D (Form 990) 2013 TENNESSEE WILDLIFE FEDERA		
Part XI Reconciliation of Revenue per Audited Financial St		per Return.
Complete if the organization answered "Yes" to Form 9 1 Total revenue, gains, and other support per audited financial statements		T 1 T
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains on investments	2a	
b Donated services and use of facilities	2b	
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d		
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)		
 c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 	 \	4c
Part XII Reconciliation of Expenses per Audited Financial S		
Complete if the organization answered "Yes" to Form 9		, ber termin
1 Total expenses and losses per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d		
3 Subtract line 2e from line 1		
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b		4c
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18		
Part XIII Supplemental Information		
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4		
; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	•	•
PART V, LINE 4 - INTENDED USES FOR ENDO	WMENT FUNDS	
THE ORGANIZATION'S ENDOWMENT CONSISTS OF	F A PERMANENTLY E	RESTRICTED
CONTRIBUTION FOR THE MONITORING OF A CO		
THE ORGANIZATION ALSO HAS A BENEFICIAL		
FEDERATION FUND (THE "FUND"), AN AGENCY		
COMMUNITY FOUNDATION OF MIDDLE TENNESSER		
EARNINGS ON THIS FUND ARE USED TO BENEF		
FUND IS CHARGED A 0.4% ADMINISTRATIVE F		
ORGANIZATION, INCOME FROM THE FUND REPRE		
DISTRIBUTED TO THE ORGANIZATION OR TO A	NOTHER SUGGESTED	BENEFICIARY.
EARNINGS IN EXCESS OF 5% ARE ADDED TO P	RINCIPAL.	
PART X - FIN 48 FOOTNOTE		
THE ORGANIZATION ADOPTED THE GUIDANCE IN	ASC 740 ON ACCO	OUNTING FOR
UNCERTAINTY IN INCOME TAXES. FOR ALL TA	AX POSITIONS TAKE	N BY THE

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

See separate instructions.

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

OMB No. 1545-0047

Open To Public Inspection

Name	of	the	organization

Employer identification number

	TENNESSEE WILDLIFE B	EDERATION,	INC.				62-60	04718	88				
Part I	Excess Benefit Transactions	s (section 501	(c)(3) and sect										
	Complete if the organization answere	1					990-EZ, Part V, I	ine 40	Ob.		_		
1	(a) Name of disqualified person	(b) Relation	onship between disq		регя	on and	(c) Description of tran	nsactio	n		(d) Yes	Correc	ted? No
/4)			organization	1							165		
(1)													
(3)													
(4)			****						****				
/E\													
(6)													
under s	e amount of tax incurred by the organizection 4958e amount of tax, if any, on line 2, above							▶ \$	S				
Part II	Loans to and/or From Interest Complete if the organization answere			rt V,	line	38a or Form 990,	Part IV, line 26;	or if t	he				
	organization reported an amount on I	Form 990, Part (b) Relationship		r 22.		(e) Original	(6) Delenes due	I() In	dofault	ol (L) A	pproved	(a) V	Vritten
	(a) Name of interested person	with organization		or fro	oan the	` ' '	(f) Balance due	(9) 111	uciauit	by bo	pproved oard or nittee?	agree	ment?
				To	From			Yes	No	Yes	No	Yes	No
PETER S	CHUTT DEVELOPMENT OF	BOARD MEM	BER	x		45,000	30,000		x	x		x	
_(1)	DEVEROPMENT OF	VEBSITE		+		43,000	20,000						
(2)										 			_
(3)										-			
(4)													
				1.									
_(7)													<u> </u>
(8)					<u> </u>					-			-
(9)										\vdash			-
(10)								Para Sel		1 (5885)	SERVICA CA	19909	
Total Part III	Grants or Assistance Benef	fiting Intere	sted Perso		<u>.</u>	> \$	30,000	100,000				A STEAMER	
1 41 4 111	Complete if the organization answere				e 27								
	(a) Name of interested person	(b) Relation	nship between intere	ested	1		(d) Type of assistance		(e)	Purpos	se of as	sistance	
(1)		,			T								
(2)	<u>/</u>												
(3)													
(4)	.,				_								
(5)					-							0	
(6)					\vdash		- m- = 195 m			—		4	
(7)					1	ļ							

(8) (9)

Schedule L (F	orm 990 or 990-EZ) 2013				P	age :
Part IV	Business Transactions Inv	olving Interested Persons. red "Yes" on Form 990, Part IV, line 2	90 20h 20-			
	(a) Name of interested person	(b) Relationship between	(c) Amount of	(d) Description of transaction	(e) S	Sharing
	(-)	interested person and the organization	transaction	(d) Description of transaction	of	org. nues?
(1)		-, g,			Yes	No
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(8) (9) 10)						
Part V	Supplemental Information	1				L
		sponses to questions on Schedule L	(see instructions).			

SCHED	JLE L, PART V - ADI	DITIONAL INFORMATIO	N			
THE P	DOMICCODY NOME HO D	TEMED COMMENTS DITT	T11 TT1T T 011			
Ine P.	ROMISSORY NOTE TO P	ETER SCHOTT IS DUE	IN FULL ON	JULY 2016		
		•				

				•		
· · · · · · · · · · · · · · · · · · ·						
- Immedia		2/4.				
				Cobodula I /Farm 000 an 0		

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service **Noncash Contributions**

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

Attach to Form 990.

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

OMB No. 1545-0047

2013

Open To Public Inspection

Name of the organization

TENNESSEE WILDLIFE FEDERATION, INC.

Employer identification number

	TENNESSEE	MITT	TIEF FEDERA	TON, INC.	02-004/188		
Pa	rt I Types of Property			(c)			
		(a)	(b)	Noncash contribution	(d)		
		Check if	Number of contributions or	amounts reported on	Method of determining		
		applicable	items contributed	Form 990, Part VIII, line 1g	noncash contribution amounts		
1	Art — Works of art						
2	Art — Historical treasures						
3	Art — Fractional interests						
4	Books and publications						
5	Clothing and household						
	goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities — Publicly traded						
10	Securities — Closely held stock						
11	Securities — Partnership, LLC,						
•	or trust interests						
12	Securities — Miscellaneous						
13	Qualified conservation						
	contribution — Historic						
14	structures Qualified conservation						
17	contribution — Other						
15	Real estate — Residential	l					
16	Real estate — Commercial						
17							
18	Real estate — Other						
	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts					**	
23	Scientific specimens						
24	Archeological artifacts	х	2	48,226			
25	Other ►(OFFICESPC&MISC)			40,220			
26	Other ►()						
27	Other ►()						
28	Other ►(<u></u>					
29	Number of Forms 8283 received by						
	which the organization completed Fo	orm 8283,	Part IV, Donee Acknowl	edgement [29	Vac	. No
						Yes	No
30a	During the year, did the organization						
	it must hold for at least three years t						77
	used for exempt purposes for the er		g period?			a	X
b	If "Yes," describe the arrangement in				•		
31	Does the organization have a gift ac	cceptance	policy that requires the re	eview of any non-standard			
	contributions?					1	<u> </u>
32a	Does the organization hire or use th	ird parties	or related organizations	to solicit, process, or sell n	oncash		
	contributions?				33	2a	X
b	If "Yes," describe in Part II.						
33	If the organization did not report an	amount in	column (c) for a type of	property for which column ((a) is checked,		
	describe in Part II.						

Schedule M (Form	990) (2013)	TENNESSEE	WILDLIFE	FEDERATION	, INC.	62-6047	188	Page 2
Part II	the orga	anization is report	ing in Part I, col	information requir umn (b), the numb this part for any a	per of cont	ributions, the	188 32b, and 33, and whether number of items received	
	0, 4 00,	indianation of boars	7 lioo complete	this part for any a	uditional in	iomation.		

				• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •			
				••••••		· · · · · · · · · · · · · · · · · · ·		
	• • • • • • • • • • • • • • • • • • • •							• • • • • • • • • • • • • • • • • • • •
			• • • • • • • • • • • • • • • • • • • •					
				•••••				
• • • • • • • • • • • • • • • • • • • •					•••••		••••••	
					• • • • • • • • • • • • • • • • • • • •			
			***************************************	••••••			••••••	• • • • • • • •
			••••••					
		•••••••••••						
		••••••			• • • • • • • • • • • • • • • • • • • •			•••••
	•••••			•••••	• • • • • • • • • • • • • • • • • • • •			
			••••••••••••	••••••				
				••••••				
								• • • • • •

SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization

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

Employer identification number TENNESSEE WILDLIFE FEDERATION, INC 62-6047188

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE 990 IS REVIEWED BY THE CHIEF EXECUTIVE OFFICER AND THE CHIEF DEVELOPMENT OFFICER BEFORE FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY THE ORGANIZATION MAINTAINS A BOARD CONFLICT OF INTEREST POLICY THAT GIVEN TO EACH BOARD MEMBER UPON THEIR JOINING THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL OUR BOARD CHAIRMAN AND OUR BOARD DEVELOPMENT CHAIRMAN PROVIDE ANNUAL REVIEWS OF THE CEO AND CDO RESPECTIVELY. THE CEO AND CDO PROVIDE ANNUAL THESE REVIEWS INCLUDE CONSIDERATION OF COMPENSATION REVIEW OF THE STAFF. LEVELS AND IF NECESSARY OR WARRANTED THE ADJUSTMENT OF THOSE LEVELS. THE CEO AND CDO RECEIVE COMPENSATION COMNPARABILITY DATA FROM THE CENTER FOR NON-PROFIT MANAGEMENT THROUGH THEIR ANNUAL REVIEW OF SUCH ITEMS.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS OUR BOARD CHAIRMAN AND OUR BOARD DEVELOPMENT CHAIRMAN PROVIDE ANNUAL THE CEO AND CDO PROVIDE ANNUAL REVIEWS OF THE CEO AND CDO RESPECTIVELY. THESE REVIEWS INCLUDE CONSIDERATION OF COMPENSATION REVIEW OF THE STAFF. LEVELS AND IF NECESSARY OR WARRANTED THE ADJUSTMENT OF THOSE LEVELS. CEO AND CDO RECEIVE COMPENSATION COMNPARABILITY DATA FROM THE CENTER FOR NON-PROFIT MANAGEMENT THROUGH THEIR ANNUAL REVIEW OF SUCH ITEMS.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

Schedule	О	(Form	990	or 990	-EZ)	(2013

OLIDOUGHURI UDI 11/2010 5,00 FINI FU 40

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

INC.

TENNESSEE WILDLIFE FEDERATION,

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

2013

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

62-6047188

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.	rganization answe	ered "Yes" on Fo	orm 990, Part IV,	line 33.		
(a) Name, address, and EIN (f applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)		(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)						
(3)						
(4)						
(5)						
Part II Identification of Related Tax-Exempt Organizations Complete one or more related tax-exempt organizations during the tax year	omplete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had ax year.	janization answe	red "Yes" on Fo	rm 990, Part IV,	line 34 because	t had
(a) Name, address, and EiN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes No
(1) TENNESSEE WILDLIFE FOUNDATION 300 ORLANDO AVE., SUITE 200 62-1035438 NASHVILLE	TWF SUPP	UL	50103	7	N/A	×
(2)						
(3)						
(4)						
(9)						
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					Schedul	Schedule R (Form 990) 2013

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

OTTOUNDERLY UST ITZVITO S.US PIN PY 44

Schedule R (Form 990) 2013

TENNESSEE WILDLIFE FEDERATION, INC. 62-6047188

Page 2 Schedule R (Form 990) 2013 (k) Percentage (i) Section 512(b)(13) controlled entity? ŝ ownership (i) General or managing partner? Yes No Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. Percentage ownership Ξ amount in box 20 of Schedule K-1 Code V-UBI (Form 1065) end-of-year assets Share of (h)
Disproportionate
alloc.? Yes 6 (g) Share of end-ofyear assets Share of total income Share of total income (C corp, S corp, Type of entity or trust) (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) (d)
Direct controlling (d) Direct controlling foreign country) Legal domicile (state or (c) Legal domicile (state or foreign country) Primary activity Primary activity <u>a</u> Name, address, and EIN of related organization Name, address, and EIN of related organization Part III Part IV DAA ϵ 3 ල 4 Ξ 8 <u>@</u> 4

Page 3

ž Yes

Schedule R (Form 990) 2013 TENNESSEE WILDLIFE FEDERATION, INC. 62-6047188

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

The series of the principle of the first of the series o	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	ated organizations listed in	Parts II-IV?		Yes	S S	
thed organization(s) riganization(s) riganizat	ig use as year, and use organization surgage in any or are concerning transferred to the concerning transferred transferred to the concerning transferred transfer		:		,	Þ	
ted organization(s) led or	eipt of (i) interest (ii) annutities (iii) royalties or (iv) rent from a controlled entity				2	4	
ted organization(s) fed organization(s) from on who must complete this line, including covered relationships and transaction thresholds. from the field including covered relationships and transaction thresholds. The field including covered relationships and transaction thresholds. The field including covered relationships and transaction thresholds. The field including covered relationships and transaction thresholds. The field including covered relationships and transaction thresholds. The field including covered relationships and transaction thresholds. The field including covered relationships and transaction thresholds.	grant, or capital contribution to related organization(s)				1 9	×	
ted organization(s) ted organization(s) red organ	great or capital contribution from related organization(s)				<u>ئ</u>	×	
ited organization(s) ired orga					7	×	
ted organization(s) ted organization(s) ted organization(s) toganization(s) to	ns or loan guarantees to or for related organization(s)				2	: :	
ted organization(s) inganization(s) inganizati	s or loan quarantees by related organization(s)				1e	×	
ted organization(s) ted organization(s) ted organization(s) transaction who must complete this line, including covered relationships and transaction thresholds. (b) Transaction Transact							
ted organization(s) fed organization(s) reganization(s)							
ted organization(s) repairization(s) Amount involved repairization(s) Amount involved repairization(s) repairizati	and from minted organization()					×	
ted organization(s) free organization(s) reganization(s) ellus liolii leiateu olgaliikatioli(s)					1		
ited organization(s) ted organization(s) repaire ation(s) repaire ation(s) repaire ation(s) repaire ation on who must complete this line, including covered relationships and transaction thresholds. (b) Transaction Transaction Transaction Transaction Amount invoked Wethod of del type (a-4) N N 30,165 EMV	of assets to related organization(s)				1g	×	
ited organization(s) ted organization(s) reganization(s) reganization(s) reganization(s) reganization(s) reganization(s) reganization(s) reganization(s) reganization(s) (b) Transaction thresholds. (c) Transaction Amount involved NP 30,165 FMV	The state of the s				-	M	
ted organization(s) ited organ	hase or assets from related organization(s)					;	
ted organization(s) fred organization(s) // Aganization(s) from on who must complete this line, including covered relationships and transaction thresholds. (b) Transaction Amount involved Amount involved NYP 30,165 FMV					,	×	
ted organization(s) fred organization(s) fred organization(s) fred organization(s) frequence including covered relationships and transaction thresholds. (b) Transaction Transaction Whe (a-e) N 30,165 FMV	related organization(s)				-	×	
ted organization(s) riganization(s) riganization(s) ton on who must complete this line, including covered relationships and transaction thresholds. Transaction							
ted organization(s) ted organization(s) reganization(s) from on who must complete this line, including covered relationships and transaction thresholds. (b) Transaction Nove (a-s) Nove (a-s) Amount involved Nove (a-s)					,	;	
ted organization(s) fed organization(s) from including covered relationships and transaction thresholds. (b) Transaction (b) Transaction (c) Amount involved (de s) N 30,165 EMV	e of facilities, equipment, or other assets from related organization(s)				*	×	
omplete this line, including covered relationships and transaction thresholds. (b) Transaction Amount involved type (a-s) N 30,165 FMV	ormance of services or membership or fundraising solicitations for related organization(s)				7	×	
complete this line, including covered relationships and transaction thresholds. (b) Transaction Amount involved type (a-s) N 30,165 FWV	ormance of services or membership or fundraising solicitations by related organization(s)				±	×	
ust complete this line, including covered relationships and transaction thresholds. (b) Transaction (c) Amount involved (pre (a-s)) N 30,165 FMV							
for information on who must complete this line, including covered relationships and transaction thresholds. (b) Transaction Amount involved NP 30,165 FMV	ing of facilities, equipment, mailing lists, of other assets with related digalization(s)				+	ŀ	,
for information on who must complete this line, including covered relationships and transaction thresholds. (b) Transaction Transaction Transaction thresholds. (c) Transaction thresholds. Na Amount involved Method of delegacy (a) Na 30,165 FPAY	ing of paid employees with related organization(s)				10	*	
s for information on who must complete this line, including covered relationships and transaction thresholds. (b) Transaction (c) Amount involved type (a=\$) N 30,165 FMV							
for information on who must complete this line, including covered relationships and transaction thresholds. (b) Transaction (c) Amount involved Wethod of del NR 30,165 FIXIV	humanant naid to related arranization(a) for evacances				1	×	
for information on who must complete this line, including covered relationships and transaction thresholds. (b) (c) Transaction (ype (a-s)) N 30 , 165 FMV	•				1	 	
s for information on who must complete this line, including covered relationships and transaction thresholds. (b) (c) Transaction Amount involved type (a-s) N 30,165 FMV	ibursement paid by related organization(s) for expenses				5	1 200	
for information on who must complete this line, including covered relationships and transaction thresholds. (b) (c) Transaction Amount involved NP 30,165 FMV							
for information on who must complete this line, including covered relationships and transaction thresholds. (b) (c) Transaction (type (a-s)) N 30,165 FMV					1	×	
s for information on who must complete this line, including covered relationships and transaction thresholds. (b) (c) Transaction Whethod of delationships and transaction thresholds. (b) Amount involved N 30,165 FMV					1s	×	
ge yo	i dalisher of dash of property from relative organizations for information on tube must complete the	a bereved adjourned adj	Captionshine and transaction	on thresholds			
(a) (b) (c) Method of delay Name of related organization Transaction Amount involved Method of delay WILDLIFE N 30,165 FMV	answer to any of the above is fee, see the listinctions for information on who must complete un	a lilie, lilicidalilig covered in	פומנוטווטווף מווע נומווטמר	TOTAL TRICOSTORIOS.			,
Name of related organization Transaction profession Amount involved profession Method of delaying profession Method of del	(a)	(q)	(c)	(p)			
WILDLIFE N 30,165 FMV	Name of related organization	Transaction	Amount involved	Method of determining amou	unt involved		
WILDLIFE N 30,165 FMV		type (a-s)					,
WILDLIFE 30,165 FMV 30,165 FMV							
		Z	-	FMV			
Schedule R (Form 990) 2013							
Schedule R (Form 990) 2013							
Schedule R (Form 990) 2013			e Filmachine - F				
Schedule R (Form 990) 2013							
Schedule R (Form 990) 2013							1
Schedule R (Form 990) 2013							
Schedule R (Form 990) 2013							1
Schedule R (Form 990) 2013							
Schedule R (Form 990) 2013							
Schedule R (Form 990) 2013							
Schedule R (Form 990) 2013			Marian III.				¥
				Schedule F	R (Form 99	90) 2013	

Schedule R (Form 990) 2013 TENNESSEE WILDLIFE FEDERATION, INC. 62-6047188

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

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

	9			odinologia de disconociona						
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Feda	(d) Predominant	(e) Are all partners	(f) Spare of	(g) Share of	(h) Disproportionata	(1)	S	(k)
	•		income (related,	section	-	end-of-vear	allocations?	amount in hox 20	mananing	Percentage
		(state or	unrelated, excluded	501(c)(3)		assets		of Schedule K-1	partner?	discount
		country)		Ves No			- N	(Form 1065)	<u> </u>	
(1)				3				en en en en en en en en en en en en en e	ves No	
(2)										
(3)										
(4)			10,000							
£.				-						
	•									
(5)										
(9)					ļ					
(2)					7,000					
									-	
(8)						7,000,0		- Allien		
(6)			W					***************************************		
(10)										
(11)										
	•									
								Schedul	Schedule R (Form 990) 2013	990) 2013

Schedule R (Fo	orm 990) 2013	TENNESSEE	WILDLIFE	FEDERATION,	INC.	62-6047188	Page 5
Part VII	Supplemen Provide add	tal Information	for responses	to questions on Sc	hedule F	(see instructions)	
	1 Tovide dae	mioriai informacion	Tor responded	to questione on oc	niodalo i	((coo mondono).	
							,,

• • • • • • • • • • • • • • • • • • • •							
			······································				
,							
,							
,			,		• • • • • • • • • • • • • • • • • • • •		
• • • • • • • • • • • • • • • • • • • •							
						······································	

(99)

Form **4562**

Depreciation and Amortization

(Including Information on Listed Property)

► See separate instructions.

Attach to your tax return.

OMB No. 1545-0172

Attachment Sequence No. 179

Internal Revenue Service

Name(s) shown on return

Department of the Treasury

TENNESSEE WILDLIFE FEDERATION, INC.

Identifying number 62-6047188

	ess or activity to which this form relates NDIRECT DEPRECTA	ATTON						
	art I Election To Exp	pense Certain Propert	-		nomplete Dad	. 1	****	
1	Maximum amount (see instruc	ctions)					1	500,000
2	Total cost of section 179 prope		ee instructions)			• • • • • • • • • • • • • • • • • • • •	2	300,000
3	Threshold cost of section 179	property before reduction	n in limitation (see instru	uctions)			3	2,000,000
4	Reduction in limitation. Subtract	ct line 3 from line 2. If ze	ero or less. enter -0-		• • • • • • • • • • • • • • • • • • • •		4	
5	Dollar limitation for tax year. Subtra	ct line 4 from line 1. If zero	or less, enter -0 If married	filing separately.	see instructions		5	
6		iption of property		Cost (business use		Elected cost		
7	Listed property. Enter the amo	unt from line 29			7			
8	Total elected cost of section 1	79 property. Add amount	ts in column (c), lines 6	and 7			8	
9	Tentative deduction. Enter the	smaller of line 5 or line	8				9	
10	Carryover of disallowed deduct						10	
11	Business income limitation. En	ter the smaller of busine	ess income (not less than	n zero) or line	5 (see instruction	ns)	11	
12	Section 179 expense deduction	n. Add lines 9 and 10, bu	ut do not enter more thai	n line 11			12	
13	Carryover of disallowed deduct				13			
Note	: Do not use Part II or Part III b	elow for listed property. I	nstead, use Part V.					
Pa	art II Special Depreci	iation Allowance a	nd Other Deprecia	tion (Do n	ot include list	ed prope	erty.)	(See instructions.)
14	Special depreciation allowance							
	during the tax year (see instru						14	
15	Property subject to section 168	8(f)(1) election					15	
16	Other depreciation (including A	ACRS)		· · · · · · · · · · · · · · · · · · ·			16	21,117
Pa	art III MACRS Deprec	iation (Do not inclu	ude listed property.)	(See instru	ıctions.)			
17 18	MACRS deductions for assets If you are electing to group any assets pl						17	0
		—Assets Placed in Ser				eciation S	vstem	
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Meth		(g) Depreciation deduction
19a	3-year property							
b	5-year property							
С	7-year property							
d	10-year property							
е	15-year property							
f	20-year property							
g	25-year property			25 yrs.		S/L		
h	Residential rental			27.5 yrs.	MM	S/L		
	property			27.5 yrs.	MM	S/L		
i	Nonresidential real			39 yrs.	MM	S/L		
	property				MM	S/L		
		Assets Placed in Servi	ce During 2013 Tax Ye	ar Using the	Alternative Dep	reciation	Syster	n
20a	Class life					S/L		
	12-year			12 yrs.		S/L		
4.4	40-year			40 yrs.	MM	S/L		
	rt IV Summary (See						,	
21	Listed property. Enter amount f						21	
22	Total. Add amounts from line 1			·+·				
	and on the appropriate lines of				<u> </u>		22	21,117
23	For assets shown above and p		ne current year, enter the	•				
	portion of the basis attributable	to section 263A costs .			23			