** PUBLIC DISCLOSURE COPY **

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

Open to Public

(Rev. January 2020) Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

OMB No. 1545-0047

			ending U	UN 30, 4040				
В	Check i applicat	C Name of organization		D Employer identifi	cation number			
	Addr							
	Nam chan	ge Doing business as		62-60471	88			
	Initia retur	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number				
	Final retur	300 ORLANDO AVENUE		615-353-				
	term ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ 3,968,207				
Ļ	Ame	MASHVILLE, IN 37209		H(a) Is this a group re				
	Appl tion pend	F Name and address of principal officer: MICIABL BOILER		for subordinates	? Yes X No			
	-	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No			
		xempt status: X 501(c)(3) 501 (c) () \checkmark (insert no.) 4947 (a)(1) o	or 527	If "No," attach a	list. (see instructions)			
		ite: ▶ WWW.TNWF.ORG		H(c) Group exemptio	-			
		of organization: X Corporation Trust Association Other	L Year	of formation: 1946 N	$m{n}$ State of legal domicile: $m{TN}$			
P	т —	Summary			TON COUNT			
9	1	Briefly describe the organization's mission or most significant activities: TO LE	SAD TH	IE CONSERVAT	TON, SOUND			
Activities & Governance		MANAGEMENT, AND WISE USE OF TENNESSEE'S V						
/ern	2	Check this box if the organization discontinued its operations or dispos		1				
30	3			3	16			
∞	4	Number of independent voting members of the governing body (Part VI, line 1b)			16			
ies	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)			23			
፷	6	Total number of volunteers (estimate if necessary)			2620			
Aci		Total unrelated business revenue from Part VIII, column (C), line 12			0.			
	l b	Net unrelated business taxable income from Form 990-T, line 39		· ·	0.			
		0	-	Prior Year	Current Year			
ne	8	Contributions and grants (Part VIII, line 1h)		1,771,720. 1,146,518.	2,196,503.			
Revenue	9	Program service revenue (Part VIII, line 2g)		25,742.	1,522,701.			
Re	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		231,820.	216,583.			
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,175,800.	3,966,384.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		20,780.	6,675.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		20,700.	0,073.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		1,380,812.	1,478,203.			
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.			
Expenses	108	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 348,12	28	0.	0.			
Ä	1,	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,479,558.	1,797,604.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,881,150.	3,282,482.			
	19			294,650.	683,902.			
JC BS	3	Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year			
ets (20	Total assets (Part X, line 16)		3,971,654.	4,669,040.			
ASSI	21	Total liabilities (Part X, line 16) Total liabilities (Part X, line 26)		305,481.	326,855.			
Net Assets or Find Balances	22	Net assets or fund balances. Subtract line 21 from line 20		3,666,173.	4,342,185.			
	art II			3,000,270	1/012/2001			
Unc	der per	alties of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of m	v knowledge and belief, it is			
		ect, and complete. Declaration of preparer (other than officer) is based on all information of wh			,			
Sig	ın	Signature of officer		Date				
He		MICHAEL BUTLER, CEO						
		Type or print name and title						
		Print/Type preparer's name Preparer's signature		Date Check	PTIN			
Pai	d	LARRY MULLINS		if self-employ				
Pre	parer	Firm's name MULLINS CLEMMONS & MAYES, PLLC	•		62-1409003			
Use Only Firm's address 340 SEVEN SPRINGS WAY, SUITE 720								
		BRENTWOOD, TN 37027		Phone no.61	5-370-8576			
Ма	y the	IRS discuss this return with the preparer shown above? (see instructions)	-		X Yes No			

STATE SHOOT COMPETITION TAKES PLACE BETWEEN FEBRUARY AND JUNE. MANY OF THE TEAMS ARE SPONSORED BY SCHOOLS OR 4-H CLUBS. DUE TO THE CONTROLS BY OUR TEAM SPONSORS, MANY ATHLETES WERE NOT ABLE TO COMPETE BECAUSE OF COVID-19 RESTRICTIONS, REDUCING PARTICIPATION NUMBERS FROM YEARS PAST. 1,391,911. including grants of \$) (Expenses \$ 1,221,289.

) (Revenue \$ LAND MANAGEMENT AND RESTORATION: THE FEDERATION'S HABITAT CONSERVATION PROGRAM HAS NUMEROUS PROJECTS COMPLETED OR UNDERWAY STATEWIDE. SEVEN WETLAND RESTORATION PROJECTS ARE COMPLETE AND FOUR OTHERS ARE IN VARIOUS STAGES OF PERMITTING. THREE STREAM RESTORATION PROJECTS ARE NOW COMPLETE. SIX MULTI-YEAR FOREST HABITAT RESTORATION PROJECTS ON THE CUMBERLAND PLATEAU HAVE BEEN THESE PROJECTS WILL RESTORE MORE THAN 1,200 ACRES OF WETLAND HABITAT, 4,000 ACRES OF FOREST HABITAT, AND 6 MILES OF STREAM TO IMPROVE HABITAT FOR WILDLIFE AND INCREASE PUBLIC ACCESS FOR RECREATION.

4d	Other	program	services	(Describe on	Schedule	Ο.)
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including grants of \$) (Revenue \$

2,514,076. Total program service expenses

Form **990** (2019)

Form 990 (2019) TENNESSEE WI Part IV Checklist of Required Schedules

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

Form 990 (2019) TENNESSEE WILDLIFE Part IV Checklist of Required Schedules (continued)

		_	Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
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	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	١		Х
	Schedule K. If "No," go to line 25a	24a		Λ
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
Ч	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			37
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?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			37
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		х	
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33	Λ	
34	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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		Х
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, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		7.7	
Pai	Note: All Form 990 filers are required to complete Schedule O	38	Х	
· a	Check if Schedule O contains a response or note to any line in this Part V			
	Shook is Schooling Contains a response of field to diffy fille fit that are v		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 47			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

Form 990 (2019) TENNESSEE WILDLIFE FEDERATION, INC Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 2a 23 b If a least one is reported on line 2a, did the organization file all required federal employment tax returne? Note: If the sum of lines 1 and 2a is greater than 250, you may be required to effect gen instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If Yes, 'has it filed a Form 990-T for this year? If 'No' to line 2b, provide an explanation on Schedule 0 3c If Yes, 'has the filed a Form 990-T for this year? If 'No' to line 2b, provide an explanation on Schedule 0 3c If Yes, 'has the filed a Form 990-T for this year? If 'No' to line 2b, provide an explanation on Schedule 0 3c If Yes, 'has the filed a Form 990-T for this year? If 'No' to line 2b, provide an explanation on Schedule 0 3c If Yes, 'has the time and or the foreign country year the name of the foreign country year. Sea instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5c If Yes to line 5a or 5b, did the organization that It was or is a party to a prohibitod tax shelter transaction? 5c If Yes to line 5a or 5b, did the organization that It was or is a party to a prohibitod tax shelter transaction? 5c If Yes to line 5a or 5b, did the organization that It was or is a party to a prohibitod tax shelter transaction? 5c If Yes to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles or calertable contributions? 5c If Yes, 'if did the organization include with every solicitation an express that such contributions or gifts were not tax deductibles or calertable to contributions or the value of the goods or services provided? 5c If Yes, 'if a did the organization include with every solicitation and express that such contribution or party					Yes	No
b If a least one is reported on line 2a, did the organization life all required toderal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X b If Yes, has it filed a Form 900-T for this year? If 'No' to line 3b, provide an explanation on Schedule C 3b A at any time during the calendary early diff the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a X b If Yes, 'nest reth ename of the foreign country (such as a bank account, securities account, or other financial Accounts (FBAR). 5a Was the organization have foreign country (such as a bank account, securities account, or other financial Accounts (FBAR). 5b Was the organization the foreign country (such as a bank account, securities account, or other financial Accounts (FBAR). 5c Was the organization the organization that it was or is a party to a prohibited tax shelter transaction? 5c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions thave annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible acchiration under section 170(c). 6c Was If Yes, 'id did the organization include with every solicitation an express statement that such contributions or grits were not tax deductible? 6c V Yes, 'indicate the number of Forms 2822 filed during the year 6c Did the organization state any receive deductible contributions under section 170(c). 6c V Yes, 'indicate the number of Forms 2822 filed during the year 6d Did the sponsization received a contribution of qualified intellectual property, did the organization file and year of the value of the goods or services provided?	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructione) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," has it filed a Form 990-Tf for this year? If "No" to line 3b, provide an explanation on Schedule 0 3b If "Yes," has it filed a Form 990-Tf for this year? If "No" to line 3b, provide an explanation on Schedule 0 3b If "Yes," the standard year, did the organization have an interest in, or a signature or other authority over, a financial account? If year the name of the foreign country [such as a bank account, securities account, or other financial accounts? 4a X X S and S S S S S S S S S S S S S S S S S S S		filed for the calendar year ending with or within the year covered by this return	2a 23			
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 4b if 11*es*, This it filled a Form 990 Tor this year of 1** "Not for in 83,000 or more during the year? 4c At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5c In 1**es*, "enter the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5c Was the organization a party to a prohibeted tax shelter transaction? 5c In 1**es*, and in the organization the foreign country (such as a bank account, securities account, or other financial Accounts (FBAR). 5d Was the organization to provide a propher tax year? 5d Was the organization to provide any organization that it was or is a party to a prohibeted tax shelter transaction? 5d In 1**es*, and in the organization the foreign country (such as any contributions for interest when the organization the organization the form 88691 are any contributions and party to prohibeted tax shelter transaction? 5d In 1**es*, and the organization include with every solicitation an exposes statement that such contributions or gifts were not tax deductible? 6d In 1**es*, and the organization the organization the organization include with every solicitation an exposes statement that such contributions or gifts were not tax deductible? 6d In 1**es*, and the organization that may receive deductible contributions under section 170(c). a bit the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the form 8262 filed during the year. 5d In 1**es*, include the number of Forms 8262 filed during the year. 6d In 1**es*, include the number of Forms 8262 filed during the year. 7d In 1**es*, include the number of Forms 8262 filed during the year. 9d In 1**es*, include the organization neceived an	b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	s?	2b	Х	
b If Yes, 'has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O 44 At any time during the calendar year, did the organization have an interest, in, or a signature or other authority over, a financial account? 45 If Yes, 'enter the name of the foreign country [such as a bank account, securities account, or other financial accounts? 56 Was the organization a party to a prohibitod tax shelter transaction at any time during the tax year? 58 Was the organization a party to a prohibitod tax shelter transaction at any time during the tax year? 59 Was the organization a party to a prohibitod tax shelter transaction at any time during the tax year? 50 Was the organization at the vagarization file Form 8888-17? 50 Did any taxable party nority the organization that it was or is a party to a prohibited tax shelter transaction? 50 Did any contributions that were not tax deductible as charitable contributions? 60 Dest the organization shell a many receive deductible as charitable contributions? 60 Did the organization shell a may receive deductible contributions an express statement that such contributions or gifts were not tax deductible? 70 Organizations that may receive deductible contributions under section 170(c). 80 Did the organization receive a payment in excess of 575 made party as a conflibetion and party for goods and services provided to the payor? 71 The state of the organization shell any receive deficiency or the value of the goods or services provided? 72 Did the organization receive any payment in excess of 575 made party as a conflibetion of quanty and party for goods and services provided to the payor? 72 Did the organization receive any trunds, directly or indirectly, to pay premiums on a personal benefit contract? 73 Did the organization receive any trunds, directly or indirectly, to pay premiums on a personal benefit contract? 74 Did the organization received any analysis of the payment of the payment of the payment of the payment of the payme		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
4a A any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4b If 'Yes,' Teat the mane of the foreign country ▶ 5a Was the organization aparty to a prohibited for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5b Was the organization to a provide the organization file Form 1886-17. 5c If 'Yes's 10 ine Sa or 5b, did the organization file Form 1886-17. 5c If 'Yes's 10 ine Sa or 5b, did the organization file Form 1886-17. 5c If 'Yes's 10 ine Sa or 5b, did the organization file Form 1886-17. 5c If 'Yes's 10 ine Sa or 5b, did the organization file Form 1886-17. 5d Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6d Variety of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8 If 'Yes,' fide the organization nority the donor of the value of the goods or services provided to the payor? 8 If 'Yes,' fide the organization nority the donor of the value of the goods or services provided to the payor? 9 If 'Yes,' findicate the number of Forms 8282 field during the year 9 If 'Yes,' findicate the number of Forms 8282 field during the year 9 If the organization received an contribution of capalified intellectual property, did the organization file Form 8890 as required?, 9 If the organization received an contribution of caris, boats, any parsonal benefit contract? 9 If the organization received an contribution of caris, boats any payors and payor	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		X
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10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 15 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X	а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
a Initiation fees and capital contributions included on Part VIII, line 12	b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10	Section 501(c)(7) organizations. Enter:				
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If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X				15		Х
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X						
	16		income?	16		Х

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion 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 1a 16			
	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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 16			
2	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?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Х	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a				
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
_	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
•	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion 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?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
_	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b				
12a		12a	Х	
b		12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12.5		
·	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	X	
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
~	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100		
<u> 17</u>	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 Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3	s only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.	, 2 O. 11y	,	
	Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	d finar	ncial	
	statements available to the public during the tax year.	IUI		
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
_5	MIKE BUTLER - 615-353-1133			
	300 ORIANDO AVENUE NASHVILLE UN 37209			

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.

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

See instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per		not cl		ition more	than		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	tee or director	Institutional trustee as a		irecto		tee)	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) ALLEN CARTER	0.50	,,							_	•
DIRECTOR	0.50	Х						0.	0.	0.
(2) ALLEN COREY	0.50	,,								0
DIRECTOR	0.50	Х						0.	0.	0.
(3) ANKER BROWDER	0.50	,,		77						0
SECRETARY	0.50	Х		Х				0.	0.	0.
(4) BILLY OEHMIG	0.50	,,								•
DIRECTOR	0 50	Х						0.	0.	0.
(5) BRUCE FOX	0.50	,,		37					0	0
VICE CHAIR	0 50	Х		Х				0.	0.	0.
(6) CHRIS NISCHAN	0.50	,,							0	0
DIRECTOR	0 50	Х						0.	0.	0.
(7) KATHY GRIFFIN	0.50	,,							0	0
DIRECTOR	0 50	Х						0.	0.	0.
(8) L. DANIEL HAMMOND	0.50	x						0.	0.	0
DIRECTOR	2 00	Δ						0.	0.	0.
(9) RIC WOLBRECHT	2.00	x		х				0.	0.	0.
CHAIRMAN (10) DIGWIDD GDDDD	0.50	^		Λ				0.	0.	0.
(10) RICHARD SPEER	0.50	x						0.	0.	0.
DIRECTOR	0.50	^						0.	0.	0.
(11) ROBERT LINEBERGER	0.50	x						0.	0.	0.
OIRECTOR (12) TERRY LEWIS	0.50	^						0.	0.	<u> </u>
DIRECTOR	0.30	X						0.	0.	0.
(13) TOMMY BERNARD	0.50	^						0.	0.	<u></u>
TREASURER	0.30	X		Х				0.	0.	0.
(14) BOBBY GOODE	0.50		\vdash					0.	•	•
DIRECTOR	0.30	Х						0.	0.	0.
(15) JILL HANGGI	0.50		\vdash					0.	•	•
DIRECTOR	0.30	Х						0.	0.	0.
(16) BOBBY PIDGEON, JR.	0.50		\vdash						.	
DIRECTOR	3.30	Х						0.	0.	0.
(17) KENDALL MCCARTER	40.00		\vdash			\vdash	\vdash		.	
CDO		1		Х				171,478.	0.	4,500.
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Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees/	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A)	(B)	(C)					(D)	(E)			(F)		
	Name and title	Average	(do		Pos		than	200	Reportable	Reportable	<u>.</u>	Es	stimate	ed
		hours per	box	, unle	ss pe	rson	is bot	n an	compensation	compensation	on	ar	nount	of
		week	\vdash	cer an	nd a d	lirecto	or/trus	tee)	from	from related	t		other	
		(list any	ector						the	organization			pensa	
		hours for related	or di	ee			ated		organization	(W-2/1099-MI	SC)		rom th	
		organizations	nstee	trust		e e	npens		(W-2/1099-MISC)			_	janizat d relat	
		below	lual tr	tional		ploye	st con yee	_					anizati	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				o g	arnzac	0110
(18)	MICHAEL BUTLER	40.00	_	_		Ť	Ξ.	_						
CEO			1		Х				170,751.		0.		4,5	00.
			1											
			1											
			1											
			1											
			1											
			1											
1b	Subtotal							<u> </u>	342,229.		0.		9,0	00.
С	Total from continuation sheets to Part V	II, Section A						>	0.		0.			0.
d	Total (add lines 1b and 1c)							>	342,229.		0.		9,0	00.
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed a	bove	e) wł	no r	received more than \$100	,000 of reportab	ole			
	compensation from the organization													2
													Yes	No
3	Did the organization list any former officer,	director, trust	ee, l	кеу е	emp	loye	e, or	hiç	ghest compensated emp	oloyee on				
	line 1a? If "Yes," complete Schedule J for s	uch individual										3		Х
4	For any individual listed on line 1a, is the su													
	and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	J	for such individual			4	Х	
5	Did any person listed on line 1a receive or a	accrue compe	nsat	ion f	from	any	/ unr	elat	ted organization or indiv	idual for services	à ·			
	rendered to the organization? If "Yes," com	plete Schedul	e J f	or su	uch	pers	son .					5		Х
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	rs t	that received more than	\$100,000 of cor	npens	ation ·	from	
	the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithi	n the organization's tax	year.				
	(A)								(B)			(0		
	Name and business								Description of s		С	ompe	nsatio	n
	IL & ENVIRONMENTAL CO				ΙN	C		- 1	ENVIRONMENTA					
	BOX 644246, PITTSBURGI			5 <u>4</u>					CONSULTATION			22	7,8	59.
	RST BROTHERS CONSTRUCT:		C											
РО	BOX 6, CLARKRANGE, TN 38553 CONTRACTOR SERVICES 109,129.													

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

TENNESSEE WILDLIFE FEDERATION, INC 62-6047188 Page 9 Form 990 (2019) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Revenuè éxcluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d 718,477. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 1,478,026. similar amounts not included above 1f g Noncash contributions included in lines 1a-1f ▶ 2,196,503. h Total. Add lines 1a-1f **Business Code** 110000 1,221,289.1,221,289. 2 a WETLAND MITIGATION Program Service Revenue YOUTH HUNTING PROGRAMS 900099 301,412. 301,412. С f All other program service revenue 1,522,701. g Total. Add lines 2a-2f. Investment income (including dividends, interest, and 30,597. 30,597. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ... 6b c Rental income or (loss) d Net rental income or (loss) (i) Securities 7 a Gross amount from sales of (ii) Other assets other than inventory 7a **b** Less: cost or other basis Other Revenue 7b and sales expenses c Gain or (loss) ______7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses _____ c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 1,706. and allowances 1,823. **b** Less: cost of goods sold -117. -117**.** c Net income or (loss) from sales of inventory **Business Code** 199,389. 199,389. 11 a LICENSE PLATE REVENUE 900099 b EASEMENT STEWARDSHIP 900099 15,000. 15,000. c MISCELLAENOUS 900099 2,311. 2,311. d All other revenue

e Total. Add lines 11a-11d

Total revenue. See instructions

216,700.

,966,384.1,522,584.

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response or note to any line in this Part IX									
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)					
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service	Management and	Fundraising					
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses					
ı	_	1,500.	1,500.							
•	and domestic governments. See Part IV, line 21	±,500•	1,500.							
2	Grants and other assistance to domestic	5,175.	5,175.							
_	individuals. See Part IV, line 22	J, 173.	3,173.							
3	Grants and other assistance to foreign									
	organizations, foreign governments, and foreign									
	individuals. See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors,	369,604.	242 020	10 667	77 000					
	trustees, and key employees	309,004.	242,038.	49,667.	77,899.					
6	Compensation not included above to disqualified									
	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)	020 540	(11 (21	104 564	106 254					
7	Other salaries and wages	932,549.	611,631.	124,564.	196,354.					
8	Pension plan accruals and contributions (include	00 104	10 650	0 064						
	section 401(k) and 403(b) employer contributions)	29,194.	12,659.	9,061.	7,474. 5,042.					
9	Other employee benefits	64,832.	39,413.	20,377.	5,042.					
10	Payroll taxes	82,024.	41,369.	22,621.	18,034.					
11	Fees for services (nonemployees):									
а	Management	44 = 4	-							
	Legal	11,597.	5,418.	6,179.						
	Accounting	49,739.		49,739.						
	Lobbying									
	Professional fundraising services. See Part IV, line 17									
	Investment management fees									
g	Other. (If line 11g amount exceeds 10% of line 25,	400 444	26.22.	40 44-	4.4-					
	column (A) amount, list line 11g expenses on Sch O.)	109,114.	96,824.	12,165.	125.					
12	Advertising and promotion	6,371.	4,609.	161.	1,601.					
13	Office expenses	83,423.	57,425.	19,836.	6,162.					
14	Information technology	20,351.	4,407.	12,138.	3,806.					
15	Royalties									
16	Occupancy	21,693.	11,485.	10,208.	46.515					
17	Travel	60,848.	37,203.	7,633.	16,012.					
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials									
19	Conferences, conventions, and meetings									
20	Interest									
21	Payments to affiliates									
22	Depreciation, depletion, and amortization	41,730.	16,993.	24,737.						
23	Insurance	54,506.	37,540.	16,387.	579.					
24	Other expenses. Itemize expenses not covered									
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)									
	amount, list line 24e expenses on Schedule O.)									
а	PROJECT DESIGN, MANAGEM	996,872.	996,872.	_						
b	YOUTH ENGAGEMENT EVENTS	177,334.	169,775.	6,327.	1,232.					
С	HFTH PROCESSING SERVICE	89,850.	89,850.							
d	NEWSLETTER/MAGAZINE EXP	25,954.	20,630.	572.	4,752.					
е	All other expenses	48,222.	11,260.	27,906.	9,056.					
25	Total functional expenses. Add lines 1 through 24e	3,282,482.	2,514,076.	420,278.	348,128.					
26	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 if following SOP 98-2 (ASC 958-720)									
93201	0 01-20-20				Form 990 (2019)					

Fai	IL A	Dalance Sheet					
		Check if Schedule O contains a response or no	te to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			456,087.	1	1,156,035.
	2	Savings and temporary cash investments			2,725,416.	2	2,574,805.
	3	Pledges and grants receivable, net			205,815.	3	475,511.
	4	Accounts receivable, net			215,523.	4	55,844.
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the	se pers	ons		5	
	6	Loans and other receivables from other disqual					
		under section 4958(f)(1)), and persons describe		6			
ţ	7	Notes and loans receivable, net	F		7		
Assets	8	Inventories for sale or use			4,543.	8	3,621.
ĕ	9	Prepaid expenses and deferred charges			30,954.	9	55,466.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	638,654.			
	b	Less: accumulated depreciation		482,425.	144,873.	10c	156,229.
	11	Investments - publicly traded securities			126,523.	11	128,193.
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	61,920.	15	63,336.		
	16	Total assets. Add lines 1 through 15 (must equ	3,971,654.	16	4,669,040.		
	17	Accounts payable and accrued expenses		1	73,549.	17	64,565.
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
S	22	Loans and other payables to any current or form					
ij		trustee, key employee, creator or founder, subs					
Liabilities		controlled entity or family member of any of the				22	
=	23	Secured mortgages and notes payable to unrel				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on line	17-24)	. Complete Part X			
		of Schedule D			231,932.	25	262,290.
	26	Total liabilities. Add lines 17 through 25			305,481.	26	326,855.
		Organizations that follow FASB ASC 958, che					
ces		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions			3,305,706.	27	3,824,856.
Ва	28	Net assets with donor restrictions			360,467.	28	517,329.
pur		Organizations that do not follow FASB ASC 9					
Ę		and complete lines 29 through 33.					
SO	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or ed				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in				31	
Net	32	Total net assets or fund balances			3,666,173.	32	4,342,185.
-	33	Total liabilities and net assets/fund balances .			3,971,654.	33	4,669,040.

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1 2 3 4 5	Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities 2 3 A 3 B 4 3							
6 7 8 9	Donated services and use of facilities 6 Investment expenses 7 Prior period adjustments 8 Other changes in net assets or fund balances (explain on Schedule O) 9							
10 D ai	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) rt XII Financial Statements and Reporting	10	4,34	2,1	85.			
ıaı	Check if Schedule O contains a response or note to any line in this Part XII							
	Officer if Schedule O Contains a response of flote to any line in this Part Air			Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.						
2a			. 2a		Х			
b	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 Were the organization's financial statements audited by an independent accountant? 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:							
С	Separate basis Consolidated basis Both consolidated and separate basis 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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.							
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir Act and OMB Circular A-133?	ngle Audit	3a		Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization TENNESSEE WILDLIFE FEDERATION, INC 62-6047188 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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). 7 X 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.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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

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

Sec	Section A. Public Support										
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	include any "unusual grants.")	1,333,075.	1,686,274.	1,736,049.	1,771,720.	2,196,503.	8,723,621.				
2	Tax revenues levied for the organ-										
	ization's benefit and either paid to										
	or expended on its behalf										
3	The value of services or facilities										
	furnished by a governmental unit to										
	the organization without charge										
4	Total. Add lines 1 through 3	1,333,075.	1,686,274.	1,736,049.	1,771,720.	2,196,503.	8,723,621.				
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)						1,728,400.				
	Public support. Subtract line 5 from line 4.						6,995,221.				
Sec	ction B. Total Support										
Cale	ndar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total				
7	Amounts from line 4	1,333,075.	1,686,274.	1,736,049.	1,771,720.	2,196,503.	8,723,621.				
8	Gross income from interest,										
	dividends, payments received on										
	securities loans, rents, royalties,										
	and income from similar sources	5,431.	5,740.	6,906.	25,742.	30,428.	74,247.				
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 VI.)	143,598.	164,715.	181,320.	224,527.	216,700.	930,860.				
11	Total support. Add lines 7 through 10						9,728,728.				
12	Gross receipts from related activities,		,			<u> </u>	,832,922.				
13	First five years. If the Form 990 is for	-			•						
	organization, check this box and stor	here					<u></u> ▶∟				
	ction C. Computation of Publ						<u> </u>				
14	Public support percentage for 2019 (14	71.90 %				
15	Public support percentage from 2018					15	69.32 %				
16a	33 1/3% support test - 2019. If the										
	stop here. The organization qualifies										
b	33 1/3% support test - 2018. If the										
	and stop here. The organization qual										
17a	10% -facts-and-circumstances tes	ū					•				
	and if the organization meets the "fac			-		_					
	meets the "facts-and-circumstances"										
b	10% -facts-and-circumstances tes	ū				·					
	more, and if the organization meets the		•		•						
	organization meets the "facts-and-circ										
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17k	o, check this box a	and see instruction	s ▶∟				

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4							
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
٠	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
/ 6	Amounts included on lines 1, 2, and						
,	3 received from disqualified persons 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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	·	() 0045	(1) 0040	() 0047	(1) 0040	() 0040	(0 T
	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6 Gross income from interest,						
10	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	zation,
	check this box and stop here						<u></u> ▶∟
	ction C. Computation of Publ						
15	Public support percentage for 2019 (line 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2018					16	%
Se	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20)19 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18						18	%
19	a 33 1/3% support tests - 2019. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization quali	fies as a publicly s	supported organiza	ation	▶□
ŀ	33 1/3% support tests - 2018. If the						and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	За		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
m 9	90 or 99	90-EZ)	2019

Pa	rt IV Supporting Organizations (continued)			
	Continuedy		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction)	ons).		
a				
b			,	
C		instructions	$\overline{}$	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	, , , , , , , , , , , , , , , , , , , ,			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	200		
h	·	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	20		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
a	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	За		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ju		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Par	rt V │ Type III Non-Functionally Integrated 50	9(a)(3) Supporting Orga	anizations _(continued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes		
2	Amounts paid to perform activity that directly furthers exen	npt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organizatior	าร	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is responsive	е	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
b	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Schedule B

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

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

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

➤ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization

TENNESSEE WILDLIFE FEDERATION,

Employer identification number

62-6047188

Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ 🕨 \$ _

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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	al space is needed.
(a)	(b)	(c) (d)
	Name, address, and ZIP + 4	\$ 100,000. Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
2		\$ 50,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
3		\$ 53,368. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
4	Name, audress, and ZIF + 4	\$ 50,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
5		\$\$ Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
6		\$ 250,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)

TENNESSEE WILDLIFE FEDERATION, INC

Name of organization Employer identification number 62-6047188

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 299,389.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ <u>100,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ <u>345,205.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$\$5,098.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for

Name of organization Employer identification number

TENNESSEE WILDLIFE FEDERATION, INC

62-6047188

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		. \$			

Employer identification number Name of organization 62-6047188 TENNESSEE WILDLIFE FEDERATION, INC Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year Part III from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under section 501(c) and section 527

➤ Complete if the organization is described below.
➤ Attach to Form 990 or Form 990-EZ.

➤ Go to www.irs.gov/Form990 for instructions and the latest information.

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

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

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

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

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

•	Section 501(c)(4), (5), or (6) organiza	ations: Complete Part III			
	ne of organization	ations. Complete Furt III.		Emp	oloyer identification number
		SEE WILDLIFE FEDER			62-6047188
Pa	art I-A Complete if the org	ganization is exempt unde	r section 501(c)	or is a section 527	organization.
	Provide a description of the organiz				
	Political campaign activity expendit				\$
3	Volunteer hours for political campa	ligh activities			
Pa	art I-B Complete if the org	ganization is exempt unde	r section 501(c)(3).	
	Enter the amount of any excise tax				\$
2	Enter the amount of any excise tax	incurred by organization manager	s under section 4955	>	\$
	If the organization incurred a section				
	a Was a correction made?				
k	f "Yes," describe in Part IV.				
Pá	art I-C Complete if the or	ganization is exempt unde	r section 501(c),	except section 501	l(c)(3).
1	Enter the amount directly expende	d by the filing organization for sect	ion 527 exempt functi	on activities	\$
2	Enter the amount of the filing organ	nization's funds contributed to othe	er organizations for se	ction 527	
	exempt function activities			>	\$
3	Total exempt function expenditures		,		
	line 17b				\$
4	Did the filing organization file Form	1120-POL for this year?			Yes Mo
5	Enter the names, addresses and er	• •		· ·	0 0
	made payments. For each organiza	•			•
	contributions received that were pr political action committee (PAC). If	• •		·	rate segregated fund or a
	. ,		1		
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds. If none, enter -0-	
					delivered to a separate
					political organization. If none, enter -0
					in none, enter o .

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

Schedule C (Form 990 or 990-EZ) 2019

Schedule C (Form 990 or 990-EZ) 2019 T	ENNESSE	E WILDLIFE FE	DERATION, INC	C 62-	6047188 Page 2
Part II-A Complete if the orga					
section 501(h)).					
0 0	Ü	an affiliated group (and list	in Part IV each affiliated	group member's na	me, address, EIN,
expenses, and share					
B Check ► ☐ if the filing organizati	on checked bo	x A and "limited control" p	rovisions apply.	() =	(a.) A (c) (1)
	s on Lobbying tures" means	Expenditures amounts paid or incurred	i.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influe	ence public op	nion (grassroots lobbying)			
b Total lobbying expenditures to influe	ence a legislati	ve body (direct lobbying)			
c Total lobbying expenditures (add lin	es 1a and 1b)				
d Other exempt purpose expenditures					
e Total exempt purpose expenditures					
f Lobbying nontaxable amount. Enter	the amount fr	om the following table in bo	oth columns.		
If the amount on line 1e, column (a) or	(b) is: TI	e lobbying nontaxable ar	mount is:		
Not over \$500,000	20	% of the amount on line 1	e.		
Over \$500,000 but not over \$1,000,	,000 \$-	00,000 plus 15% of the ex	cess over \$500,000.		
Over \$1,000,000 but not over \$1,50	0,000 \$	75,000 plus 10% of the ex	cess over \$1,000,000.		
Over \$1,500,000 but not over \$17,0	000,000 \$2	25,000 plus 5% of the exc	cess over \$1,500,000.		
Over \$17,000,000	\$-	,000,000.			
g Grassroots nontaxable amount (ent	er 25% of line	lf)			
h Subtract line 1g from line 1a. If zero	•				
i Subtract line 1f from line 1c. If zero					
j If there is an amount other than zero reporting section 4911 tax for this y		1h or line 1i, did the organi			Yes No
(Some organizations th	4-Ye at made a sec	ar Averaging Period Unde tion 501(h) election do no separate instructions for	er Section 501(h) et have to complete all c		below.
		Expenditures During 4-Ye			
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
Grassroots nontaxable amount Grassroots ceiling amount					
(150% of line 2d, column (e))					
(10070 of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2019 TENNESSEE WILDLIFE FEDERATION, INC 62-604718 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
of the lobbying activity.	Yes	No	Amo	ount	
1 During the year, did the filing organization attempt to influence foreign, national, state, or					
local legislation, including any attempt to influence public opinion on a legislative matter					
or referendum, through the use of:					
a Volunteers?	X				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X	77			
c Media advertisements?		X			
d Mailings to members, legislators, or the public?		X			
e Publications, or published or broadcast statements?		X			
f Grants to other organizations for lobbying purposes?	77	Х	0.	166	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Х	77	92	2,466.	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X			
i Other activities?		Λ	0.1	166	
j Total. Add lines 1c through 1i		Х	92	2,466.	
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Λ			
b If "Yes," enter the amount of any tax incurred under section 4912					
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	n 501/a	(E) or oo	otion		
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6)) ii 50 i (C)	(5), or se	CUON		
501(c)(6).			Yes	No	
4. 14			169	NO	
1 Were substantially all (90% or more) dues received nondeductible by members?					
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?					
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the Part III-B Complete if the organization is exempt under section 501(c)(4), sec			ction		
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				a 3 ic	
answered "Yes."	NO OF	i (b) Fait	III-A, IIII	e 0, 13	
		1			
,					
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	Jai				
		20			
a Current year					
b Carryover from last year					
c Total		2c			
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues					
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the e					
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	oonticai				
expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions)		4			
Part IV Supplemental Information		5			
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	lict\: Dart I	I A lines 1 a	and 2 (soo		
instructions); and Part II-B, line 1. Also, complete this part for any additional information.	nisi, raiti	17A, III 165 1 6	anu 2 (5 66		
PART II-B, LINE 1, LOBBYING ACTIVITIES:					
TIME II D, DINE I, DODDIINO NOTIVIIIDO.					
TENNESSEE WILDLIFE FEDERATION HAS CHAMPIONED MANY SUC	CESSFI	II. EFF	ORTS 1	'N	
	CLDDI		01(15)		
CONSERVATION AND WILDLIFE MANAGEMENT BY EDUCATING DEC	ISION	MAKER	S BY		
USING RESEARCH BASED FACTS AND SERVING AS THE VOICE O	F REAS	SON. A	S A		
RESULT, THE FEDERATION HAS BEEN INSTRUMENTAL IN ISSUE	S REGA	ARDING	AIR		
AND WATER POLLUTION, ENDANGERED SPECIES PROTECTION, F	OREST	MANAG	EMENT		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

►Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

TENNESSEE WILDLIFE FEDERATION, INC

Employer identification number 62-6047188

Pa	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the					
	organization answered "Yes" on Form 990, Part IV, line	e 6.				
		(a) Donor advised funds	(b) Fur	nds and other accounts		
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in w	vriting that the assets held in donor advis	ed funds			
	are the organization's property, subject to the organization's	_		Yes No		
6	Did the organization inform all grantees, donors, and donor ad					
	for charitable purposes and not for the benefit of the donor or					
	incompany to all the contract of the contract of		ū	Yes No		
Pa				·		
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).				
	Preservation of land for public use (for example, recreat	tion or education) Preservation of	a historically	important land area		
	X Protection of natural habitat	Preservation of				
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form	of a conserv	ation easement on the last		
	day of the tax year.			Held at the End of the Tax Year		
а	Total number of conservation easements		2a	8		
b				9,764.51		
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c	0		
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structu	ıre			
	listed in the National Register		2d			
3	Number of conservation easements modified, transferred, rele			n during the tax		
	year ▶0					
4	Number of states where property subject to conservation eas	sement is located ▶ 1				
5	Does the organization have a written policy regarding the peri	iodic monitoring, inspection, handling of				
	violations, and enforcement of the conservation easements it	holds?		X Yes No		
6	Staff and volunteer hours devoted to monitoring, inspecting, I					
	▶ 56					
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserva-	tion easeme	nts during the year		
	▶ \$2,240.					
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	(h)(4)(B)(i)			
	and section 170(h)(4)(B)(ii)?			X Yes No		
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement a	and		
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial stateme	ents that de	scribes the		
_	organization's accounting for conservation easements.					
Pa	rt III Organizations Maintaining Collections of	-	ther Simi	lar Assets.		
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 958	8, not to report in its revenue statement a	nd balance	sheet works		
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in fu	rtherance of	f public		
	service, provide in Part XIII the text of the footnote to its finan	icial statements that describes these item	ıs.			
b	If the organization elected, as permitted under FASB ASC 958	8, to report in its revenue statement and I	palance she	et works of		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	erance of p	ublic service,		
	provide the following amounts relating to these items:					
	(i) Revenue included on 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 treat		l gain, provid	de		
	the following amounts required to be reported under FASB AS	SC 958 relating to these items:				
а	Revenue included on Form 990, Part VIII, line 1			\$		
h	Assets included in Form 990, Part X			\$		

Pai	rt III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or Ot	her Sim	ilar Asse	ts (continu	ied)	
3	3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its								
	collection items (check all that apply):								
а	Public exhibition d Loan or exchange program								
b	Scholarly research	е							
С	Preservation for future generations								
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.								
5	During the year, did the organization solicit or								
	to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No								
Pai	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or								
	reported an amount on Form 990, Par		-						
1a	Is the organization an agent, trustee, custodia	an or other intermed	liary for contribution	s or other assets n	ot include	d			
	on Form 990, Part X?						Yes	☐ No	
b	If "Yes," explain the arrangement in Part XIII a								
	· · ·	·	-				Amount		
С	Beginning balance				1c				
	Additions during the year								
	B								
f	Ending balance				1f				
2a	Did the organization include an amount on Fo				bility?		Yes	No	
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided on Part >	(III				
Pai	rt V Endowment Funds. Complete if	the organization an	swered "Yes" on Fo	rm 990, Part IV, lin	e 10.				
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three	years back	(e) Four y	/ears back	
1a	Beginning of year balance	342,003.	134,898.	130,359		87,227.		87,337.	
b	Contributions		200,000.			29,602.			
С	c Net investment earnings, gains, and losses -8,531. 7,105. 4,539. 13,530.							-110.	
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance	333,472.	342,003.	134,898		130,359.		87,227.	
2	Provide the estimated percentage of the curre	ent year end balanc	e (line 1g, column (a)) held as:					
а	Board designated or quasi-endowment	13.83	%	.,					
b	Permanent endowment ► 85.99	%	_						
С	Term endowment ▶ .18 %	6							
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.							
За	Are there endowment funds not in the posses	ssion of the organiza	ation that are held a	nd administered fo	r the orgar	nization			
	by:							res No	
	(i) Unrelated organizations						3a(i)	X	
	(ii) Related organizations						3a(ii)	X	
b									
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds.						
Pai	rt VI Land, Buildings, and Equipm	ent.							
	Complete if the organization answered	l "Yes" on Form 990), Part IV, line 11a. S	ee Form 990, Part	X, line 10.				
	Description of property	(a) Cost or of	ther (b) Cost	or other (c)	Accumula	ted	(d) Book	value	
		basis (investn	nent) basis (other) o	depreciatio	n			
1a	Land								
	Leasehold improvements			5,937.	57,			,233.	
				1,334.	383,3		87	,996.	
	Other		4	1,383.	41,3	383.		0.	
Tota	I. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part	X, column (B), line 1	0c.)		🕨	156	,229.	

Schedule D (Form 990) 2019 TENNESSEE WI	LDLIFE FEDE	RATION, INC	62-6047188 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuati	on: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of		e 11c. See Form 990, Part	X, line 13.
(a) Description of investment	(b) Book value	(c) Method of Valuati	on: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990 Part IV line	a 11d See Form 990 Part 1	X line 15
	Description	2 11d. 000 1 01111 000, 1 air 7	(b) Book value
(1)	· · · · · · · · · · · · · · · · · · ·		(2, 200). (2.30
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11e or 11f. See Form 990	, Part X, line 25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) ACCRUED PAYROLL			206,290.
(3) LAND HELD FOR OTHERS			56,000.
(4)			
(5)			
(6)			
(7)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

262,290.

(8) (9)

1,823.

3,282,482.

3,282,482.

2e

3

4c

JOI TO GGIO D	(1 01111 000) =010					
Part XI	Reconciliatio	n of Revenue per Aud	ited Financial S	Statements With	Revenue per R	eturn

. u	Trecommunion of flevenide per Addited I mandar etateme	J1160 W1611	nevenue per m	Ctail	••				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a								
1	Total revenue, gains, and other support per audited financial statements			1	3,960,317.				
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:								
а	Net unrealized gains (losses) on investments	2a	-7,890.						
b	Donated services and use of facilities	2b							
С	Recoveries of prior year grants	2c							
d			1,823.						
е	Add lines 2a through 2d			2e	-6,067.				
3	Subtract line 2e from line 1			3	3,966,384.				
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:								
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a							
b	Other (Describe in Part XIII.)	4b							
С	Add lines 4a and 4b			4c	0.				
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	3,966,384.				
Pa	Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.								
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a								
1	Total expenses and losses per audited financial statements			1	3,284,305.				
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:								
а	Donated services and use of facilities	2a							
b	Prior year adjustments								
С	Other losses								
d	Other (Describe in Part XIII.)	2d	1,823.						

Part XIII Supplemental Information.

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

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART II, LINE 5:

e Add lines 2a through 2d

3 Subtract line 2e from line 1

b Other (Describe in Part XIII.)c Add lines 4a and 4b

MONITORING IS THE REGULAR AND SYSTEMATIC GATHERING OF INFORMATION ABOUT

CONSERVED PROPERTY TO DETECT CHANGES AND TO ENSURE THAT THE PROPERTY IS

BEING USED IN ACCORDANCE WITH THE RESTRICTIONS PLACED ON IT AND/OR

MANAGEMENT PLAN EACH PROPERTY PROTECTED BY A CONSERVATION EASEMENT IS

MONITORED AT LEAST ONCE ANNUALLY IN A MANNER APPROPRIATE TO THE SIZE AND

RESTRICTIONS OF THE PROPERTY BY TENNESSEE WILDLIFE FEDERATION (TWF)

STAFF. AS A GENERAL RULE, THE BOARD OF DIRECTORS OF TWF WILL ENFORCE THE

TERMS OF ITS CONSERVATION EASEMENTS, AND CONSISTENT WITH SUCH TERMS, SEEK

TO REMEDY VIOLATIONS IN ORDER TO PROTECT THE CONSERVATION VALUES OF THE

LAND. A SUSPECTED VIOLATION WILL BE REPORTED IMMEDIATELY TO THE CEO AND

OTHER APPROPRIATE TWF STAFF. THE POTENTIAL VIOLATION WILL BE REVIEWED TO

Part XIII | Supplemental Information (continued)

DETERMINE RESOLUTIONS AND DIRECTIVE GIVEN TO THE LANDOWNER FOR

COMPLIANCE. IF THE LANDOWNER DOES NOT TAKE CORRECTIVE ACTION, THEN TWF

MAY CONSIDER ENFORCEMENT OF THE EASEMENT TROUGH MEDIATION, ARBITRATION,

LITIGATION, OR OTHER MEANS CONSISTENT WITH THE TERMS OF THE CONSERVATION

EASEMENT.

PART II, LINE 9:

ACCOUNTING FOR EASEMENTS: TWF VALUES EASEMENTS AT ZERO. A CONSERVATION

EASEMENT PROVIDES TWF WITH NO AFFIRMATIVE RIGHTS EXCEPT TO MONITOR AND

ENFORCE THE EASEMENT. THE CONSERVATION EASEMENTS HELD BY THE ORGANIZATION

ARE NOT RECOGNIZED AS ASSETS IN THE FINANCIAL STATEMENTS. ASSETS ARE

DEFINED AS PROBABLY FUTURE ECONOMIC BENEFITS OBTAINED OR CONTROLLED BY AN

ENTITY. THE ORGANIZATION DOES NOT BELIEVE THAT THE EASEMENTS MEET THE

DEFINITION CRITERIA. THE COST OF OBTAINING CONSERVATION EASEMENTS IS

EXPENSED WHEN THE EASEMENT IS ACQUIRED.

PART V, LINE 4:

THE ORGANIZATION'S ENDOWMENT CONSISTS OF A PERMANENTLY RESTRICTED

CONTRIBUTION FOR THE MONITORING OF A CONSERVATION EASEMENT. THE

ORGANIZATION ALSO HAS A BENEFICIAL INTEREST IN THE TENNESSEE WILDLIFE

FEDERATION FUND, AN AGENCY ENDOWMENT FUND HELD BY THE COMMUNITY FOUNDATION

OF MIDDLE TENNESSEE. EARNINGS FROM THIS FUND ARE USED TO BENEFIT VARIOUS

PROGRAMS FOR TWF. THE FUND IS CHARGED A 0.4% ADMINISTRATIVE FEE ANNUALLY.

UPON REQUEST BY TWF, INCOME FROM THE FUND REPRESENTING A 5% ANNUAL RETURN

MAY BE DISTRIBUTED TO THE ORGANIZATION OR TO ANOTHER SUGGESTED

BENEFICIARY. EARNINGS IN EXCESS OF 5% ARE ADDED TO PRINCIPAL.

PART X, LINE 2:

62-6047188 Page 5 Schedule D (Form 990) 2019 TENNESSEE WILDLIFE FEDERATION, INC Part XIII | Supplemental Information (continued) TWF AND THE FOUNDATION ARE EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, ("THE CODE"). IN ADDITION, THE ORGANIZATION QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170(B)(1)(A) AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION. THE ORGANIZATION FILES AN ANNUAL INFORMATION RETURN (FORM 990) WITH THE U.S. GOVERNMENT. AT JUNE 30, 2020, THE ORGANIZATION IS NO LONGER SUBJECT TO U.S. TAX EXAMINATIONS OF THESE RETURNS BY TAX AUTHORITIES FOR YEARS BEFORE JUNE 30, 2017. THE ORGANIZATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS WHICH ARE MATERIAL TO THE FINANCIAL STATEMENTS. PART XI, LINE 2D - OTHER ADJUSTMENTS: COST OF GOODS SOLD PART XII, LINE 2D - OTHER ADJUSTMENTS: COST OF GOODS SOLD

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

➤ Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 **2019**

Open to Public Inspection

Employer identification number Name of the organization 62-6047188 TENNESSEE WILDLIFE FEDERATION, INC Part I **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of (c) IRC section 1 (a) Name and address of organization (b) EIN (d) Amount of (e) Amount of (a) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant non-cash noncash assistance or assistance FMV, appraisal, assistance other) 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2019)

(a) Type of grant or assistance	(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 noncash assistance
EDUCATION GRANTS	9	5,175.	0.		
		,			
Part IV Supplemental Information. Provide the information re	equired in Part I, lin	ne 2; Part III, column	n (b); and any other a	dditional information.	•
PART I, LINE 2:					
MULTIPLE SCHOLARSHIPS AND GRANT A	SSISTANCE	WERE GIVE	N TO STUDE	NTS AND	
SCHOOLS THROUGHOUT THE YEAR. NONE	WERE GRE	ATER THAN	\$5,000 IND	IVIDUALLY.	

SCHEDULE J (Form 990)

Compensation Information

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

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

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

TENNESSEE WILDLIFE FEDERATION, INC Employer identification number 62-6047188

Pa	art I Questions Regarding Compensation			
	·		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Х	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	Х	
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee			
	Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
_	organization or a related organization:	4-		х
a	Receive a severance payment or change-of-control payment?	4a 4b		X
D	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	40 4c		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	40		<u> </u>
	The storage of lines 4a-c, list the persons and provide the applicable amounts for each item in Fart III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
•	contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		1

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

Schedule J (Form 990) 2019

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

	(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Deficition	(6)(1)-(0)	reported as deferred on prior Form 990
(1) KENDALL MCCARTER	(i)	161,505.	9,973.	0.	4,500.	0.	175,978.	0.
CDO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MICHAEL BUTLER	(i)	160,821.	9,930.	0.	4,500.	0.	175,251.	0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
-	(i)							
	(ii)							
-	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 1A:
THE CDO IS STATIONED OUTSIDE OF NASHVILLE. HE IS PROVIDED A HOUSING STIPEND
WHICH COVERS A PORTION OF A SECONDARY RESIDENCE IN NASHVILLE AND PROVIDES A
COST SAVINGS TO THE FEDERATION WHEN HE COMES TO NASHVILLE FOR FEDERATION
RELATED DUTIES.

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

➤ Attach to Form 990 or 990-EZ.

➤ Go to www.irs.gov/Form990 for the latest information.

2019 Open to Public

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

TENNESSEE WILDLIFE FEDERATION, INC

Employer identification number 62-6047188

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ENVIRONMENT AND ENCOURAGES NATURAL RESOURCE CONSERVATION AND COMMUNITY

PLANNING THAT BALANCES CONSERVATION NEEDS WITH SOUND ECONOMIC GROWTH.

TENNESSEE WILDLIFE FEDERATION SHAPES TENNESSEE'S WILDLIFE POLICY,

ADVANCES LANDMARK LEGISLATION, HELPS RESTORE SPECIES AND THEIR

HABITATS, INTRODUCES NEW GENERATIONS TO THE OUTDOORS, AND CONNECTS

HUNGRY FAMILIES TO LOCAL VENISON. BECAUSE SPORTSMEN AND WOMEN ARE THE

PRIMARY CONSERVATIONISTS IN TENNESSEE TODAY, THE FEDERATION CONTINUALLY

AND ACTIVELY RECRUITS AND RE-ENGAGES TENNESSEE'S NEXT GENERATION OF

OUTDOOR ENTHUSIASTS--BOTH THROUGH HANDS-ON PROGRAMS AND BY ENSURING

EQUITABLE ACCESS

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION CONTINUED

TO OUR MOST CHERISHED WILD PLACES. ANNUALLY, WE INTRODUCE OVER 2,500

YOUTH AND THEIR PARENTS TO THE OUTDOORS THROUGH OUR SCHOLASTIC CLAY

TARGET PROGRAM AND HUNTING & FISHING ACADEMY. WE ALSO KEEP CURRENT

SPORTSMEN ENGAGED THROUGH POPULAR PROGRAMS LIKE HUNTERS FOR THE HUNGRY.

SINCE 1998, OUR HUNTERS FOR THE HUNGRY PROGRAM HAS COLLECTED MORE THAN

1.9 MILLION POUNDS OF VENISON, PROVIDING OVER 7 MILLION MEALS TO THE

FOOD INSECURE THROUGH OUR PARTNERSHIPS WITH FOOD BANKS AND SOUP

KITCHENS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

CONSTITUTIONAL AMENDMENT (2010), REINTRODUCING ELK, AND PROTECTING

NATIVE WILDLIFE, SUCH AS DEER, FROM CAPTIVE DEER FARMING PRACTICES.

MORE RECENTLY, THE FEDERATION'S WORK HAS BEEN INTEGRAL TO SECURING

CRITICALLY-NEEDED FEDERAL APPROPRIATIONS FOR ASIAN CARP CONTROL;

ENGAGING THE SPORTING COMMUNITY ON IMPORTANT ISSUES LIKE CHRONIC

WASTING DISEASE; INFLUENCING POLICY TO PROMOTE THE BALANCED

RECREATIONAL USE OF TENNESSEE RIVERS; HELPING PASS LANDMARK FEDERAL

LEGISLATION FOR HABITAT AND PUBLIC LANDS, LIKE THE GREAT AMERICAN

OUTDOORS ACT; AND ELEVATING AWARENESS ABOUT THREATS TO THE STATE'S

HEALTHY AND ABUNDANT WATERS FOR FISH, WILDLIFE AND PEOPLE.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

THE FEDERATION'S HUNTING AND FISHING ACADEMY PROVIDES COMPREHENSIVE,

IMMERSIVE EXPERIENCES IN TENNESSEE TO TEACH AND HONE THE OUTDOOR SKILLS

NEEDED TO GO AND ENJOY HUNTING AND FISHING FOR A LIFETIME. MORE THAN

SIMPLE HUNTING OR FISHING EVENTS, THE ACADEMY PROVIDES ENGAGING

HANDS-ON INSTRUCTION AND VIRTUAL LEARNING EXPERIENCES IN THE ART OF

BEING AN OUTDOORSMAN IN ORDER TO MENTOR FIRST TIME AND NOVICE HUNTERS

AND ANGLERS OF ALL AGES. MORE THAN 120 VOLUNTEER MENTORS HUNT MASTERS

ARE NOW TRAINED TO FACILITATE THE EFFORT, AND MEASUREMENT SURVEYS ARE

SHOWING GREAT RESULTS: PARTICIPANTS ARE COMING AWAY FROM EVENTS

SIGNIFICANTLY MORE CONFIDENT ABOUT HUNTING, WITH INCREASED SKILLS, AND

MUCH MORE LIKELY TO GO HUNTING AGAIN ON THEIR OWN.

HUNTERS FOR THE HUNGRY (HFTH), NOW IN ITS 23RD YEAR, HAS BECOME ONE OF
THE TOP TEN PROGRAMS OF ITS KIND IN THE NATION. IN THAT TIME, IT HAS
COLLECTED MORE THAN 1.9 MILLION POUNDS OF DONATED VENISON, PROVIDING
OVER 7.6 MILLION MEALS THROUGH PARTNERSHIPS WITH FOOD BANKS AND SOUP

Name of the organization

Employer identification number

TENNESSEE WILDLIFE FEDERATION, INC 62-6047188

KITCHENS. VOLUNTEER EFFORTS CONTINUE TO GROW, WITH PROGRAM FUNDS RAISED

FROM THE HUNGER CHALLENGE - A FRIENDLY COMPETITION COMPOSED OF HIGH

SCHOOL VOLUNTEERS - FUNDING 19,320 MEALS BETWEEN 7 TEAMS. MOREOVER, FOR

THE THIRD YEAR IN A ROW, ALL COUNTY PROCESSORS WERE FULLY FUNDED WITH

FORM 990, PART VI, SECTION A, LINE 4:

PROCESSING DOLLARS LAST SEASON.

THE CHARTER WAS AMENDED IN FEBRUARY 2020.

FORM 990, PART VI, SECTION B, LINE 11B:

UPON RECEIPT OF THE FINAL DRAFT FROM THE TAX PREPARER, THE DRAFT IS SENT TO THE EXECUTIVE STAFF AND BOARD OF DIRECTORS FOR A REVIEW OF UP TO 10 DAYS DURING WHICH TIME COMMENTS, EDITS AND QUESTIONS ARE PROCESSED. AT THE END OF 10 DAYS OR AFFIRMATION FROM ALL REVIEWERS, WHICHEVER IS FIRST, THE FINAL RETURN IS COMPLETED AND IS FILED WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH DIRECTOR IS REQUIRED TO (1) COMPLETE THE FEDERATION DISCLOSURE FORM

DURING THE FIRST MEETING IN THE FIRST QUARTER OF EACH NEW CALENDAR YEAR,

OR, IF A NEW DIRECTOR IS NOT PRESENT AT THE AFOREMENTIONED MEETING, THEN AS

PART OF THEIR ORIENTATION PROCESS WHERE THEY ALSO ARE PROVIDED A COPY OF

THE COI POLICY AND AN EXPLANATION OF THE SAME; AND (2) DISCLOSE AND OBTAIN

A DECISION FROM THE BOD WHENEVER THE DIRECTOR BELIEVES AN ACTION OR

ACTIVITY ON THEIR PART MAY EITHER BE A CONFLICT OF INTEREST OR GIVE THE

APPEARANCE OF BEING A CONFLICT OF INTEREST. ANY DIRECTOR WHO KNOWINGLY OR

UNWITTINGLY FAILS TO DISCLOSE A POTENTIAL CONFLICT OF INTEREST AND IS LATER

FOUND TO HAVE ONE, IS SUBJECT TO DISCIPLINARY ACTION, UP TO AND INCLUDING

EXPULSION FROM THE BOD.

Name of the organization TENNESSEE WILDLIFE FEDERATION, INC	Employer identification number 62-6047188
FORM 990, PART VI, SECTION B, LINE 15:	
ANNUALLY, THE BOARD CHAIRMAN COMPLETES A FORMAL REVIEW OF	THE CEO'S AND
CDO'S PERFORMANCE. THE RESULTS OF CEO AND CDO PERFORMANCE	REVIEWS ARE
PROVIDED TO THE EXECUTIVE COMMITTEE FOR DISCUSSIONS RELAT	ED TO CEO AND CDO
COMPENSATION. THE EXECUTIVE COMMITTEE ALSO REVIEWS RECENT	SALARY SURVEYS OF
NONPROFIT ORGANIZATIONS FOR EVALUATION OF THE CEO AND CDC	SALARIES.
APPLICABLE SALARY INCREASES ARE APPROVED BY THE EXECUTIVE	COMMITTEE.
THE CEO AND CDO ANNUALLY REVIEW THE ORGANIZATION'S STAFF.	THESE REVIEWS
INCLUDE THE CONSIDERATION OF COMPENSATION LEVELS AND, IF	NECESSARY OR
WARRANTED, THE ADJUSTMENT OF THOSE LEVELS.	
FORM 990, PART VI, SECTION C, LINE 19:	
AVAILABLE UPON REQUEST AND VIA THE FEDERATION'S GIVING MA	TTERS PUBLIC
PROFILE.	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number Name of the organization 62-6047188 TENNESSEE WILDLIFE FEDERATION, INC

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity
ENNESSEE MITIGATION FUND, LLC	REPAIR AND MAINTAIN AND				
300 ORLANDO AVE, STE 200	RESTORE WETLAND MITIGATION				TENNESSEE WILDLIFE
NASHVILLE, TN 37209	SITES	TENNESSEE	1,264,974.	2,618,672.	FEDERATION, INC.

organizations during the tax year.

(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	(f) Direct controlling entity	1	512(b)(13) rolled ity?
				501(c)(3))		Yes	No
TENNESSEE WILDLIFE FEDERATION FOUNDATION,					TENNESSEE		
INC 62-1035438, 300 ORLANDO AVE, STE 200,	TO ADMINISTER A PERMANENT				WILDLIFE		
NASHVILLE, TN 37209	ENDOWMENT FUND	TENNESSEE	501(C)(3)	LINE 7	FEDERATION, INC.		X
]						

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

Page 2

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. Part III

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)		(i)	(j)	(k)		
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling entity or graph ry) Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) Share of total income end-of-y asset		Share of total	Share of	Disprop	ortionate	Code V-UBI	Genera	or Percentage		
of related organization		(state or	entity	(related, unrelated,	income	end-of-year	allocatio		allocations?		amount in box	partne	ownership
		foreign country)		sections 512-514)		assets	Yes	No	amount in box 20 of Schedule K-1 (Form 1065)	Yes	0		
										\sqcup			
											 		

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.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i	i)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	512(b contr enti	i) etion b)(13) rolled ity?
		country)		0		400010		Yes	No
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Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Page 3

Yes No

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

1	During the tax year, did the organization engage in any of the following transactions with one or	or more re	elated organizations listed	in Parts II-IV?						
а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X			
	b Gift, grant, or capital contribution to related organization(s)				1b	Х				
С	c Gift, grant, or capital contribution from related organization(s)				1c	Х				
d	d Loans or loan guarantees to or for related organization(s)				1d		X			
	e Loans or loan guarantees by related organization(s)				1e		X			
f	f Dividends from related organization(s)				1f		X			
	g Sale of assets to related organization(s)				1g		Х			
h	h Purchase of assets from related organization(s)				1h		Х			
i	Exchange of assets with related organization(s)				1i		X			
j	j Lease of facilities, equipment, or other assets to related organization(s)									
k	k Lease of facilities, equipment, or other assets from related organization(s)				1k		X			
- 1	Performance of services or membership or fundraising solicitations for related organization(s)				11		Х			
	m Performance of services or membership or fundraising solicitations by related organization(s)				1m		X			
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		X			
	Sharing of paid employees with related organization(s)				10		X			
р	Reimbursement paid to related organization(s) for expenses				1p		X			
q	Reimbursement paid by related organization(s) for expenses				1q	Х				
r	r Other transfer of cash or property to related organization(s)				1r		X			
	s Other transfer of cash or property from related organization(s)				1s		X			
2	If the answer to any of the above is "Yes," see the instructions for information on who must con	mplete th	nis line, including covered	relationships and transaction thresholds.						
	(a) (b) Name of related organization Transact type (a)	ction	(c) Amount involved	(d) Method of determining amount inve	olved					
1)										
٠.										
2)										
3)										
4)										
5)										
6)										
	163 19-10-19	.7		Schedule F	R (Forr	n 990)	2019			

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

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

(a)	(b)	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e)	(f)	(g)	(t	1)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated,	partners se 501(c)(3)	Share of	Share of	Dispr tion	opor- ate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag	Percentage
of entity		(state or foreign country)	excluded from tax under	orgs.?	total income	end-of-year assets	alloca	ions?	of Schedule K-1	partne	ownersnip
		Country)	sections 5 (2-5 (4)	Yes No) Income	assets	Yes	No	(F01111 1065)	Yes N	0
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										\sqcup	
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