Form

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047 2008 Open to Public Inspection

^	For the		r year, or tax year capinning , and ending						
	Check If app	' Insai		. P	Empk	oyer identification number			
=	Address ch	ange label	G TEMMESSES WITHOUTER PEDEMATION, INC	\vdash	62-6047188				
X	Namo chan			+-					
	Initial return	typ Se				none number 5-353-1133			
Ħ	Termination	9000	Re 300 OKHRADO RVE. / BOTTE 200						
\equiv		Instr		<u> </u> <u>G</u>	Gross rec	eios 1,324,904			
닏	Amended re			一	f_b 1. asia				
Ш	Application	porturing	ame and address of principal officer: ITKE BUTLER	"		a group return for			
		_	300 ORLANDO AVE., SUITE 200	H	afilla a gn (d)	affiliates H H			
			IASHVILLE TN 37209		includ If "No.	attach a fist. (see instructions)			
$\overline{}$	Tay_07077		X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527						
<u>-</u>			. TNWF . ORG	\dashv	(c) Gmun	exemption number			
		anization: X				M State of legal domictle: TN			
	art I								
2000	T								
	1	-							
2	Ι ''		AT AT THE PROPERTY OF THE SAME ASSESSED TO BE COMMODE TO BE						
& Governance			AND THROUGH COMMANDATION BUILDING COMMINDOUTD						
Š			if the organization discontinued its operations or disposed of more than 25% of its asset		• • • • • • •				
Ğ			ing members of the governing body (Part VI, line 1a)		3	16			
			ependent voting members of the governing body (Part VI, line 1b)		4				
Activities			of employees (Part V, line 2a)		5	9			
ŧ			of volunteers (estimate if necessary)		6	657			
4			related business revenue from Part VIII, line 12, column (C)		7a				
			business taxable income from Form 990-T, line 34		7ь	0			
_			Prio	r Year		Current Year			
•	8 C	ontributions a		<u> 737,</u>	825	956,054			
Revenue	9 Pr	rogram servi	ce revenue (Part VIII, line 2g)						
Ž.			ome (Part VIII, column (A), lines 3, 4, and 7d)		234	-29,361			
E	11 Ot	ther revenue			349				
				175,	408	1,324,904			
			nillar amounts paid (Part IX, column (A), lines 1-3)			24,911			
		•	o or for members (Part IX, column (A), lina 4)						
8	15 Sa	alaries, other	compensation, employee benefits (Part IX, column (A), lines 5–10) indraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) 197, 407	219,	807	313,951			
Expensos	16a Pr	rofessional fu	indraising fees (Part IX, column (A), fine 11e)	*******	***********				
χĎ	b To	otal fundraisir	ng expenses (Part IX, column (D), line 25) 197, 407						
ŭ	יור טנ	nıaı exbense	8 (Part IA, Column (A), lines 118-110, 118-241)		367	1,019,117			
					174	1,357,979			
		evenue less	expenses. Subtract line 18 from line 12	93,	234	-33,075 End of Year			
200			· · · · · · · · · · · · · · · · · · ·		356	682,064			
Net Assets of Fund Betence	20 To	•	* * * * * * * * * * * * * * * * * * * *		591	8,024			
3 2	21 To		(Part X, line 26)		765	674,040			
				,,,,	700	074,040			
228 st	art II		ture Block natios of perjury, I deciare that I have examined this return, including accompanying schedules and statements,	and to t	ho host o	f mu knowlodno			
		and belief	ames of perjury, I deciste that I have destinited this fetch, incoding accompanying screening and salienteria, , it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which	buebeue	er has en	y knowledge.			
Sig	n	يحرا	<i>Q</i>		180	C+ 2009			
Hei		Sinns	sture of officer		Date	<u> </u>			
	•		IKE BUTLER CHIEF EXECU	TIVI		FICER			
			or print name and title						
		-	A Date Ch	eck If		Preparer's identifying number			
Pai	d	Preparer's signature	D and in land of modella la la landa set		ьГ	P00037316			
	parer's	s —	MCKERLEY & NOONAN, PC/ CPA	,-,	EIN	▶ 62-1797916			
Use	Only	Firm's nar	ne (or yours	\dashv	Phone				
		if self-emp address, a	ind ZIP+4 NASHVILLE, TN 37205		no.	615-279-0088			
Mav	the IRS		return with the preparer shown above? (see instructions)			Yes No			
			d Paperwork Reduction Act Notice, see the separate instructions.	******		Form 990 (2008)			

811500 08/14/2009 1:53 PM

Form 886	88 (Rev. 4-2009)			Page 2		
• If you	are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this l	юх		<u>▶ X</u>		
Note. On	y complete Part II if you have already been granted an automatic 3-month extension on a previously filed	form 886	8.			
 If you 	are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).					
Part II	Additional (Not Automatic) 3-Month Extension of Time. Only file the origin	<u>al (no co</u>	<u>pies needed).</u>			
Type or	Name of Exempt Organization	Empl	oyer identification	ı number		
print		-	C0.484.00			
File by the	TENNESSEE CONSERVATION LEAGUE, INC.		6047188			
extended due date for	Number, street, and room or suite no. If a P.O. box, see instructions. 300 ORLANDO AVE., SUITE 200	For IR	For IRS use only			
filing the return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NASHVILLE TN 37209					
Check typ	e of return to be filed (File a separate application for each return):					
X Form	1 990 Form 990-PF		· 🔲 Form (6069		
Form	990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 4720		Form 8	8870		
	990-EZ Form 990-T (trust other than above) Form 5227					
	not complete Part II if you were not already granted an automatic 3-month extension on a previous	y filed For	n 8868.			
	oks are in the care of ▶ MIKE BUTLER					
	one No. ► 615-353-1133 FAX No. ►			_		
	ganization does not have an office or place of business in the United States, check this box			▶ 🗓		
	for a Group Return, enter the organization's four digit Group Exemption Number (GEN)					
	e group, check this box	and attac	h a			
	names and EINs of all members the extension is for.					
4 I requ	est an additional 3-month extension of time until 11/16/09.					
5 For ca	alendar year 2008, or other tax year beginning, and ending					
6 If this	tax year is for less than 12 months, check reason: I Initial return Final return Chang	e in accour	nting period			
7 State	in detail why you need the extension					
	PAYER REQUESTS ADDITIONAL TIME NEEDED TO GATHER IN E A COMPLETE AND ACCURATE RETURN.	FORMA!	rion nece	SSARY TO		
8a If this	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,		<u> </u>			
less a	ny nonrefundable credits. See instructions.	8a	\$			
b If this	application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and					
	ted tax payments made. Include any prior year overpayment allowed as a credit and any					
amour	nt paid previously with Form 8868.	8b	\$			
c Balanc	ce Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit		-			
with F1	TD coupon or, If required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$			
سنن برسيد	Signature and Verification					
Inder penaltie	s of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best it, and complete, and that I am authorized to prepare this form.	of my knowle	dge and belief,			
is true, correc						
ignature	Fisa Moattinoce Tille > CPA		Date > 8	/14/09		
			Form 8868 (Rev. 4-2009)		

For	m 990 (2008)	TENNES	SEE WIL	DLIFE FE	EDERATION,	INC.	62-6047188	Page 2
	et III	Statement	of Program	Service Ac	complishment	s (see ins	tructions)	
1			nization's missk					
•					, SOUND M	ANAGEMI	ENT AND .	•••
							AL RESOURCES	FOR
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	Did the ess	anization unde	rioko emusiani	foot program o	ervices during the y	o a suddob w	are not listed on	
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		orm 990 or 990			• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •		Yes X No
_			ew services on					
3	-	anization ceas	e conducting, o	r make significa	nt changes in how	t conducts, 8	iny program	
	services?							Yes 🗓 No
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4							program services by expe	
						-	to report the amount of g	grants and
	allocations	to others, the t	otal expenses,	and revenue, if	any, for each progn	am service re	eported.	·
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4d	Other progra	ım services. (D	escribe in Sch	edule O.)		·		
	(Expenses			Including gran	ts of \$) (Revenue \$	Ý
40		am service ex	penses 🕨 \$			t equal Part I	IX, Line 25, column (B).)	
								Form 990 (2008)

69 8	and Checklist of Required Schedules		Yes	N
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		765	 ^
•	complete Schedule A	1	x	
2	is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		13
ŀ	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes;" complete	1	ŀ	l
	Schedule C, Part II	4	X	L
i	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? if "Yes," complete Schedule C, Part III	5_	<u> </u>	L
	Did the organization maintain any donor advised funds or any accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			١.
	Schedule D, Part I	6	ļ	Ŀ
	Did the organization receive or hold a conservation easement, including easements to preserve open space,	İ _		Ι.
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Ľ
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	1.		Ι,
	complete Schedule D, Part III	8		
	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part	1		
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"	l		
	complete Schedule D, Part IV	9		- 1
	Did the organization hold assets in term, permanent, or quasi-endowments? if "Yes," complete Schedule D, Part V	10_		_
	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,	11	X	
	Parts VI, VII, VIII, IX, or X as applicable Did the organization receive an audited financial statement for the year for which it is completing this return	11		
		12	x	
	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13	<u> </u>	
	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		-
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	140		_
	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		:
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	145		_
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		•
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			_
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		
	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		
	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		
	Did the completion appears and a many heapftold? If EVen E complete Cahadula H	20		
	Did the organization report more than \$5,000 on Part IX, column (A), line 17 if "Yes," complete Schedule I, Parts I and II	21	X	
	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_
	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete			
	Schedule J	23		:
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions			
	24b-24d and complete Schedule K. If "No," go to question 25.	24a		3
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_2
	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified			
	person from a prior year? If "Yes," complete Schedule L, Part I	25b		
	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		2
	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or	1		
	substantial contributor, or to a person related to such an Individual? If "Yes," complete Schedule L, Part III	27		_3

Part V: Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or			
	employee), or an indirect business relationship through ownership of more than 35% in another entity			
	(individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			
	Part IV	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"			
	complete Schedule L, Part IV	28b	·	X
C	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a			
	professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	. 1	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34	1	X
35	is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		\neg	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part]		
	VI	37	ļ	X
			~~~	

Form 990 (2008)

	attive Statements Regarding Other IRS Filings and Tax Compliance				Т	<del></del> ,						
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	1 1			Yes	No						
	U.S. Information Returns. Enter -0- if not applicable	l 1a	14									
Ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b		┨								
C	Did the organization comply with backup withholding rules for reportable payments to vendors and report	able		7								
	gaming (gambling) winnings to prize winners?			10	X							
2a		· · · · · ]	*******************									
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	9									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	X							
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	••••	••••••									
	instructions)											
3a	3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by											
	this return?											
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		• • • • • • • • • • • • • • • • • • • •	3b								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authors.	ority										
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	ai										
	account)?		• • • • • • • • • • • • • • • • • • • •	4a		X						
b	If "Yes," enter the name of the foreign country:		• • • • • • • • • • • • • • • • • • • •									
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	k										
	and Financial Accounts.											
5a				5a		<u> </u>						
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	?		5b_		X						
C	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity											
	Regarding Prohibited Tax Shelter Transaction?			5c	$\vdash$	-						
6a	Did the organization solicit any contributions that were not tax deductible?			6a	<del>  </del>	X						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions of	r		1								
	gifts were not tax deductible?			6b	*****	****						
7												
8	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than	)		*****		X						
	\$75?  If "Yes," did the organization notify the donor of the value of the goods or services provided?		•••••	7a 7b								
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	• • • • •	•••••	10								
C				7c		x						
		7d	•••••									
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a person											
e			•	7e	**********	X						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			75		X						
,				79		X						
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as											
	required?			7h		X						
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section	n	*******************									
•	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsori											
	organization, have excess business holdings at any time during the year?			8		X						
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.											
a	Did the organization make any taxable distributions under section 4966?			9a		X						
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		X						
0	Section 501(c)(7) organizations. Enter:											
ą		10a		-								
b	Close (cooping a located city city) and that mile incline, beautiful city to the company of the city city city city city city city city	10b		-								
1	Section 501(c)(12) organizations. Enter:	1										
a		11a		-								
b	Gross income from other sources (Do not net amounts due or paid to other sources against											
_		11b	· · · · · · · · · · · · · · · · · · ·	-		******						
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 104		•••••	12a								
<u>b</u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		Januari General	990 (	(300o)						
				ruin		(500)						

Form 990 (2008) TENNESSEE WILDLIFE FEDERATION, INC. 62-6047188

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

Se	tion A. Governing Body and Management										
				Morros	Yes	No					
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the	•									
	circumstances, processes, or changes in Schedule O. See Instructions.	- 1									
1a	Enter the number of voting members of the governing body	<u>1a</u>	16								
b	Enter the number of voting members that are independent	1b	16								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	h	•								
	any other officer, director, trustee, or key employee?			2		<u> </u>					
3	Did the organization delegate control over management duties customarily performed by or under the direct	ct				_					
	supervision of officers, directors or trustees, or key employees to a management company or other person			3		X					
4	• • • • • • • • • • • • • • • • • • • •										
5	• • • • • • • • • • • • • • • • • • • •										
6	Does the organization have members or stockholders?			6	X						
7a	· · · · · · · · · · · · · · · · · · ·										
	of the governing body?			7a	X						
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	·		7b	X	2233222					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	3	•								
	the year by the following:										
а	The governing body?			<u>8a</u>	X						
Ь	Each committee with authority to act on behalf of the governing body?			8b	X	92					
9a	Does the organization have local chapters, branches, or affiliates?			9a		<u> </u>					
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapter	ers,									
	affiliates, and branches to ensure their operations are consistent with those of the organization?			9b_							
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organization	ations			•						
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	• • • • • • • • • • • • • • • • • • • •		10	X						
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached			ا ا		97					
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	• • • • • •		11		X					
Sec	tion B. Policies					<del></del>					
40-	Done the appealant to the control of the control of the control of the Page to the 42			12a	Yes	<u>No</u>					
12a	Does the organization have a written conflict of interest policy? If *No," go to line 13			128	<u> </u>						
D	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give										
_	rise to conflicts?  Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	• • • • • •	• • • • • • • • • • • • • • • • • • • •	<u>12b</u>	<u> </u>						
G				12c	x						
13				13		X					
14	Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?	• • • • • •		14		X					
14 15	Did the process for determining compensation of the following persons include a review and approval by	• • • • •	•••••								
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and dec	ision:									
2	The organization's CEO, Executive Director, or top management official?			15a	X	********					
h	Other officers or key employees of the organization?	• • • • • •	***************************************	15b	x						
~	Describe the process in Schedule O. (see instructions)	• • • • • •									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement										
	with a taxable entity during the year?			16a		X					
h	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate		**************								
_	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safegua	rd									
	the organization's exempt status with respect to such arrangements?			16b		*******					
Sec	ion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed TN										
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(	c)(3)s	only)								
	available for public inspection. Indicate how you make these available. Check all that apply.										
	Own website X Another's website Upon request										
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflic	t of Int	erest								
	policy, and financial statements available to the public.		•								
20	State the name, physical address, and telephone number of the person who possesses the books and rec		f the								
	crganization: ► MIKE BUTLER 300 ORLANDO A	• • • • • •	.1.1.1	<u>.</u>	<u>.</u>						
N	SHVIILE TN	37	209 615	<u>-35</u>							
				Form	990	(2008)					

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

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

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

(A)	(B) '	L.			C)		 (D)	(E)	<b>(F)</b>
Name and Title	hours nor		institutional trustae	Officer		Highost compensated employee	 Reportable compensation from the crganization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
JEAN MADDOX DIRECTOR		x					0	0	0
NICK CRAFTON DIRECTOR	•	x					0	. 0	0
BILL COX DIRECTOR		X					0	0	
ALBERT BUCKI DIRECTOR	EY, JR.	x	•				0	0	
DAN HAMMOND DIRECTOR		x					0	0	O
TERRY LEWIS DIRECTOR		x					0	0	O
JOHN JACKSON DIRECTOR		x					0	0	0
SAM MARS III DIRECTOR		x					. 0	0	0
JIM BYFORD DIRECTOR		x					0	0	Q
R.B. BAIRD DIRECTOR		x					0	0	0
CHRIS NISCHA DIRECTOR	N	x					0	0	C
MICHAEL BUTII	ER .			x			76,250	0	
MONTY HALCOM VICE PRESIDE				x			0	0	0
LORING HELFR SECRETARY	ICH			x			0	0	0
TOM RICE PRESIDENT				x			0	0	0
ROBERT LINEES TREASURER	ERGER			x			0	0	0
					Ī				

	NESSEE WILDLII A. Officers, Directors, Trus							, INC. 62-604 d Highest Compensated I		Page
(A) Name and title	(B) Average	Posit	_	chec	,	~		(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
										·
										-
		_								
			_							
			_							
				_				· <del></del>		
							·			***
		$\perp$						76.050		
	Iduale /Including these in 1s					• •	ban '	76,250 \$100,000 in reportable com	neneation from the	
employee on line 1a?  For any individual listed the organization and reindividual	related organizations greate on line 1a receive or accrus the organization? If "Yes," c Contractors	e J fo repor r than comple	table n \$1 npen	ch ir e co 50,0 sati	ndividente mper 00? on fredule	dual nsati If "You om a	on a es," ( ny u r suc	nd other compensation from complete Schedule J for su	ch	Yes No  3 X  4 X  5 X
compensation from th	e organization.			·						(C)
	Name and business address							Description	(B) on of services	(C) Compensation
								· · · · · · · · · · · · · · · · · · ·		
	endent contractors (includi	ng the	ose i	in 1)	who	rece	elved	I more than \$100,000 in		
compensation from the	e organization >									Form <b>990</b> (2008)

## 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) but are not required to complete columns (B), (C), and (D).

<u> </u>	All other organizations must not include amounts reported on lines 6b,	(A)	(B)	(C)	(D) Fundraising
-	, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1			<del></del>		
7	organizations in the U.S. See Part IV, line 21	23,911	23,911		
2					
4	the U.S. See Part IV, line 22	1,000	1,000		
•			2,000		
3	Grants and other assistance to governments, organizations, and individuals outside the				
		}			
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members		,		
5	Compensation of current officers, directors,	76,250	53,374	11,438	11,438
	trustees, and key employees	10,230	33,314	##, #JO	11,400
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	ļ			
	persons described in section 4958(c)(3)(B)	200 710	142 252	38,508	38,950
7	Other salaries and wages	220,710	143,252	30,300	
8	Pension plan contributions (Include section 401(k)	أمميا	4 000	07.0	070
	and section 403(b) employer contributions)	1,641	1,087	276	
9	Other employee benefits	10,898	7,216	1,834	1,848
10	Payroll taxes	4,452	2,948	749	755
11	Fees for services (non-employees):				
a	Management				<del></del>
b	Legal	550		550	
C	Accounting	8,826		8,826	
d	Lobbying				
e	Professional fundralsing services. See Part IV, line 17				
f	Investment management fees				
g	Other	313,266	308,701	1,387	3,178
12	Advertising and promotion	104,141	104,141		
13	Office expenses	105,759	45,026	31,160	29,573
14	Information technology				
15	Royalties				
16	Occupancy	15,105	10,001	2,541	2,563
17	Travel	69,037	51,649	14,210	3,178
18	Payments of travel or entertainment expenses	1			
	for any federal, state, or local public officials	'			
19	Conferences, conventions, and meetings				
20	***				
20 21	Interest Payments to affiliates				
21	Depreciation, depletion, and amortization	48,426	42,512	2,945	2,969
22 23	The state of the s		,	/	
ZJ	Insurance				
24	Other expenses, Itemize expenses not				
24					
	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)	120 001	39,678		99,143
a	EVENT EXPENSES	138,821 89,802	86,613		3,189
þ	SUPPLIES		61,122		3,103
C	SCTP SUPPLIES	61,122			
d	HFTH PROCESSING FEES	51,043	51,043		
Ð	SCTP EVENT EXPENSES	10,531	10,531	240	315
f	All other expenses	2,688	2,001	342	197 407
25	Total functional expenses. Add lines 1 through 24f	1,357,979	1,045,806	114,766	197,407
26	Joint Costs. Check here  J if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs			i	
	from a combined educational campaign and		}	i	
	fundraising solicitation	<u> </u>			Form 990 (2008)

		(A)		(B)
<del></del>	Oak and bearing	Beginning of year	-	End of year
1		<u>381,706</u>		
2		118,769		
3		<u>29,714</u>		
4	Accounts receivable, net	28,559	4	41,235
5	• • • • • • • • • • • • • • • • • • • •			
	employees, or other related parties. Complete Part II of Schedule L		5	
6	(an annual a			
	4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete		****	
	Part II of Schedule L		_6	
Assets 6 8 2	***************************************		7	
8	inventories for sale or use		8	<del> </del>
₹ 9	Prepaid expenses and deferred charges		9	
10:				
t	Less: accumulated depreciation. Complete		<b></b>	
	Part VI of Schedule D 10b 374, 455	168,608		
11	Investments—publicly traded securities		11	
12	Investments—cther securities. See Part IV, line 11		12	<del>                                       </del>
13	investments—program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	727,356		682,064
17	Accounts payable and accrued expenses	8,288	17	900
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
Tabilitles 22 23 24 25	Escrow account liability. Complete Part IV of Schedule D		21	
<b>≝</b>   22	Payables to current and former officers, directors, trustees, key			
윤	employees, highest compensated employees, and disqualified			
]	persons. Complete Part II of Schedule L		22_	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable		24	
25	Other tiabilities. Complete Part X of Schedule D	40,303	25	7,124
26	Total liabilities. Add lines 17 through 25	48,591	26	8,024
စ္က	Organizations that follow SFAS 117, check here ▶ 🕱 and			
ဋ	complete lines 27 through 29, and lines 33 and 34.			
3 alances	Unrestricted net assets	-33,975	27	674,040
m   28	Temporarily restricted net assets	512,740	28	
	Permanently restricted net assets	200,000	29	
Assets or Fund 30 31 32	Organizations that do not follow SFAS 117, check here ▶			
<u> </u>	and complete lines 30 through 34.			
y 30	Capital stock or trust principal, or current funds		30	
<b>6</b> 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ÿ 32	Retained earnings, endowment, accumulated income, or other funds	,	32	
33	Total net assets or fund balances	678,765	33	674,040
33 2 34	Total liabilities and net assets/fund balances	727,356	34	682,064
Part)				
				Yes No
1 Acc	counting method used to prepare the Form 990: 🔲 Cash 🕱 Accrual 📗 Other	er .		
2a We	ere the organization's financial statements compiled or reviewed by an Independent accountant?			2a X
	Circles serve tradegraphed as set bottless steamentals integrand already and and			0. 3
	Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for or		••••	
	audit, review, or compilation of its financial statements and selection of an independent accoun	•		2c X
	a result of a federal award, was the organization required to undergo an audit or audits as set fo		••••	
	Single Audit Act and OMB Circular A-133?			3a
	es," did the organization undergo the required audit or audits?	· • • • • • • • • • • • • • • • • • • •	••••	
b  f "		· · · · · · · · · · · · · · · · · · ·	• • • • •	77111

#### SGHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

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

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

2008

Operito Public Inspection

Employer identification number Name of the organization TENNESSEE WILDLIFE FEDERATION, INC. 62-6047188 Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is: (Please check only one organization.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III-Functionally integrated d Type III-Other a Type I b Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described In (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the organizations the organization supports. (vi) is the (v) Did you notify (vii) Amount of (I) Name of supported (II) EIN (III) Type of organization (iv) is the organization (described on Ines 1-9 In col. (I) listed in your the croanization in ganization in ccl. support organization above or IRC section ccl (i) of your (i) organized in the governing document? (see instructions)) U.S.? SUEDON? Yes Yes No Yes No

		NNESSEE WI				-6047188	Page 2
	art II Support Schedule for O				(1)(A)(iv) and '	170(b)(1)(A)(vi)	
_	(Complete only if you ch	ecked the box	<u>on line 5, 7, or</u>	8 of Part (.)			,
	ction A. Public Support				ī		
C	alendar year (or fiscal year beginning in) 🕨 👚	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	393,138	494,188	464,850	737,825	956,054	3,046,055
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 1-3	393,138	494,188	464,850	737,825	956,054	3,046,055
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)						535,079
6	Public support. Subtract line 5 from line 4						2,510,976
	tion B. Total Support				***************************************		.,,
	lendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4	393,138	494,188	464,850	737,825	956,054	3,046,055
8	Gross Income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	27,324	14,523	45,798	17,103	-29,361	75,387
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10 11	Other Income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. Add lines 7 through 10	1,741	1,142	11,772	28,695	57,415	100,765 3,222,207
12	Gross receipts from related activities, etc. (	ee instructions)				12	1,315,662
13	First five years. If the Form 990 is for the o	,, tenobouuein ee	econd third fourth	or fifth tay was as	a cartion 501/cV		1,313,002
13	organization, check this box and stop here	-					▶ □
Sec	tion C. Computation of Public Su	pport Percents					
14	Public support percentage for 2008 (line 6,			7)		14	77.9272 %
15	Public support percentage for 2007 (into 5,	lule A Part IV-A IIn	у IIIIC 11) союни (. в 26f	<i>"</i> "		15	91.2782 %
.o 16a	Public support percentage from 2007 Scheo. 33 1/3 % support test-2008. If the organization of the support test-2008 is the support test-	ration did not check	the box on line 13	and line 14 is 33 1	/3 % or more, char	ck this box	
ıvu	and stop here. The organization qualifies a						▶ 🗵
h	33 1/3 % support test—2007. If the organiz				33 1/3 % or more		········
•	box and stop here. The organization qualified						▶ □
17a		. If the organization	did not check a bo	x on line 13, 16a, o	r 16b. and line 14	is 10% or	······································
	more, and if the organization meets the "fact						•
	organization meets the "facts-and-circumsta			•	•		▶ □
ь		,			-		········ ·
•	more, and if the organization meets the "fac	ls-and-circumstance	es" test, check this	box and stop here	. Explain in Part IV	how the	. 🗀
IA	organization meets the "facts-and-circumsta Private foundation. If the organization did r						<b>\$</b> H
8	Littara Lontingnoir ii nia othanisarou mo t	ior crieda a nos ou i	10, 100, 100, 1	TO, OT TID, CHOCK L	THE DOT GIVE DEG III		

Schodule A (Form 990 or 990-EZ) 2008

TENNESSEE WILDLIFE FEDERATION, INC. 62-6047188 Schedule A (Form 990 or 990-EZ) 2008 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any *unusual grants.*) 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 ...... Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1-5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 ...... Add lines 7a and 7b Public support (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on ..... Other income. Do not include gain or 12 loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, 13 First five years, if the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) 15 % 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g % Section D. Computation of investment income Percentage investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) 17 % Investment income percentage from 2007 Schedule A, Part IV-A, line 27h 18 % 19a 33 1/3 % support tests-2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3 % support tests-2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions 20

Schedul	e A (F	om 9	90 or 99	D-EZ) 2	800	TEN	<u>vessi</u>	ee w	ILDL1	FE	FEDI	ERAT:	ION,	INC.	62	<u>-604'</u>	<u>7188</u>		Page 4
Part		Su	ppiem	ental	Infon	mation	ı. Com	plete	this pai	t to p	rovide	the e	xplanat	tion requ	uired I	by Part	II, line	10;	
		<u>Pa</u>	rt II, IIn	e 1/a	<u> </u>	/D; OF	Part II	i, line	12. Pro	VIGE 8	any ot	ner ao	<u>altional</u>	l informa	auon.	(see in	Structio	ins)	
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#### SGHEDULE C (Form 990 or 990-EZ)

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

527 20

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

To be completed by organizations described below.

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

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

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

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

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

	ne of organization TENNESSEE WILDLIFE	FEDERATION, INC.		Employer identif 62-60471	.88					
Pa	To be completed by all organizations for Schedule C		501(c) and se	ection 527 organiz	ations.					
1 2 3	Provide a description of the organization's direct and in Political expenditures Volunteer hours	ndirect political campaign activities								
Pa	To be completed by all organizations see the instructions for Schedule C		501(c)(3).							
1 2 3 4a	Enter the amount of any excise tax incurred by the organize Enter the amount of any excise tax incurred by organize If the organization incurred a section 4955 tax, did it file Was a correction made?	ation managers under section 4955 Form 4720 for this year?	5	<b>▶</b> \$						
	If "Yes," describe in Part IV.  To be completed by all organization  See the instructions for Schedule C	ons exempt under section for details.	501(c), excep		).					
	Enter the amount directly expended by the filing organization for section 527 exempt function  activities  Enter the amount of the filing organization's funds contributed to other organizations for section  527 exempt function activities  > \$									
4	Total of direct and indirect exempt function expenditures. on Form 1120-POL, line 17b  Did the filing organization file Form 1120-POL for this year	Add lines 1 and 2 and enter here a	and	<b>&gt;</b> \$_	Yes No					
5	State the names, addresses and employer identification of were made. Enter the amount paid and indicate if the amountributions received and promptly and directly delivered or a political action committee (PAC). If additional space	ount was paid from the filing organi d to a separate political organization	ization's funds or w n, such as a sepan	ere political						
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-,	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-					
	<u> </u>									
		<u> </u>								

Sch	edule C (Form 990 or 990-EZ) 2008 T	ennessee wi	LDLIFE FEDE	RATION, INC	. 62-604718	38 Page 2
					etails.	
Α	Check ▶ ☐ if the filing organiz	ration belongs to a	an affiliated group			
В				ontrol" provisions	apply.	
				(.)	(a) Filing ganization's totals	(b) Affiliated group totals
1:	a Total lobbying expenditures to influence	public opinion (grass ro	ots lobbying)			
ı						
(	c Total lobbying expenditures (add lines 1	a and 1b)	•••••			
•	d Other exempt purpose expenditures		• • • • • • • • • • • • • • • • • • • •			
•	Totat exempt purpose expenditures (add					
		amount from the following	ng table in both			
		T.:				
	, , , , , , , , , , , , , , , , , , , ,	1				
		1				
				0.001000		
				8000000		
	<del></del>		the excess over \$1,500,00	10.		
						<u> </u>
8						
•						
	I If there is an amount other than zero on a	ither line 1h or line 1i. c	ild the croanization file	Form 4720 reporting		
						∏Yes ∏ No
	JODGOT TO TE MER TOT WITE YOUR			· · ·		[ ]
	<b>10</b>					<b>5</b>
						TIVE
	columns belov	. See the instruc	tions for lines 2a	through 21 of the	instructions.)	
	To be completed by organizations exempt under section 501(c)(3) that filled Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.  The complete in the filling organization belongs to an affiliated group.  The term "expenditures" means amounts pald or incurred.)  Limits on Lobbying Expenditures  (A) Filing organization between the filling organization checked box A and "limited control" provisions apply.  Limits on Lobbying Expenditures  (A) Filing organizations to table organization checked box A and "limited control" provisions apply.  Limits on Lobbying expenditures in the control organization (grass roots lobbying).  Total lobbying expenditures to influence public opinion (grass roots lobbying).  Total lobbying expenditures (add lines 1 and 1b)  Coller exampt purpose expenditures (add lines 1 and 1b)  Coller exampt purpose expenditures (add lines 1 and 1b)  Lobbying nontexable amount. Enter the amount from the following table in both columns.  If the amount on file 1s, celumn (p) or (p) is:  The lobbying nontexable amount is:  The lobbying nontexable amount (p) or (p) is:  Lobbying Expenditures (p) the excess over \$1,000,000  (b) 200,000 but not over \$1,000,000  (c) 200,000 but not over \$1,000,000  (d) 200,000 but not over \$1,000,000  (e) 71,000,000 but not over \$1,000,000  (e) 71,000,000 but not over \$1,000,000  (f) 1 file is one manual of the file is more than line or  (f) The is one mount of the rhan zero on either line in the rine in line or line in line					
		(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) Total
2a	Lobbying non-taxable amount					
b	Lobbying celling amount					
	(150% of line 2s, column(e))					
С	Total lobbying expenditures	·				
d	Grassroots non-taxable amount					
8	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

CONCUME O (1 OIII) 330 OF 330 EE / E000			188	P	age 3
Partilis To be completed by organizations exempt under section 501(c)(3) that have N	IOT f	iled l	Form	_	
5768 (election under section 501(h)). See the instructions for Schedule C for de			<del></del>		
	(4	a)	. (k	<u>)</u>	
	Yes	No	Amo	ount	
During the year, did the filing organization attempt to influence foreign, national, state or local					
legislation, including any attempt to influence public opinion on a legislative matter or					
referendum, through the use of:	36846368	X			
a Volunteers?  b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	x				
* * * * * * * * * * * * * * * * * * * *		X		R.C.	22222
c Media advertisements? d Mailings to members, legislators, or the public?		X	<del></del>	•	
g Mailings to memoers, registators, or the pounce		X			
e Publications, or published or broadcast statements?	М	X			
f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body?	X				
		X	· · · · · ·		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?	┝╧	X			
i Other activities? If "Yes," describe in Part IV					—
j Total lines 1c through 1i	83333333	X		*****	
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	*****			**********	XXXXXXXX
b If "Yes," enter the amount of any tax incurred under section 4912					
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912	18888888	X			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  Far:     A	501/			**********	200000000000000000000000000000000000000
To be completed by all organizations exempt under section 501(c)(4), section section 501(c)(6). See the instructions for Schedule C for details.	3010	ر دراری	Ųi		
Section 501(c)(o). See the instructions for Schedule C for details.			-	Yes	No
			1	163	<del>                                     </del>
1 Were substantially all (90% or more) dues received nondeductible by members?			·····	$\vdash$	$\vdash$
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			· · · · · · · · · · · · · · · · · · ·	$\vdash$	$\vdash$
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	504/	cV5\	<u> 1 3 </u>		<u> </u>
To be completed by all organizations exempt under section 501(c)(4), section section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR	if Dar	∪)(∪); + 111_/	Δ.		
question 3 is answered "Yes." See Schedule C instructions for details.	a.	· • · · · · ·	٠,		
1 Dues, assessments and similar amounts from members		1			
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
·	ı	2a			
a Current year	····	2b	-		
b Carryover from last year	····	2c	-		
c Total  3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	····	3			
Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	••••				
excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying	İ	4			
and political expenditure next year?	····	5			
5 Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)		9	•		
Part IV Supplemental Information Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line	11				
	11.				
Nso, complete this part for any additional information.					
COMMENTE C DADM II.B IINE II					
SCHEDULE C, PART II-B, LINE 1I	• • • • • •	•••••	•••••	• • • • • •	••••
TENNESSEE WILDLIFE FEDERATION, INC. (TWF) HAS CHAMPIONED MAN	v g	TTCC	सददसात.		
TENNESSEE WIIDLIFE PEDERATION, INC. (IMP) INS CHARLETONES MAN	<del></del>			• • • • • •	• • • • •
EFFORTS IN CONSERVATION AND WILDLIFE MANAGEMENT BY MAINTAI	NIN	G H	IGH		
			**********	• • • • • •	•••••
VISIBILITY ON CAPITOL HILL, CONSTANTLY MONITORING PROPOSED	LE	GIS	LATION,		
.: <del></del>	• • • • • •	••••		•••••	••••
EMPLOYING RESEARCHED-BASED FACTS AND SERVING AS THE VOICE	OF :	REA	SON. AS	A	
<del></del>	• • • • • •	•••••		•••••	
RESULT, TWF HAS BEEN INSTRUMENTAL IN ISSUES REGARDING AIR	POL	LUT	ION, WA	TER	
**					

Schedule C (Form 990 or 990-EZ) 2008 TENNESSEE WILDLIFE FEDERATION, INC. 62-6047188 Page 4  Part IV Supplemental Information (continued)
POLLUTION, ENDANGERED SPECIES PROTECTION, FOREST MANAGEMENT, RESOURCE
MANAGEMENT AND OTHER LEGISLATION THAT IMPACTS TENNESSEANS! OPPORTUNITY TO
ENJOY THE GREAT OUTDOORS. THIS HAS EARNED THE ORGANIZATION A SEAT ON
SEVERAL STATE BOARDS AND ADVISORY PANELS.
TWF DOES NOT CONTRIBUTE TO POLITICAL CAMPAIGNS OR SUPPORT SPECIFIC
CANDIDATES.
······································
•••••••••••••••••••••••••••••••••••••••
Schedule C (Form 990 or 980-EZ) 2008

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

➤ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Nam	ne of the organization	Employer Identification number		
7	PENNESSEE WILDLIFE FEDERATION, INC.		62-6047188	
23000	Organizations Maintaining Donor Advised Futhe organization answered "Yes" to Form 990,			
		(a) Donor advised funds	(b) Funds and other accounts	
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing that	the assets held in donor advised	_	
	funds are the organization's property, subject to the organization's exclu		Yes No	
6	Did the organization inform all grantees, donors, and donor advisors in v			
	used only for charitable purposes and not for the benefit of the donor or	donor advisor or other		
	impermissible private benefit?		Yes No	
æ	art II Conservation Easements. Complete if the organization	anization answered "Yes" to Form	990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check a	all tha <u>t e</u> pply).		
	Preservation of land for public use (e.g., recreation or pleasure)	Preservation of an historically impo	ortant land area	
	Protection of natural habitat	Preservation of certified historic str	ructure	
	Preservation of open space		·	
2	Complete lines 2a-2d if the organization held a qualified conservation or	ontribution in the form of a conservation ease	ement ·	
	on the last day of the tax year.	•		
•			Held at the End of the Year	
a	Total number of conservation easements		2a	
ь				
C	A4 4 8 4 4 10 11 11 11 11 11 11 11 11 11 11 11 11			
d				
3	Number of conservation easements modified, transferred, released, exti			
_	the taxable year 🕨			
4	Number of states where property subject to conservation easement is lo	cated >		
5	Does the organization have a written policy regarding the periodic monitor			
•	-f		∏ Yes ∏ No	
6	Staff or volunteer hours devoted to monitoring, inspecting, and enforcing	easements during the year		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing ea			
8	Does each conservation easement reported on line 2(d) above satisfy the			
٠	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?		☐ Yes ☐ No	
9	In Part XIV, describe how the organization reports conservation easeme		nd	
•	balance sheet, and include, if applicable, the text of the footnote to the or	· · · · · · · · · · · · · · · · · · ·		
	the organization's accounting for conservation easements.			
	organizations Maintaining Collections of Art,	Historical Treasures, or Other Si	milar Assets.	
******	Complete if the organization answered "Yes" to	Form 990, Part IV, line 8.		
4.	If the organization elected, as permitted under SFAS 116, not to report in	alte revenue etatement and halance cheet w	mrke of	
19	art, historical treasures, or other similar assets held for public exhibition,			
	provide, in Part XIV, the text of the footnote to its financial statements the	· · · · · · · · · · · · · · · · · · ·		
	provide, at 1 are 74 v. a.a taxt of the resulted to he has harmon determined the	at accombcs grown name.		
h	If the organization elected, as permitted under SFAS 116, to report in its	ravenue statement and halance sheet works	s of art.	
	historical treasures, or other similar assets held for public exhibition, edu			
	provide the following amounts relating to these items:	wasting in respector in this persons on public s	a. 1100)	
	• -		▶ «	
	(i) Revenues included in Form 990, Part VIII, line 1			
•	(ii) Assets Included in Form 990, Part X  If the organization received or held works of art, historical treasures, or o	ther similar assets for financial sain and do		
2	•		i uic	
_	following amounts required to be reported under SFAS 116 relating to the		▶ €	
	Revenues included in Form 990, Part VIII, line 1  Assets included in Form 990, Part X	***************************************		

	Dadio D (1 Citil CCC) House	WILDLIFE FE					<del></del>	Page 2
	art III Organizations Maintaining						sets (continue	<u>ed)</u>
3	Using the organization's accession and other items (check all that apply):	records, check any of the	following that are a	significent	use of its collec	tion		
а	Public exhibition	d Loa	n or exchange progr	ams				
b	П.,,,,	e Cothe						
			·				_	
C	<del></del>					_		
4	Provide a description of the organization's coll Part XIV.	lections and explain how t	hey further the orga	nization's (	exempt purpose	in		
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to	be maintained as part of t	he organization's co	ilection?		. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	Yes	☐ No
P	Trust, Escrow and Custod Part IV, line 9, or reported a				n answered '	"Yes" to	Form 990,	
1a	Is the organization an agent, trustee, custodian				лot			
	included on Form 990, Part X?						Yes	∏ No
<b>h</b>	If "Yes," explain the arrangement in Part XIV a	and complete the following	tahle:	• • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • •	,	
·	II 165, expent the analysmonth in action of	ind complete the leadwing	abio.				Amount	
	Bustostas balanca					40	70,000	
C	Beginning balance							
đ	Additions during the year							
e	Distributions during the year							
f	Ending balance					. 1f		
<b>2</b> a	Did the organization include an amount on For	m 990, Part X, line 21?					∐ Yes	∐ No
b	If "Yes," explain the arrangement in Part XIV.							
Pe	it V Endowment Funds. Compl	ete if organization a	inswered "Yes"	to Form	ı 990, Part I\	<u>/, line 10</u>	•	,
		(a) Current year	(b) Prior year	(c) Tw	o years back (d	) Three year	s back (e) Four y	rears back
1a	Beginning of year balance							
b	Contributions							
c	Investment earnings or losses							
_								
d	Grants or scholarships							
0	Other expenditures for facilities							
	and programs	<del></del>						
	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the year e	end balance held as:						
a	Board designated or quasi-endowment > _	%				•		
b	Permanent endowment							
	Term endowment ▶ %							
	Are there endowment funds not in the possess	ion of the organization tha	it are held and admi	nistered fo	or the			
	organization by:						[s	es No
	(i) unrelated organizations						3a(l)	
	(ii) related organizations	***************************************		••••••		• • • • • • • • • •	3a(ii)	
h	If "Yes" to 3a(ii), are the related organizations ii	ielad ac raquirad an Scha		• • • • • • • • •	••••••		3b	<del>.  </del>
	Describe in Part XIV the intended uses of the o	· · · · · · · · · · · · · · · · · · ·	*********	•••••	•••••	• • • • • • • • •		
	MAX 0000000000			n Port	Y line 10		·	
<u> </u>					(c) Deprec	lation.	(d) Book w	
	Description of investment	(a) Cost or other basis (investment)	(b) Cost or o basis (oth		(c) Debugo	auun	(d) Book va	aut
		(mvesunem)		<u> </u>				- 100
	Land	ļ		6,193			6	6,193
b	Buildings							
C	Leasehold improvements					•		
	Equipment							
e	Other			1,709	37	4,455		7,254
lotal.	Add lines 1a-1e. (Column (d) should equal For	m 990, Part X, column (B	), lîne 10(c).) , , ,			▶	24	3,447

Schedule D (Form 990) 2008 TENNESSEE WILDLIFE FE		. 62-6047188	Page 3
Part VII Investments—Other Securities. See Form 99  (a) Description of security or category	U, Part X, line 12.	(c) Method of va	hustlanı
(a) Description of security or category (including name of security)	(D) BOOK VEIUS	Cost or end-of-year n	
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
	•		
		1	
	<u> </u>		
	•	· · · · · · · · · · · · · · · · · · ·	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments—Program Related. See Form 99	0 Part X line 13		
(a) Description of investment type	(b) Book value	(c) Method of val	uation:
(a) oscilpasi si mossili ope	(0,000	Cost or end-of-year m	
		<u></u>	
	ļ	<b>.</b>	
	ļ <u> </u>	<del> </del>	<del></del>
<del></del>			
Total. (Column (b) should equal Form 990, Part X, col. (B) line 13.)	<u> </u>		
Part X Other Assets. See Form 990, Part X, line 15.	L		
(a) Description			(b) Book value
	·		
Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.)		<b>&gt;</b>	
Part X Other Liabilities. See Form 990, Part X, line 25	),		
(a) Description of liability	(b) Amount		
Federal income taxes			
CREDIT CARD PAYABLE	5,149		
DEFERRED REVENUE	1,750		
PAYROLL LIABILITIES	225		
LOAN PAYABLE			
······································			
	<del> </del>	-	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 25.)	7,124		
n Part XIV, provide the text of the footnote to the organization's financial states	nents that reports the organ	nization's liability for	

uncertain tax positions under FIN 48.

Sch	adule D (Form 990) 2008 TENNESSEE WILDLIFE FEDERATION, INC. 62-604718	8	Page 4
	Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,324,904
2	Total expenses (Form 990, Part IX, column (A), line 25)	2_	1,357,979
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-33,075
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-33,075
P	Reconciliation of Revenue per Audited Financial Statements With Revenue per Ret	urn	
1	Total revenue, gains, and other support per audited financial statements	1	1,324,904
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments 2a		
b			
C	_ , , , , , , , , , , , , , , , , , , ,		
d	_		•
0	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,324,904
. 4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
8	investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part 1, line 12.)	5	1,324,904
9	Reconciliation of Expenses per Audited Financial Statements With Expenses per Re	eturn	1
1	Total expenses and losses per audited financial statements	1	1,357,979
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities 2a		
b	Prior year adjustments 2b		
C	Losses reported on Form 990, Part IX, line 25		
	Other (Describe in Part XIV)		
9	Add lines 2a through 2d	20	
3	Subtract line 2e from line 1	3	1,357,979
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		
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	4c	
5_	Total expenses. Add lines 3 and 4c. (This should equal Form 980, Part I, line 18.)	5	1,357,979
	Supplemental Information		··
Comp	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b		
ind 2	b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.		
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Schedule D (Fo	rm 990) 2008	TENNESSEE	WILDLIFE	FEDERATION,	INC.	62-6047188	Page 5
Part XIV	Supplemen	tal Information (c	continued)			· <u></u>	
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#### SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 8a.

OMB No. 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number 62-6047188 TENNESSEE WILDLIFE FEDERATION, INC Fundralsing Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Solicitation of government grants Email solicitations Special fundraising events Phone solicitations In-person soliditations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees cr key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table. (ili) Did fund-(v) Amount paid to (Iv) Gross receipts (i) Name of individual (II) Activity (vi) Amount paid to raiser have or entity (fundralser) from activity (or retained by) (or retained by) custody or fundraiser listed in organization centrol of contributions ccl. (i) Yes No Total List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

******	art	Fundraising E more than \$15	Events. Complete if 5,000 on Form 990-	the orgar	nization answered "\ a. List events with o	Yes" to For	m 990, Part IV, II	ne 18, or reported \$5,000.
			(a) Event #1 SPORTSMANS		(b) Event #2		(c) Other Events	(d) Total Events (Add col. (a) through
0			(event type)		(event type)		(total number)	ccl. (c))
Revenue	1	Gross receipts	18	8,018				188,018
_	2	Less: Charitable contributions	18	8,018				188,018
	3	Gross revenue (line 1		,,,,,				100,000
		minus line 2)						
	4	Cash prizes						
Ses	5	Non-cash prizes	· · · · · · · · · · · · · · · · · · ·	-				
Direct Expenses	6	Rent/facility costs						
Direct	7	Other direct expenses						
ļ	8	Direct expense summary. Net income summary. Co	<del>-</del>					
₩P.	<del>,</del>	Ret income summary. Co	olete if the organizat	tion answ	ered "Yes" to Form	990, Part	IV, line 19, or rep	orted more
-			n Form 990-EZ, line		•			<del></del>
Ze			(a) Bingo		(b) Pull tabs/Instant bingo/progressive bingo		(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
Revenue		ſ						:
$\dashv$	1	Gross revenue				· -		
	2	Cash prizes						
ense	_							
8	3	Non-cash prizes						
Direct Expenses	4	Rent/facility costs	•					<u> </u>
	5	Other direct expenses						
			Yes	%	Yes	. %   🗍	Yes %	
	6	Volunteer labor [	No		No		No	
	7	Direct expense summary.	Add lines 2 through 5 in o	column (d)		• • • • • • • • • • • • • • • • • • •		<u> </u>
	8	Net gaming income summ	ary. Combine lines 1 and	7 in column	(d)		<b>&gt;</b>	
9	Ent	er the state(s) in which the	omanization operates car	mino activitie	e.			Yes No
a		ne organization (icensed to						
b	lf"N	lo," Explein:						
	• • •							
0a		re any of the organization's	gaming licenses revoked	, suspended	or terminated during the	tax year?		10a
b	if "Y	'es," Explain:		•••••	••••••			
1		s the organization operate						11
2		ne organization a grantor, b ned to administer charitable			mber of a partnership or o	other entity		12
								Form 990 or 990-EZ) 2008

Sche	edule G (Form 990 or 990-EZ) 2008 TI	<u>INNESSEE</u>	WILDLIFE	FEDERATION,	_INC	<u>62-604718</u>	38	P	Page 3
								Yes	No
13	indicate the percentage of gaming activity ope	rated in:							
8	The organization's facility				<u>13a</u>	%			
ь	An outside facility				<u>[ 13b</u>	%			
14	Provide the name and address of the person	who prepares the	e organization's ga	ming/special events bool	<b>u</b> s				
	and records:								
	•								
	Name >			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	Address >								
15a	Does the organization have a contract with a t	hird party from w	vhom the organizat	ion receives gaming					
	revenue?  If "Yes," enter the amount of gaming revenue						15a		*******
Ь					and t	he			
	amount of gaming revenue retained by the thir	d party 🕨 💲							
C	If "Yes," enter name and address:		·						
	Name ▶								
	Address ►								
16	Gaming manager information:								
		•							
	Name ►	•••••	• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •	•••••			
	Gaming manager compensation ▶ \$	•••••	••••						
	Description of condess provided A								
	Description of services provided ▶	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •				
	Director/officer Employee		Independent contr	ector					
		ب	independent cons	acto:					
17	Mandatory distributions:								
	is the organization required under state law to	make charitable	distributions from t	he gaming proceeds to					
							17a	*********	
	Enter the amount of distributions required under	r state law distri	buted to other exer	not creanizations or spe		*************			
	In the organization's own exempt activities duri			p. 2.86	•••				
	at the difference of the descript went page and	., w. , Juli P	<del></del>			adula O /Fama 000			

Schedule G (Form 990 or 990-EZ) 2008

## SCHEDULE I (Form 990)

DAA

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

2008, Open to Public Inspection

OMB No. 1545-0047

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

► Attach to Form 990

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990.

Employer Identification number

TENNESSEE WILDLIF	E FEDERATI	CION, INC. 62-6047188				iper	
Part General Information on Grants a							
Does the organization maintain records to substantiate the selection criteria used to award the grants or assist Describe in Part IV the organization's procedures for records.	tance?	omnt fund	o in the United Ctates	••••••	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	X Yes No
Part II Grants and Other Assistance to Grown 990, Part IV, line 21, for any Part IV and Schedule I-1 (Form 99)	overnments at recipient that re	nd Organ eceived n space is	nizations in the Ui nore than \$5,000. needed	nited States. Com Check this box if	plete if the org no one recipie	janization ans nt received m	swered "Yes" on lore than \$5,000. Use
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appreisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARSHALL COUNTY TRAP TEAM 760 SCENIC DRIVE LEWISBURG TN 37091			5,624				SCTP NAT'L CHAMP
						·	
							·
· · · · · · · · · · · · · · · · · · ·							
						<del></del>	
2 Enter total number of section 501(c)(3) and government	nt organizations				• • • • • • • • • • • • • • • • • • • •		<b>&gt;</b>
3 Enter total number of other organizations	<u></u>		• • • • • • • • • • • • • • • • • • • •		••••••		
For Privacy Act and Paperwork Reduction Act Notice, se	e the Instructions fo	or Form 991	0.				Schedule I (Form 990) 2008

Par III Grants and Othe	r Assistance to li	ndividuals in the	United States, Cor	2-6047188 nplete if the organiza	tion answered "Yes" on Fo	Page 2 rm 990, Part IV, line 22.
Use Schedule I-1 (a) Type of grant or assist		(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
			July Brain	viole days abolitande	r inter appraisal, ouler)	
	<del></del>					<del> </del>
:						
			•			
· 			•			
Part IV Supplemental In	formation. Comp	lete this part to p	provide the informati	on required in Part I,	line 2, and any other addit	onal information.
•						
						•••••
•	•••••••	• • • • • • • • • • • • • • • • • • • •	•••••		••••••	
· · · · · · · · · · · · · · · · · · ·	•••••	•••••	······			••••••
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	<u> </u>		<del> </del>			Schedule I (Form 990) 2008

b

SCHEDULE O (Form 980)

Department of the Treasury internal Revenue Service

## Supplemental Information to Form 990

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

2008 Quento Fulido

Employer identification number Name of the organization 62-6047188 TENNESSEE WILDLIFE FEDERATION, INC. FORM 990 - ORGANIZATION'S MISSION ADVOCACY AND EDUCATION FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS SEE ATTACHED DISCRIPTION OF CLASSES OF MEMBERS FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS AN ANNUAL MEMBERSHIP MEETING OF THE MEMBERS SHALL BE HELD EACH YEAR AT A PLACE, DATE, AND TIME DESIGNATED BY THE BOARD FOR THE PURPOSE OF ELECTING OFFICERS AND REGIONAL DIRECTORS FORM 990, PART VI, LINE 7B - DECISIONS SUBJECT TO APPROVAL OF MEMBERS AN ANNUAL MEMBERSHIP MEETING OF THE MEMBERS SHALL BE HELD EACH YEAR AT A PLACE, DATE, AND TIME DESIGNATED BY THE BOARD FOR THE PURPOSE OF SETTING THE GENERAL POLICY OF THE FEDERATION, AS EXPRESSED BY RESOLUTIONS; AND FOR THE TRANSACTION OF SUCH OTHER BUSINESS AS MAY COME BEFORE THE ASSEMBLY. FORM 990, PART VI, LINE 10 - ORGANIZATION'S PROCESS USED TO REVIEW FORM 990 THE 990 IS REVIEWED BY THE CHIEF EXECUTIVE OFFICER AND THE BOARD OF DIRECTORS. FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY SEE ATTACHED POLICY. AN ANNUAL EXAMINATION OF THE BOARD MEMBERS, OFFICERS AND KEY EMPLOYEES STATED BUSINESS INTERESTS IS PERFORMED

Name of the organization  TENNESSEE WILDLIFE FEDERATION, INC.	Employer Identification number 62-6047188
FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TO	P OFFICIAL
THE BOARD PERFORMS ANNUAL REVIEWS OF ALL KEY OFFICERS AND	EMPLOYEES.
SALARIES ARE BASED ON COMPARABLES FROM OTHER NON-PROFIT O	RGANIZATIONS
WITHIN MIDDLE TENNESSEE.	
FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OF	FICERS
THE BOARD PERFORMS ANNUAL REVIEWS OF ALL KEY OFFICERS AND	EMPLOYEES.
SALARIES ARE BASED ON COMPARABLES FROM OTHER NON-PROFIT OF	RGANIZATIONS
WITHIN MIDDLE TENNESSEE.	
FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSU	RE EXPLANATION
ALL GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS	S ARE AVAILABLE
UPON REQUEST.	
•••••••••••••••••••••••••••••••••••••••	
•••••••••••••••••••••••••••••••••••••••	

- Section 2. Classes of Members. The Federation shall have the following classes of membership, and each member shall have one vote, except that a delegate of an Affiliate or Corporate Member shall be entitled to an additional vote in accordance with Article V, Section 5:
  - a. Life Member shall be any individual who pays the required total dues without any requirement for additional dues and, thereafter, shall be a member for life.
  - b. Regular Member shall be any individual who pays annual dues.
  - c. Affiliate Member shall be any conservation related club or similar organization with ten (10) or more members that pays annual dues. The delegate representing the Affiliate Member shall be identified in writing and is entitled to act on each motion submitted to a vote in a meeting open to the Federation's entire membership. Individual members of affiliate organizations are not, by their membership in that organization, Regular Members of the Federation, but they may become Regular Members as provided in b. above.
  - d. Corporate Member shall be any commercial or industrial business establishment or corporation which pays annual dues, including for each geographically separate operating unit, if any. A Corporate Member is entitled to one (1) delegate, who must be identified in writing by the member's headquarters, and the delegate is entitled to one (1) vote.
  - e. Student Member shall be any full-time student at any grade level who pays annual dues.
  - f. Honorary Life Membership may be conferred by the Board upon any individual in recognition of long and valuable service to the Federation, or to the cause for which the Federation was founded, without any requirement for dues or fees, but the Board may confer not more than one such membership each calendar year.
  - g. Suspended Member is any member who may not vote or otherwise participate in Federation business for cause or is in arrears in their annual membership dues payment.

#### 3.11 OUTSIDE EMPLOYMENT/CONFLICT OF INTEREST

Employees may hold outside jobs in non-related businesses or professions as long as the employee meets the performance standards of their job description with the Federation and do not otherwise conflict with their duties and responsibilities as Federation employees. However, certain types of outside activity by Federation employees may require the written and prior approval of the Executive Committee. The Executive Director shall evaluate the request and make recommendations to the Executive Committee. Instances where prior approval may be indicated include:

- Utilizing Federation employment, facilities, systems, information, or material of any kind, which was developed by or obtained for the Federation, its clients or affiliates, in conduct of any activity outside the Federation.
- Entering into a business agreement as a private individual with a Federation client (past or
  present) or perspective client, or affiliate with whom the Federation might obtain valuable
  consulting service income.
- Engaging in non-Federation business during the employees' normal Federation working hours.
- Engaging in private consulting activity in a manner which might suggest Federation involvement or endorsement.
- Soliciting goods or services from a Federation benefactor or perspective benefactor.
- Employment by, investment in, consulting to, or acting as an agent for a competitive business or organization.

If any employee thinks that he or she may have a direct or indirect (through an immediate family member) conflict of interest or potential for such, the employee must discuss such conflict or potential conflict with the Executive Director.

A determination will be made within 10 days as to whether the employee should divest the interest, avoid the potential conflict, or realign assigned Federation job functions; or if the matter should be referred to the Executive Committee. The employee has the right to appeal in writing to the Director or representative's decision to the Executive Committee. The Executive Committee will have 15 days to act on the determination.

Form 4562

Department of the Treasury Internal Revenue Service

# **Depreciation and Amortization**

(Including Information on Listed Property)

► See separate instructions. - ► Attach to your tax return.

2008

Attachment Sequence No. 6

identifying number Name(s) shown on return TENNESSEE WILDLIFE FEDERATION, INC. 62-6047188 Business or activity to which this form relates INDIRECT DEPRECIATION **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 250,000 Maximum amount. See the instructions for a higher limit for certain businesses Total cost of section 179 property placed in service (see instructions) 2 2 800,000 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filling separately, see instructions (a) Description of property (b) Cost (business use only) 6 Listed property. Enter the amount from line 29 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction. Enter the smaller of line 5 or line 8 9 Carryover of disallowed deduction from line 13 of your 2007 Form 4562 10 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 11 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 ...... 12 Carryover of disallowed deduction to 2009, Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions. Part II Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) Property subject to section 168(f)(1) election 15 15 48.426 Other depreciation (including ACRS) ...... MACRS Depreciation (Do not include listed property.) (See instructions.) Section A MACRS deductions for assets placed in service in tax years beginning before 2008 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2008 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery (e) Convention (a) Classification of property year placed in (f) Method (g) Depreciation deduction period service only-see instructions) 19a 3-year property 5-year property 7-year property d 10-year property 15-year property 20-year property S/I 25 yrs. 25-year property S/L h Residential rental 27.5 yrs. MM property 27.5 yrs. MM S/L MM Nonresidential real 39 yrs. S/L property MM S/L Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System 20a Class life b 12-year 12 yrs. SIL 40-year 40 yrs. MM S/L Summary (See instructions.) Part IV Listed property. Enter amount from line 28 Total, Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instr. For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

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Form 990	For calendar year 2008, or tax year	pecial Events	Schedule _ , and er	ndina		2008
Name	For Calendar year 2000, or tax year	Dogmanny			Employer ide	ntification Number
	LDLIFE FEDERATION,	INC.			62-604	
Gross receipts Less contributions Gross revenue Less direct expenses Net income (loss)		(B) 0 0 0 0 0	(C) 0 0 0 0	Others	0 0 0 0	Total 208,880 0 208,880 0 208,880
Description: (A) (B) (C) Others	OUTDOOR SHOWS					