

			** PUBLIC DISCLOSURE COPY *		_	
	0	00	Return of Organization Exempt From			OMB No. 1545-0047
Form 990		3 0	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (^{s)} 2017		
		of the Treasury enue Service	Do not enter social security numbers on this form as it may be a security number on this form as it may be a security number of the security numbers.	-	-	Open to Public
-			► Go to www.irs.gov/Form990 for instructions and the lat ar year, or tax year beginning JUL 1, 2017 and ending		0, 2018	Inspection
	heck if		forganization		ployer identific	ation number
a	pplicab	le:	organization		pioyer identific	
	Addre chang Name	ge TEINN	ESSEE WILDLIFE FEDERATION, INC.			
	_chang	ge Doing bi	usiness as			047188
	_return]Final	Number	and street (or P.O. box if mail is not delivered to street address) Room/s ORLANDO AVENUE	uite E Tele	ephone number	353-1133
	⊥return termin ated	n-	own, state or province, country, and ZIP or foreign postal code	C Orea	s receipts \$	2,606,539.
	JAmen	ided NTACU	VILLE, TN 37209		this a group re	
	_return ☐Applie Ition		nd address of principal officer: MICHAEL A. BUTLER		or subordinates	
	pendi		AS C ABOVE			cluded? Yes No
ΙT	ax-ex	empt status:				list. (see instructions)
			TNWF.ORG		roup exemption	
ΚF	orm o	f organization:	X Corporation ☐ Trust ☐ Association ☐ Other ► L Y	ear of format	ion: 1946 N	I State of legal domicile: \mathbf{TN}
Pa	rt I	,				
¢,	1	Briefly describ	e the organization's mission or most significant activities: TO LEAD	THE CO	NSERVATI	ON, SOUND
Governance			ENT, AND WISE USE OF TENNESSEE'S WILDI			
srna	2	Check this bo	x 🕨 🛄 if the organization discontinued its operations or disposed of m	ore than 25	% of its net ass	
ove			ing members of the governing body (Part VI, line 1a)			20
		Number of ind	20			
es			of individuals employed in calendar year 2017 (Part V, line 2a)			19
Activities &			of volunteers (estimate if necessary)			70
Act			d business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated	business taxable income from Form 990-T, line 34			
		Contributions	and grants (Dart) (III line 1h)		or Year 86,274.	<u>Current Year</u> 1,736,049.
ne	8 9		and grants (Part VIII, line 1h) ce revenue (Part VIII, line 2g)		00,274.	654,340.
Revenue		•	ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d)	,	5,740.	6,906.
Re			(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1	47,339.	206,975.
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		40,336.	2,604,270.
			nilar amounts paid (Part IX, column (A), lines 1-3)		48,526.	151,173.
	14		to or for members (Part IX, column (A), line 4)		0.	0.
ú			compensation, employee benefits (Part IX, column (A), lines 5-10)	1,1	61,586.	1,340,078.
Expenses			undraising fees (Part IX, column (A), line 11e)		0.	0.
ber			ng expenses (Part IX, column (D), line 25) 441,874.			
ш			es (Part IX, column (A), lines 11a-11d, 11f-24e)		61,061.	1,092,551.
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)		71,173.	2,583,802.
	19	Revenue less	expenses. Subtract line 18 from line 12	3	69,163.	20,468.
or Ces					of Current Year	End of Year
sets	20	Total assets (F			09,151.	3,713,381.
Net Assets or -und Balances	21		(Part X, line 26)		66,659.	352,789.
			fund balances. Subtract line 21 from line 20	3,3	42,492.	3,360,592.
	rt II					
			I declare that I have examined this return, including accompanying schedules and sta		-	knowledge and belief, it is
true,	corre	cī, and complete.	Declaration of preparer (other than officer) is based on all information of which prep	arer nas any l	knowledge.	
					1	

Sign Here	Signature of officer MICHAEL A. BUTLER, CEO Type or print name and title			Date				
Paid	Print/Type preparer's name SARA G. MOON	Preparer's signature	Date	Check PTIN if self-employed PO0034774				
Preparer	Firm's name 🕒 CHERRY BEKAERT L	LP		Firm's EIN 56-0574444				
Use Only	Firm's address 222 SECOND AVE, NASHVILLE, TN 37			Phone no. 615 - 383 - 6592				
May the IF	May the IRS discuss this return with the preparer shown above? (see instructions)							

LHA For Paperwork Reduction Act Notice, see the separate instructions. 732001 11-28-17

	990 (2017) TENNESSEE WILDLIFE FEDERATION, INC. 62-6047188 Page 2 t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
•	LEADING THE CONSERVATION, SOUND MANAGEMENT AND WISE USE OF TENNESSEE'S
	WILDLIFE AND GREAT OUTDOORS. TENNESSEE WILDLIFE FEDERATION (TWF)
	ADVOCATES SOUND NATURAL RESOURCE POLICIES AND PROVIDES VARIOUS
	EDUCATIONAL PROGRAMS THAT PROMOTE UNDERSTANDING OF TENNESSEE'S
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? Yes X No
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$ 188,672. including grants of \$ 122,273.) (Revenue \$)
чa	CONSERVATION POLICY:
	SINCE 1946, TWF'S EFFORTS TO PERPETUATE THE CONSERVATION AND
	ENVIRONMENTAL SUSTAINABILITY OF TENNESSEE'S WILDLIFE AND NATURAL
	RESOURCES HAS BEEN CENTRAL TO ITS MISSION. THANKS TO A RECENT
	INVESTMENT IN STAFF CAPACITY IN ACCORDANCE WITH ITS STRATEGIC PLAN,
	TENNESSEE WILDLIFE FEDERATION'S INFLUENCE HAS GROWN STATEWIDE AND
	NATIONALLY. THE FEDERATION IS INCREASINGLY COLLABORATING WITH NATIONAL
	CONSERVATION NONPROFITS TO WORK ON LARGE ISSUES AND TAKING LEADERSHIP
	ROLES ON STATEWIDE INITIATIVES. EXAMPLES INCLUDE WORK ON PROCURING
	FUNDING TO COMBAT THE SPREAD OF ASIAN CARP, ENGAGING TENNESSEE'S GUBERNATORIAL CANDIDATES AND GETTING THEM ON THE RECORD ABOUT THEIR
4b	
40	(Code:) (Expenses \$1,410,960. including grants of \$16,400.) (Revenue \$376,740.) YOUTH ENGAGEMENT:
	THE TENNESSEE SCHOLASTIC CLAY TARGET PROGRAM, DEDICATED TO SERVING AS
	AN INTRODUCTION TO AN OUTDOOR LIFESTYLE FOR YOUNG PEOPLE, HAD A VERY
	SUCCESSFUL YEAR WITH OVER 2,200 PARTICIPATING. MORE THAN 1,300 OF THESE
	SHOOTERS TOOK PART IN THE ANNUAL STATE SHOOT COMPETITION HELD EACH YEAR
	IN NASHVILLE, AND OVER 350 COMPETED IN THE NATIONAL COMPETITION IN
	MARENGO, OHIO, WITH 10 FIRST PLACE FINISHERS AND 29 OTHER TOP FIVE
	FINISHERS.
	THE TWF YOUTH HUNTING AND FISHING ACADEMY PROVIDES COMPREHENSIVE,
	IMMERSIVE EXPERIENCES IN TENNESSEE TO TEACH AND HONE THE OUTDOOR SKILLS
4c	(Code:) (Expenses \$352,838. including grants of \$12,500.) (Revenue \$77,600.)
	LAND MANAGEMENT AND RESTORATION:
	HUNTERS FOR THE HUNGRY (HFTH), NOW IN ITS 20TH YEAR, HAS BECOME ONE OF
	THE TOP TEN PROGRAMS OF ITS KIND IN THE NATION. IN THAT TIME, IT HAS
	COLLECTED MORE THAN 1.6 MILLION POUNDS OF DONATED VENISON , PROVIDING
	6.5 MILLION MEALS THROUGH PARTNERSHIPS WITH FOOD BANKS AND SOUP
	KITCHENS. VOLUNTEER EFFORTS CONTINUE TO GROW, WITH PROGRAM FUNDS
	RAISED FROM THE HUNGER CHALLENGE - A FRIENDLY COMPETITION COMPOSED OF HIGH SCHOOL VOLUNTEERS - UP 280 PERCENT OVER THE PRIOR YEAR. MOREOVER,
	FOR THE FIRST TIME EVER, ALL COUNTY PROCESSORS WERE FULLY FUNDED WITH
	PROCESSING DOLLARS LAST SEASON.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 1,952,470.
	Form 990 (2017)

Form 990 (FEDERATION,	INC
Part IV	Checklist	of Required Schedu	lles		

	In the experimetion dependence $E(1/2)/2$ or $40.47/2/(4)$ (at the state of which form that the 10		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		х	
~	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2	~	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			x
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		х	
-	during the tax year? If "Yes," complete Schedule C, Part II	4	~	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		37	
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	X	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			37
_	Schedule D, Part III	8		X
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		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or 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	<u>11a</u>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	<u> </u>
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		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Х	L
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			
	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		X

Form 990 (FEDERATION,	INC.
Part IV	Checklist of Re	equired Schedu	lles (continued)		

			Yes	No
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	х	
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		x
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			
	Schedule K. If "No", go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
~~	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		х	
~ ~	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	~	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	04	х	
25-	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34	- 23	x
		<u>35a</u>		
b	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 B. Port V. line 2	35b		
36	within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	350		
50		36		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u> </u>
51	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?	5.		_
	Note. All Form 990 filers are required to complete Schedule O	38	х	

Form	990 (2017) TENNESSEE WILDLIFE FEDERATION, INC.		62-6047	188	P	_{age} 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance					
	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	42			
		1b	0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portat	ble gaming			
	(gambling) winnings to prize winners?			1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	19			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur			2b	х	
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to $e-file$ (see instruction					
3a				3a		х
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a		-	4a		x
b	If "Yes," enter the name of the foreign country:		····			
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		x
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th					
	any contributions that were not tax deductible as charitable contributions?			6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributi					
-	were not tax deductible?		-	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	vices p	rovided to the pavor?	7a	Х	
				7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	to file Form 8282?			7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	ontrac	t?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	act?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 88	99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion fil	e a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by the	e			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	. –				
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
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.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	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	13b				
с	Enter the amount of reserves on hand	13c				
	Did the experimentian sector and the feature term in a sector during the terms of the sector of the			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedul	θΟ		14b		

Form	990	(2017)
------	-----	--------

Form	990	(2017	١

TENNESSEE WILDLIFE FEDERATION, INC.

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

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 in Schedule O. See instructions. Χ

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 2	0			
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent 1b 2	0			
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, or 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	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or				
	more members of the governing body?	78	a		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?	71	b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
а	The governing body?	88	a 🗌	X	
b	Each committee with authority to act on behalf of the governing body?	8t	b	X	
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 in Schedule O	. 9			Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)				
		_	`	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10	а		Х
b	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?	10	b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11	a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12	а	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12	b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe				
	in Schedule O how this was done	12	с	X	
13	Did the organization have a written whistleblower policy?	13	3	X	
14	Did the organization have a written document retention and destruction policy?	14	1	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
	The organization's CEO, Executive Director, or top management official	15	а	X	
b	Other officers or key employees of the organization	15	b	Х	
	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?	16	а		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's				
	exempt status with respect to such arrangements?	16	b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed $ ightarrow ext{TN}$				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availa	ble		
	for public inspection. Indicate how you made these available. Check all that apply.				
	Own website Another's website X Upon request Other <i>(explain in Schedule O)</i>				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	nd fina	ncia		
	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's books and records:				
	JANET HENDERSON $-615-353-1133$				

300	ORLANDO	AVENUE.	NASHVILLE,	TN	37209

TENNESSEE WILDLIFE FEDERATION, INC.

Page 7

Part VII	Co	npensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
	Em	ployees, 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 report-

able compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. • List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A)	(B)	J			C)			(D)	(E)	(F)
Name and Title	Average	Position (do not check more than one box, unless person is both an officer and a director/trustee)					ane	Reportable	Reportable	Estimated
	hours per					is botł	n an	compensation	compensation	amount of
	week							from the	from related organizations	other
	(list any hours for	direct				l_		organization	(W-2/1099-MISC)	compensation from the
	related	ee or	stee			nsate		(W-2/1099-MISC)	(/	organization
	organizations	trust	nal tru		oyee	ompe				and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) ALBERT MENEFEE, III	line)	lnc	-lns	0#	Ke	e, <u>∓</u>	For			
(1) ALBERT MENEFEE, III DIRECTOR	0.50	x						0.	0.	0.
(2) ALLEN CARTER	0.50	Δ				+		0.	0.	0.
DIRECTOR	0.50	х						0.	0.	0.
(3) ALLEN COREY	0.50									U
DIRECTOR		x						0.	0.	0.
(4) BRUCE FOX	0.50									
DIRECTOR		х						0.	0.	0.
(5) CHRIS NISCHAN	0.50									
SECRETARY		х		x				0.	0.	0.
(6) DR. JOHN O. GAYDEN	0.50									
DIRECTOR		Х						0.	0.	0.
(7) JEAN MADDOX	0.50									
DIRECTOR		Х						0.	0.	0.
(8) JIM CAMERON	0.50									
DIRECTOR		Х						0.	0.	0.
(9) JIM CANDELLA	0.50									
DIRECTOR		Х						0.	0.	0.
(10) KATHY GRIFFIN	0.50									
VICE CHAIR		Х		X				0.	0.	0.
(11) L. DANIEL HAMMOND	0.50									
DIRECTOR		х						0.	0.	0.
(12) MONTY HALCOMB	0.50								•	
DIRECTOR		Х			<u> </u>	<u> </u>		0.	0.	0.
(13) RIC WOLBRECHT	2.00	77		37						
CHAIRMAN		Х		X		-		0.	0.	0.
(14) RICHARD SPEER	0.50	v						0.	0.	
DIRECTOR (15) ROBERT LINEBERGER	0 50	Х				\vdash		U•	U •	0.
DIRECTOR	0.50	x						0.	0.	0.
(16) SAM MARS, III	0.50			-		\vdash		0.	0.	0.
DIRECTOR		x						0.	0.	0.
(17) TERRY LEWIS	0.50					\vdash				0.
DIRECTOR		x						0.	0.	0.
	1		1	1		1	1		.	

	EE WILDLI	FE	F	ED	ER	AT I	<u> 10</u>	N, INC.	62-60	471	188	Page 8
Part VII Section A. Officers, Directors, Tru	istees, Key Emp	oloy	ees,	anc	l Hig	hest	t Co	ompensated Employee	s (continued)			
(A)	(B)				C)			(D)	(E)		((F)
Name and title	Average			Pos	ition			Reportable	Reportable			mated
	hours per				more t rson is			compensation	compensation	,		ount of
	week				irector			from	from related			ther
	(list any	tor						the	organizations			ensation
	hours for	direc				p		organization	(W-2/1099-MIS	I	•	m the
	related	ee or	Istee			nsate		(W-2/1099-MISC)			orgar	nization
	organizations	trust	lal tru		yee	ad mo					and	related
	below	ndividual trustee or director	nstitutional trustee	er	ample	est c loyee	ler				organ	izations
	line)	Indiv	Insti	Officer	Key employee	Highest compensated employee	Former					
(18) TOM EBERLE	0.50											
DIRECTOR		Х						0.		0.		0.
(19) TOMMY BERNARD	0.50											
TREASURER		х		х				0.		0.		0.
(20) ANKER BROWDER	0.50											
DIRECTOR		х						0.		0.		0.
(21) BILLY OEHMIG	0.50		$\left \right $							<u>•</u> +		
DIRECTOR	0.50	х						0.		0.		0.
	10 00	Δ						0.		<u>••</u>		0.
(22) KENDALL MCCARTER	40.00							120.050				100
CDO	40.00			Х				139,259.		0.	4	<u>,198.</u>
(23) MICHAEL BUTLER	40.00									_		
CEO				Х				138,691.		0.	4	<u>,198.</u>
1b Sub-total							•	277,950.		0.	8	,396.
c Total from continuation sheets to Part								0.		0.		0.
d Total (add lines 1b and 1c)								277,950.		0.	8	,396.
2 Total number of individuals (including but								,		••		, 550.
	not innited to th	ose	liste	u ac	ove)	whe	re	ceived more than \$100,	ooo of reportable			2
compensation from the organization												/es No
										ſ		
3 Did the organization list any former office								•				37
line 1a? If "Yes," complete Schedule J for											3	X
4 For any individual listed on line 1a, is the												
and related organizations greater than \$1	50,000? If "Yes,	" со	mple	ete S	Schee	dule	J fo	or such individual			4	<u> </u>
5 Did any person listed on line 1a receive of	accrue comper	nsati	on fr	om	any ι	unrel	ate	ed organization or individ	lual for services			
rendered to the organization? If "Yes." co	mplete Schedule	e J fo	or su	ich į	perso	on					5	X
Section B. Independent Contractors												
1 Complete this table for your five highest of	ompensated inc	lepe	nder	nt co	ontra	ctors	s th	nat received more than \$	100,000 of compe	ensat	ion from	ı
the organization. Report compensation fo	r the calendar ye	ear e	endin	ıg w	ith o	r with	nin	the organization's tax y	ear.			
(A)								(B)			(C)	
Name and busines	s address	NC	ONE	2				Description of s	ervices	C	ompens	
							1					
							+					
							+					
							+					
2 Total number of independent contractors	(including but no	ot lin	nited	l to	-		ed	above) who received mo	ore than			
\$100,000 of compensation from the organ	nization 🕨				0							

Forn	1 990 ((<u>20</u> 17) TENNE	SSEE WIL	DLIFE FE	DERATION, I	INC.	62-6047	188 Page 9
Pa	rt VII				-			
		Check if Schedule O conta	ains a response (or note to anv lir	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ν. v	1 a	Federated campaigns	1a					012 014
Contributions, Gifts, Grants and Other Similar Amounts	 b	Membership dues						
چ ق	2 C	Fundraising events						
r A,	ь Ч	Related organizations						
ia i	u 0	Government grants (contribution		195,000.				
Sins	f	All other contributions, gifts, grant		19970000	-			
er ti	•	similar amounts not included abov		541,049.				
ēë		Noncash contributions included in lines 1		45 000	-			
, n n	9 5	Total. Add lines 1a-1f			1,736,049.			
0 0				Business Code				
	• •	YOUTH HUNTING P	POGPAMG	900099	376,740.	376,740.		
Program Service Revenue	2 a			110000	277,600.	277,600.		
er v	b			110000	277,000.	277,000.		
e S e	c							
Bey	d							
0 2	е							
₽.	f	All other program service rever			654 240			
	g				654,340.			
	3	Investment income (including of			c 00c			C 00C
	-	other similar amounts)			6,906.			6,906.
	4	Income from investment of tax						
	5	Royalties						
			(i) Real	(ii) Personal	-			
		Gross rents			-			
	b	Less: rental expenses			-			
		Rental income or (loss)						
	d	Net rental income or (loss)		🕨				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other	-			
		assets other than inventory			-			
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
	d	Net gain or (loss)		>				
đ	8 a	Gross income from fundraising	g events (not					
ňué		including \$	of					
eve		contributions reported on line	1c). See					
r B		Part IV, line 18	а а					
Other Revenue	b	Less: direct expenses	b					
0	С	Net income or (loss) from fund	raising events	>				
	9 a	Gross income from gaming ac	tivities. See					
		Part IV, line 19	а а					
	b	Less: direct expenses	b					
	с	Net income or (loss) from gami	ing activities	🕨				
	10 a	Gross sales of inventory, less r						
		and allowances	а а	27,924.				
	b	Less: cost of goods sold		0 0 0 0				
		Net income or (loss) from sales		►	25,655.	25,655.		
		Miscellaneous Revenue		Business Code				
	11 a	LICENSE PLATE R		900099	163,076.			163,076.
		MISCELLANEOUS		900099	18,244.			18,244.
	c							
	d							
		Total. Add lines 11a-11d			181,320.			
	12	Total revenue. See instructions.			2,604,270.	679,995.	0.	188,226.

TENNESSEE WILDLIFE FEDERATION, INC. Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons		•	nplete column (A).	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	136,773.	136,773.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	7,250.	7,250.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	7 1 5 0	7 1 5 0		
_	individuals. See Part IV, lines 15 and 16	7,150.	7,150.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	260 837	180 250	13 754	75 824
~	trustees, and key employees	269,837.	180,259.	13,754.	75,824.
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
7	persons described in section 4958(c)(3)(B) Other salaries and wages	885,102.	591,273.	45,115.	248,714.
' 8	Pension plan accruals and contributions (include		551,215.		240,714.
0	section 401(k) and 403(b) employer contributions)	29,988.	20.033	1.528.	8.427.
9	Other employee benefits	72,806.	20,033. 48,636.	<u>1,528.</u> 3,711.	20.459
0	Payroll taxes	82,345.	55,009.	4,197.	8,427. 20,459. 23,139.
1	Fees for services (non-employees):	,		_,_,,	
	Management				
b		29,703.	18,119.	11,584.	
	Accounting	14,115.	8,610.	5,505.	
d		, - <u>-</u>			
e					
f	Investment management fees				
g					
-	column (A) amount, list line 11g expenses on Sch 0.)	138,057.	125,882.	12,000.	175.
2	Advertising and promotion	12,358.	10,063.		2,295.
13	Office expenses	66,831.	40,068.	10,574.	16,189.
4	Information technology	15,963.	10,183.	1,276.	4,504.
5	Royalties				
6	Occupancy	23,012.	12,987.	5,704.	4,321.
7	Travel	90,684.	60,859.	4,850.	24,975.
8	Payments of travel or entertainment expenses for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
2	Depreciation, depletion, and amortization	42,596.	15,878.	26,718.	
3	Insurance	69,490.	35,450.	33,218.	822.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а		278,033.	271,672.		6,361.
b		155,197.	155,197.		.,
c	HFTH PROCESSING SERVICE	72,144.	72,144.		
d		54,388.	47,014.	5,958.	1,416.
	All other expenses	29,980.	21,961.	3,766.	4,253.
25	Total functional expenses. Add lines 1 through 24e	2,583,802.	1,952,470.	189,458.	441,874.
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 Check here fit following SOP 98-2 (ASC 958-720)				

TENNESSEE	WILDLIFE	FEDERATION,	INC.
-----------	----------	-------------	------

62-6047188 Page 11

		Check if Cahadula O contains a manager an actual to see the Double			
		Check if Schedule O contains a response or note to any line in this Part X		<u></u>	
			(A) Beginning of year		(B) End of year
	4	Cook non interact bearing	040.001	1	477,610.
	1	Cash - non-interest-bearing	0 45 6 100	2	2,578,748.
	2	Savings and temporary cash investments		2	78,575.
	4	Pledges and grants receivable, net		4	199,409.
	5	Accounts receivable, net Loans and other receivables from current and former officers, directors,		4	199,4090
	5	trustees, key employees, and highest compensated employees. Complete			
				5	
	6	Part II of Schedule L Loans and other receivables from other disgualified persons (as defined und		5	
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributi			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
Ass	8	Inventories for sale or use		8	8,997.
	9		10 502	9	44,337.
		Prepaid expenses and deterred charges Land, buildings, and equipment: cost or other		5	11/33/1
		basis. Complete Part VI of Schedule D 10a 620,72	8.		
	b	Less: accumulated depreciation 10b 476,46		10c	144,259.
	11	Investments - publicly traded securities		11	119,526.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	61,920.
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	3,713,381.
	17	Accounts payable and accrued expenses		17	93,743.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
s	22	Loans and other payables to current and former officers, directors, trustees,			
itie		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D		25	259,046.
	26	Total liabilities. Add lines 17 through 25	366,659.	26	352,789.
		Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗴 ar	nd		
ŝŝ		complete lines 27 through 29, and lines 33 and 34.			
nce	27	Unrestricted net assets	2,886,613.	27	2,942,217.
Net Assets or Fund Balances	28	Temporarily restricted net assets	368,542.	28	331,038.
μ	29	Permanently restricted net assets	87,337.	29	87,337.
Fur		Organizations that do not follow SFAS 117 (ASC 958), check here \blacktriangleright			
r		and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
Å ss	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
let /	32	Retained earnings, endowment, accumulated income, or other funds		32	
z	33	Total net assets or fund balances		33	3,360,592.
	34	Total liabilities and net assets/fund balances	3,709,151.	34	3,713,381.

Form **990** (2017)

Part X Balance Sheet

Form	990	(2017)
1 01111	330	(2017

	<u>990 (2017)</u> TENNESSEE WILDLIFE FEDERATION, INC.	62-60	47188	Pa	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,604		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,583		
3	Revenue less expenses. Subtract line 2 from line 1	3			68.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,342		
5	Net unrealized gains (losses) on investments	5	- 2	2,3	68.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	3,360),5	<u>92.</u>
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				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	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2 b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3 a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			1
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits				(0017)
			_	• 1 (1 (1)	(

SCHEDULE A

E 1

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047
2017
Open to Public Inspection

		the Treasury ue Service		Attach to Form 990 or F v/Form990 for instruction			formation.		Inspection	
Name	of ti	he organization						Emplover	identification numbe	
		-	ENNESSEE WILD	LIFE FEDERAT	TON	INC.			2-6047188	
Part	I		Iblic Charity Status				e instructions.		2 001/100	
			e foundation because it is:							
1							()(A)(i)			
2	_	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii) . (Attach Schedule E (Form 990 or 990-EZ).)								
3	_		erative hospital service org				::)			
4			organization operated in co				-	(iiii) Enter	the hospital's name	
- L		city, and state:			400011000				the hoopital e hame,	
5		•	rated for the benefit of a co	ollege or university owned	l or operat	ed by a do	vernmental un	it describe	ed in	
•			(iv). (Complete Part II.)	inege et entretetty ettille	. e. epeia					
6			cal government or governr	mental unit described in	section 1	70(b)(1)(A)	(v).			
7 🖸			normally receives a substa					e deneral r	oublic described in	
• =		-	(vi). (Complete Part II.)		on a gov			general		
8	_		escribed in section 170(b))(1)(A)(vi), (Complete Par	+ 11)					
9	_	-	rch organization described			ed in coniu	unction with a l	and-orant	college	
		-	n-land-grant college of agric			-		-	-	
		university:					,			
10			normally receives: (1) more	e than 33 1/3% of its sup	port from o	contributio	ns. membersh	ip fees, an	d aross receipts from	
		-	ts exempt functions - subje					-	•	
			d business taxable income						•	
			2). (Complete Part III.)	, , , , , , , , , , , , , , , , , , ,			, ,		,	
11	_		nized and operated exclus	sively to test for public sa	fety. See	section 50	09(a)(4).			
12	_		nized and operated exclus	•	•			ry out the	purposes of one or	
		more publicly suppor	rted organizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section 5	09(a)(3). (Check the box in	
			d that describes the type of							
а		Type I. A supportir	ng organization operated, s	supervised, or controlled	by its sup	ported org	anization(s), ty	pically by	giving	
		the supported orga	anization(s) the power to re	egularly appoint or elect a	majority o	of the direc	tors or trustee	s of the su	ipporting	
		organization. You	must complete Part IV, S	ections A and B.						
b] Type II. A supporti	ing organization supervised	d or controlled in connect	tion with it	s supporte	ed organization	(s), by hav	ring	
		control or manage	ment of the supporting org	anization vested in the sa	ame perso	ns that co	ntrol or manag	e the supp	oorted	
		organization(s). Yo	ou must complete Part IV,	, Sections A and C.						
с] Type III functional	Ily integrated. A supportir	ng organization operated	in connec	tion with, a	and functionally	y integrate	d with,	
		its supported orga	nization(s) (see instructions	s). You must complete l	Part IV, Se	ections A,	D, and E.			
d		Type III non-funct	tionally integrated. A sup	porting organization oper	ated in co	nnection w	vith its support	ed organiz	zation(s)	
		that is not function	nally integrated. The organi	zation generally must sat	isfy a distr	ibution rec	quirement and	an attentiv	veness	
		requirement (see ir	nstructions). You must co	mplete Part IV, Sections	SA and D,	and Part	v .			
е		Check this box if the	he organization received a	written determination fro	m the IRS	that it is a	Type I, Type II	, Type III		
		functionally integra	ated, or Type III non-function	onally integrated supporti	ng organiz	ation.				
		r the number of supp	•							
g F		ide the following infor) Name of supported	rmation about the support		(iv) is the ora	anization listed	() A maximum of		() A maximati of other	
	(I)	organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your govern	ing document?	(v) Amount of support (see in:		(vi) Amount of other support (see instructions	
		organization		above (see instructions))	Yes	No				
					L					

Schedule A (Form 990 or 990 EZ) 2017 TENNESSEE WILDLIFE FEDERATION, INC. 62-6047188 Page 2 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.)

Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	847,270.	1259667.	1333075.	1686274.	1736049.	6862335.
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	847,270.	1259667.	1333075.	1686274.	1736049.	6862335.
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)						1834584.
6	Public support. Subtract line 5 from line 4.						5027751.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4	847,270.	1259667.	1333075.	1686274.	1736049.	6862335.
	Gross income from interest,						
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	15,925.	15,658.	5,431.	5,740.	6,906.	49,660.
٥	Net income from unrelated business	13,523.	13,030.	5,451.	5,710.	0,500.	49,0000
9							
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	72 045	116 692	1/2 500	164,715.	181,320.	710,260.
	assets (Explain in Part VI.)	75,945.	140,002.	145,590.	104,/15.	101,320.	7622255.
	Total support. Add lines 7 through 10		``````````````````````````````````````				
	Gross receipts from related activities,	•	,				,202,537.
13	First five years. If the Form 990 is for	-	first, second, third	d, fourth, or fifth ta	x year as a section	n 501(c)(3)	. —
800	organization, check this box and stop	<u>here</u>	oontago				·····
	ction C. Computation of Publi						
	Public support percentage for 2017 (li		•			14	<u>65.96</u> %
	Public support percentage from 2016					15	64.43 %
16a	33 1/3% support test - 2017. If the c				14 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2016. If the c				line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization quali	ifies as a publicly s	upported organiza	ition			▶∟
17a	10% -facts-and-circumstances test	- 2017. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the "fac				-	-	
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	oublicly supported	organization		▶□
b	10% -facts-and-circumstances test	- 2016. If the orga	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is 1	10% or
	more, and if the organization meets th	e "facts-and-circur	nstances" test, ch	eck this box and	stop here. Explair	n in Part VI how the)
	organization meets the "facts-and-circ	umstances" test. 7	The organization q	ualifies as a public	ly supported orgar	nization	
18	Private foundation. If the organizatio	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	· ►

Schedule A (Form 990 or 990-EZ) 2017 TENNESSEE WILDLIFE FEDERATION, INC. 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 201	7 (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	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
F							
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	1					
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
_	amount on line 13 for the year Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 201	7 (f) Total
		(a) 2013	(b) 2014	(0) 2013	(u) 2010	(e) 201	
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	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) or	ganization,
_	check this box and stop here						>
	ction C. Computation of Public						
15	Public support percentage for 2017 (li	ne 8, column (f) di	ivided by line 13, c	olumn (f))		15	%
-	Public support percentage from 2016					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	17 (line 10c, colur	mn (f) divided by lir	ne 13, column (f))		17	%
18	Investment income percentage from 2	2016 Schedule A,	Part III, line 17			18	%
	33 1/3% support tests - 2017. If the					3 1/3%, and	line 17 is not
	more than 33 1/3%, check this box an 33 1/3% support tests - 2016. If the	nd stop here. The	e organization qual	ifies as a publicly	supported organiz	ation	
Di la	line 18 is not more than 33 1/3%, che						
20							
20	Private foundation. If the organization	IT UIU HOL CHECK a	box on line 14, 19	a, or 190, check th	its box and see ins	SUUCIONS	P

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

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 (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.)

Schedule A (Form 990 or 990-EZ) 2017 TENNESSEE WILDLIFE FEDERATION, INC. Part IV Supporting Organizations (continued)

			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		
C	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		
Sec	tion 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	tion 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			
0	the supported organization(s).	1		
Sec	tion 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			
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions)	
2	Activities Test. Answer (a) and (b) below.	uctions,	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
-	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.	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.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

	dule A (Form 990 or 990 EZ) 2017 TENNESSEE WILDLIFE FEDI			62-6047188 Page 6
Pa				
1	Check here if the organization satisfied the Integral Part Test as a qualifying	-		n Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must c	omplete Se	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	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	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrate	ed Type III supporting or	ganization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2017 TENNESSEE WILDLIFE FEDERATION, INC. 62-6047188 Page 7 Part V | Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

1 41	· · · · · · · · · · · · · · · · · · ·	allol Supporting Orga	(continued)			
Secti	on D - Distributions		· · ·	Current Year		
1	Amounts paid to supported organizations to accomplish exer	mpt purposes				
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purpose	dministrative expenses paid to accomplish exempt purposes of supported organizations				
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	e organization is responsive				
	(provide details in Part VI). See instructions.					
9	Distributable amount for 2017 from Section C, line 6					
10	Line 8 amount divided by line 9 amount		[
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017		
_1	Distributable amount for 2017 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2017 (reason-					
	able cause required- explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2017					
a						
b	From 2013					
C	From 2014					
d	From 2015					
e	From 2016					
f	Total of lines 3a through e					
g	Applied to underdistributions of prior years					
<u>h</u>	Applied to 2017 distributable amount					
i	Carryover from 2012 not applied (see instructions)					
i_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.					
4	Distributions for 2017 from Section D,					
	line 7: \$					
<u>a</u>	Applied to underdistributions of prior years					
	Applied to 2017 distributable amount					
C	Remainder. Subtract lines 4a and 4b from 4.					
5	Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2018. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
	Excess from 2013					
	Excess from 2014					
	Excess from 2015					
	Excess from 2016					
е	Excess from 2017					

Schedule A	(Form 990 or 990-EZ) 2017	TENNESSEE	WILDLIFE	FEDERATION,	INC.	62-6047188	Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D, Section D, lines 5, 6, and	mation. Provide th , 2, 3b, 3c, 4b, 4c, 5a lines 2 and 3; Part IV	e explanations red , 6, 9a, 9b, 9c, 11; , Section E, lines 1	uired by Part II, line 10 a, 11b, and 11c; Part IV c, 2a, 2b, 3a, and 3b; F	; Part II, line 17a or , Section B, lines 1 Part V, line 1; Part V	17b; Part III, line 12; and 2; Part IV, Sectior , Section B, line 1e; Pa	ıC,
	(See instructions.)		, , , , ,		,		

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

* *	PUBLIC	DISCLOSURE	COPY	*
-----	--------	------------	------	---

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

2017

Employer identification number

	TENNESSEE WILDLIFE FEDERATION, INC.	62-6047188
Organization type (ch	eck one):	•
Filers of:	Section:	
Form 990 or 990-EZ	\fbox{X} 501(c)(3) (enter number) organization	
	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

X 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 exclusively religious is received exclusively religious, charitable, etc., exclusively religious, exclusively religi

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization

TENNESSEE WILDLIFE FEDERATION, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$ <u>75,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$ <u>50,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$ <u>80,000.</u>	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4		\$ <u>300,000.</u>	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5		\$ <u>50,000.</u>	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6		\$ <u>195,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Employer identification number 62 - 6047188

Name of organization

TENNESSEE WILDLIFE FEDERATION, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7		\$74,318.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8		\$ <u>100,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
9		\$ <u>65,257.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
10		\$ <u>100,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
11		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
12		\$ <u>100,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

62 - 6047188

723452 11-01-17

Employer identification number

TENNESSEE WILDLIFE FEDERATION, INC.

. .

62 - 6047188

(b) Description of noncash property given	(c) FMV (or estimate)	(d)
	(See instructions.)	Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	(b) Description of noncash property given	(b) FMV (or estimate) Description of noncash property given \$

Name of organization				
SEE WILDLIFE FEDERATION	N. INC.	62-6047188		
Exclusively religious, charitable, etc., contr the year from any one contributor. Complete completing Part III, enter the total of exclusively religious	ributions to organizations described i columns (a) through (e) and the follov s, charitable, etc., contributions of \$1,000 or I	n section 501(c)(7), (8), or (10) that total more than \$1,000 for wing line entry. For organizations		
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	(e) Transfer of gift	[
Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee		
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
(e) Transferee's name, address, and ZIP + 4		t Relationship of transferor to transferee		
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Transformation and the	(e) Transfer of gift			
Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
	SEE WILDLIFE FEDERATION Exclusively religious, charitable, etc., cont the year from any one contributor. Complete completing Part III, enter the total of exclusively religious Use duplicate copies of Part III if addition (b) Purpose of gift (c) P	SEE WILDLIFE FEDERATION, INC. Exclusively: religious, charitable, etc., contributions to organizations described i the year from any one contributor. Complete columns (a) through (e) and the folio completing Part III, etc., contributions (a) through (e) and the folio completing Part III, etc., contributional space is needed. (b) Purpose of gift (c) Use of gift (e) Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (c) Transferee's name, address, and ZIP + 4 (c) Use of gift (b) Purpose of gift (c) Use of gift		

Political Campaign and Lobbying Activities

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

Complete if the organization is described below.
 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) organizations: Complete Part III.

Name of organization	Employer identification number
TENNESSEE WILDLIFE FEDERATION, INC.	62-6047188
Part I-A Complete if the organization is exempt under section 501(c) or is a section	527 organization.
1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.	
2 Political campaign activity expenditures	• \$
3 Volunteer hours for political campaign activities	
Part I-B Complete if the organization is exempt under section 501(c)(3).	
1 Enter the amount of any excise tax incurred by the organization under section 4955	> \$
2 Enter the amount of any excise tax incurred by organization managers under section 4955	> \$
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	
4a Was a correction made?	
b If "Yes," describe in Part IV.	
Part I-C Complete if the organization is exempt under section 501(c), except section	on 501(c)(3).
1 Enter the amount directly expended by the filing organization for section 527 exempt function activities	► \$
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527	
exempt function activities	► \$
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,	
line 17b	► \$
4 Did the filing organization file Form 1120-POL for this year?	
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organization	is to which the filing organization
made payments. For each organization listed, enter the amount paid from the filing organization's funds. Als	o enter the amount of political
contributions received that were promptly and directly delivered to a separate political organization, such as	a separate segregated fund or a

political action committee (PAC). If additional space is needed, provide information in Part IV.								
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0				

OMB No. 1545-0047

2U1 Open to Public Inspection

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Schedule C (Form 990 or 990-EZ) 2017 T Part II-A Complete if the organ					5047188 Page 2 ection under
section 501(h)).					
A Check 🕨 🛄 if the filing organizatio	n belongs to an aff	iliated group (and list i	n Part IV each affiliated g	roup member's nam	ne, address, EIN,
expenses, and share o	of excess lobbying	expenditures).			
B Check 🕨 🛄 if the filing organizatio	n checked box A a	nd "limited control" pr	ovisions apply.		
	on Lobbying Expe ures" means amo	enditures unts paid or incurred	.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influer	nce public opinion	(grass roots lobbying)			
b Total lobbying expenditures to influer	nce a legislative bo	dy (direct lobbying)			
c Total lobbying expenditures (add line	s 1a and 1b)				
d Other exempt purpose expenditures					
e Total exempt purpose expenditures (a	add lines 1c and 10	d)			
f _Lobbying nontaxable amount. Enter t					
If the amount on line 1e, column (a) or (l) is: The lol	bying nontaxable an	nount is:		
Not over \$500,000	20% of	the amount on line 1e).		
Over \$500,000 but not over \$1,000,0	00 \$100,0	00 plus 15% of the exc	cess over \$500,000.		
Over \$1,000,000 but not over \$1,500	,000 \$175,0	00 plus 10% of the exc	cess over \$1,000,000.		
Over \$1,500,000 but not over \$17,00	0,000 \$225,0	00 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000	\$1,000	,000.			
 h Subtract line 1g from line 1a. If zero of i Subtract line 1f from line 1c. If zero of j If there is an amount other than zero reporting section 4911 tax for this year 	r less, enter -0- r less, enter -0- on either line 1h or	line 1i, did the organiz	zation file Form 4720		Yes No
(Some organizations that	4-Year Av made a section s	eraging Period Unde	r section 501(h) have to complete all of	the five columns b	elow.
	Lobbying Expe	enditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2017 TENNESSEE WILDLIFE FEDERATION, INC. 62-60471 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 62-6047188 Page 3 (election under section 501(h)).

For e	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(i	a)	()	o)
	e 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:				
-		x			
	Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X			
			x		
	Media advertisements? Mailings to members, legislators, or the public?		X		
			X		
			X		
	Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body?	X		6(),000.
9 h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X),979.
	Other activities?	X			5,060.
	Total. Add lines 1c through 1i				5,039.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		x		, , <u>,</u> .
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A Complete if the organization is exempt under section 501(c)(4), sectio 501(c)(6).	n 501(c)(5), or sec	tion	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
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				
	t III-B Complete if the organization is exempt under section 501(c)(4), section			tion	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				e 3, is
	answered "Yes."				
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year				
с					
3					
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical			
	expenditure next year?		4		
	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par	t IV Supplemental Information				
Prov	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-	A, lines 1 a	nd 2 (see	
instru	uctions); and Part II-B, line 1. Also, complete this part for any additional information.				
PAF	RT II-B, LINE 1, LOBBYING ACTIVITIES:				
TEI	NESSEE WILDLIFE FEDERATION HAS CHAMPIONED MANY SUCC	ESSFUI	L EFFO	RTS IN	1
<u>C01</u>	ISERVATION AND WILDLIFE MANAGEMENT BY EDUCATING DECI	SION N	AKERS	BY	
USI	ING RESEARCH BASED FACTS AND SERVING AS THE VOICE OF	REAS	ON.A	S A	
RES	SULT, THE FEDERATION HAS BEEN INSTRUMENTAL IN ISSUES	REGA	RDING	AIR	
ANI	O WATER POLLUTION, ENDANGERED SPECIES PROTECTION, FO	REST 1	ANAGE	MENT	
		Schody	ulo C (Eorm	990 or 99	-EZ) 2017

	(Form 990 or 990-EZ) 2017			FEDERATION,	INC.	62-6047188	Page 4
Part IV	Supplemental Inform	nation (continued))				

RESOURCE MANAGEMENT AND OTHER LEGISLATION THAT IMPACTS TENNESSEAN'S

OPPORTUNITY TO ENJOY THE GREAT OUTDOORS. THE FEDERATION DOES NOT

CONTRIBUTE TO POLITICAL CAMPAIGNS OR SUPPORT SPECIFIC CANDIDATES.

Department of the Treasury Internal Revenue Service

9 0)

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.





Name of the organization

TENNESSEE WILDLIFE FEDERATION, INC. Employer identification number 62 - 6047188

Pai			or Acco	complete if the
	organization answered "Yes" on Form 990, Part IV, line	(a) Donor advised funds	(b) F	Funds 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	riting that the assets held in donor advis	ed funds	
•	are the organization's property, subject to the organization's e	-		Yes No
6	Did the organization inform all grantees, donors, and donor ac			
-	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?		-	
Pa				
1	Purpose(s) of conservation easements held by the organizatio	n (check all that apply).		
	Preservation of land for public use (e.g., recreation or ec		torically im	portant land area
	X Protection of natural habitat	Preservation of a cer	tified histor	ric structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified	ed conservation contribution in the form	of a conse	rvation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2	
b	Total acreage restricted by conservation easements		2	b 9,342.00
с	Number of conservation easements on a certified historic stru	cture included in (a)	2	<u>c 0</u>
d	Number of conservation easements included in (c) acquired at	fter 7/25/06, and not on a historic struct	ure	
	listed in the National Register		2	d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organizati	on during the tax
	year ▶0_			
4	Number of states where property subject to conservation ease			
5	Does the organization have a written policy regarding the period			
	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing con-	servation e	asements during the year
_	▶ <u>16</u>			
7	Amount of expenses incurred in monitoring, inspecting, handles $40.$	ing of violations, and enforcing conserva	tion easem	ients during the year
•		action the requirements of acation 170	(b)(4)(D)(i)	
8	Does each conservation easement reported on line $2(d)$ above and pactice $170(h)(4)(P)(i)/2$			X Yes No
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservatio			
9	include, if applicable, the text of the footnote to the organization			, ,
	conservation easements.		the organiz	
Pa	t III Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther Sim	ilar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under SFAS 116 (ASC	C 958), not to report in its revenue staten	nent and b	alance sheet works of art.
	historical treasures, or other similar assets held for public exhi			
	the text of the footnote to its financial statements that describ		•	
b	If the organization elected, as permitted under SFAS 116 (ASC		and balan	ce sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed			
	relating to these items:			č
	(i) Revenue included on Form 990, Part VIII, line 1			► \$
				► \$
2	If the organization received or held works of art, historical trea			
	the following amounts required to be reported under SFAS 11			
а	Revenue included on Form 990, Part VIII, line 1			► \$
b	Assets included in Form 990, Part X			► \$

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

Schedule D (Form 990) 2017

Sche		EE WILDLIFE					62-60			age 2
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	easures, o	r Othe	r Simila	ar Assets	contir	ued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the	following that	t are a si	gnificant	use of its c	ollection	items	
	(check all that apply):									
а	Public exhibition	d	Loan or exc	change progra	ams					
b	Scholarly research	е	Other							
с	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	how they further t	he organizatio	on's exe	mpt purpo	ose in Part	XIII.		
5	During the year, did the organization solicit o									
	to be sold to raise funds rather than to be ma	aintained as part of th	e organization's co	ollection?				Yes		No
Par	t IV Escrow and Custodial Arrang	gements. Comple	te if the organization	on answered	"Yes" or	n Form 99	0, Part IV, I	line 9, or		
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodi	an or other intermedia	ary for contributior	is or other as	sets not	included		_		_
	on Form 990, Part X?						🗆	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:							
								Amount		
С	Beginning balance					. 1 c				
d	Additions during the year					. 1 d				
е	Distributions during the year					. 1e				
f	Ending balance					1 f				
	Did the organization include an amount on Fo						L	Yes		No
Par	If "Yes," explain the arrangement in Part XIII.									<u>]</u>
I ai	t V Endowment Funds. Complete i							(-) [haali
4.	Designing of year balance	(a) Current year 130,359.	(b) Prior year 87,227.	(c) Two yea	rs back 7,337.	(a) mree	years back 87,600.	(e) Four		<u>bacк</u> 600.
1a 5	Beginning of year balance	0.	29,602.		7,337.		07,000.		07,	
b	Contributions	4,539.	13,530.		-110.		52.		6	665.
C A	Net investment earnings, gains, and losses	±,335.	10,000		110.		52.		•,	<u>.</u>
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs						315.		6	665.
	Administrative expenses End of year balance	134,898.	130,359.	8	7,227.		87,337.			600.
g 2	End of year balance Provide the estimated percentage of the curr	,	,		,		•,••,••,•		• • •	
2 a	Board designated or quasi-endowment	34.78	%							
b	Permanent endowment \blacktriangleright <u>64.74</u>	%								
	Temporarily restricted endowment	.48 %								
Ū	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse	-	tion that are held a	nd administer	red for th	ne organiz	zation			
	by:	5				5		ſ	Yes	No
	(i) unrelated organizations							3a(i)	Х	
	(ii) related organizations							3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organiza							3b		
4	Describe in Part XIII the intended uses of the	organization's endov	vment funds.							
Par	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answere	d "Yes" on Form 990,	Part IV, line 11a.	See Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or ot basis (investm	• • •	t or other (other)		Accumulat epreciation		(d) Bool	< value	Э
1a	Land									
	Buildings									
	Leasehold improvements			2,144.		40,5			1,5!	
d	Equipment			7,201.		394,4		82	2,70	
е	Other		4	1,383.		41,3	83.			0.
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part X	(, column (B), line 1	0c.)					1,2	
							Cabadula	D (F	0001	0047

	Complete if the organization answered "Yes"	on Form 990, Part IV,	line 11b. See Form 990, F	Part X, line 12.
(a) Des	cription of security or category (including name of security)	(b) Book value	(c) Method of va	aluation: Cost or end-of-year market value
(1) Fina	ncial derivatives			
(2) Clos	ely-held equity interests			
(3) Othe	er			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Co	ol. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨			
Part V	III Investments - Program Related.			
	Complete if the organization answered "Yes"	on Form 990, Part IV,	line 11c. See Form 990, F	Part X, line 13.
	(a) Description of investment	(b) Book value		aluation: Cost or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	ol. (b) must equal Form 990, Part X, col. (B) line 13.) 🕨			
Part I				
	Complete if the organization answered "Yes" of	on Form 990, Part IV,	line 11d. See Form 990, F	Part X, line 15.
		Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	Column (b) must equal Form 990, Part X, col. (B) line	<u>9 15.)</u>		
	Complete if the organization answered "Yes" of	on Form 990, Part IV.	line 11e or 11f. See Form	990, Part X, line 25.
1.	(a) Description of liability		(b) Book value	
	Federal income taxes			
	ACCRUED PAYROLL		189,282.	
	LAND HELD FOR OTHERS		56,000.	
	PAYABLE TO TENNESSEE WILDI	LIFE		
	FEDERATION FDN		13,764.	
(6)				
(7)				
(8)				
(9)				
	Column (b) must equal Form 990, Part X, col. (B) line	25)	259,046.	
()	<u>olumin loi must equal Formi 330, Part A. COI. (B) line</u>	. ∠J.) 🚩	/0101	

TENNESSEE WILDLIFE FEDERATION, INC.

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

62-6047188 Page 3

Schedule D (Form 990) 2017

Part VII Investments - Other Securities.

	edule D (Form 990) 2017 TENNESSEE WILDLIFE FEDERAT					6047188	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	ents Wit	h Rever	ue per Re	eturn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.					
1	Total revenue, gains, and other support per audited financial statements				1	2,604	<u>,171.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrealized gains (losses) on investments	. 2a		-2,368.			
b	Donated services and use of facilities	. 2b					
С	Recoveries of prior year grants	. 2c					
d	Other (Describe in Part XIII.)	2d		2,269.			
е	Add lines 2a through 2d				2e		-99.
3	Subtract line 2e from line 1				3	2,604	<u>,270.</u>
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 2 and 4 Trian 1 Total cost Total in the				5	2,604	.270.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)						/ = / • •
	rt XII Reconciliation of Expenses per Audited Financial Statem	ients Wi	ith Expe	nses per			/ _ / 0 0
	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ients Wi	ith Expe	nses per l		า.	
	rt XII Reconciliation of Expenses per Audited Financial Statem	ients Wi a.	ith Expe	nses per			
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ients Wi a.	ith Expe	nses per	Returi	า.	
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements	a.	ith Expe	nses per	Returi	า.	
Pa 1 2	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	a. 2a	ith Expe	nses per	Returi	า.	
Pa 1 2 a	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	a. 2a 2b	ith Expe	nses per		า.	
Pa 1 2 a b	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c	ith Expe	nses per		n. 2,586	,071.
Pa 1 2 a b	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	a. 2a 2b 2c 2d	ith Expe	nses per 2,269.		n. <u>2,586</u> 2	<u>,071.</u>
Pa 1 2 a b c d	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	ith Expe	nses per 2,269.		n. 2,586	<u>,071.</u>
Pa 1 2 a b c d e	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	ith Expe	nses per 2,269.	1 2e	n. <u>2,586</u> 2	<u>,071.</u>
Pa 1 2 b c d 3	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	ith Expe	nses per 2,269.	1 2e	n. <u>2,586</u> 2	<u>,071.</u>
Pa 1 2 3 4	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	ith Expe	nses per 2,269.	1 2e	n. <u>2,586</u> 2	<u>,071.</u>
Pa 1 2 3 4	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a 4b	ith Expe	2,269.	1 2e	n. 2,586 2,583	,071. ,269. ,802. 0.
Pa 1 2 a b c d a b c 3 4 b c 5	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	ith Expe	2,269.	1 2e 3	n. <u>2,586</u> 2	,071. ,269. ,802. 0.

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 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.

 Schedule D (Form 990) 2017
 TENNESSEE WILDLIFE FEDERATION, INC.
 62-6047188 Page 5

 Part XIII
 Supplemental Information (continued)
 THE TWF AND THE FOUNDATION ARE EXEMPT FROM FEDERAL INCOME TAXES UNDER

 SECTION 501(C)(3) OF THE INTERNAL REVENUE 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 UNDER SECTION 509(A)(1).

THE ORGANIZATION FOLLOWS FINANCIAL ACCOUNTING STANDARDS BOARD ACCOUNTING

STANDARDS CODIFICATION ("FASB ASC") GUIDANCE ON ACCOUNTING FOR UNCERTAINTY

IN INCOME TAXES. FOR ALL TAX POSITIONS TAKEN BY THE ORGANIZATION,

MANAGEMENT BELIEVES IT IS CLEAR THAT THE LIKELIHOOD IS GREATER THAN 50

PERCENT THAT THE FULL AMOUNT OF THE TAX POSITIONS TAKEN WILL BE ULTIMATELY REALIZED.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

COST OF INVENTORY SOLD

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF INVENTORY SOLD

2,269.

2,269.

SCHEDULE D, PART II, LINE 5:

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

 Schedule D (Form 990) 2017
 TENNESSEE WILDLIFE FEDERATION, INC.
 62-6047188 Page 5

 Part XIII
 Supplemental Information (continued)
 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

 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.

SCHEDULE D, 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 ORGANZATION 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.

SC	HEDULE F	Stateme	nt of Act	ivities Outside the Un	ited Sta	ites -	OMB No. 1545-0047
(Fo	rm 990)			n answered "Yes" on Form 990, Part I			2017
Depa	rtment of the Treasury			Attach to Form 990.			Open to Public
	al Revenue Service	► Go to	www.irs.gov/Fo	orm990 for instructions and the latest	information.		Inspection
Nam	ne of the organization					Employer ide	ntification number
	NNESSEE WILI	DLIFE FEDE	RATION,	INC.		62-6047	188
Pa			ctivities Out	side the United States. Comple	te if the organ	ization answere	d "Yes" on
	Form 990, Pa						
1	-	-		ds to substantiate the amount of its grar the selection criteria used to award the g		-	X Yes 🗌 No
2	For grantmakers. D United States.	escribe in Part V the	e organization's	procedures for monitoring the use of its	grants and ot	her assistance o	outside the
3		(The following Par	t I, line 3 table ca	an be duplicated if additional space is ne	eded.)		
	(a) Region	(b) Number of				vity listed in (d)	(f) Total
		offices in the region	employees,	(by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	gram service, e specific type (s) in the region	expenditures for and investments in the region
3 a	Sub-total	0	0				0.
	Total from continuati sheets to Part I	on	0				0.
c	Totals (add lines 3a and 3b)	0	0				0.

Statement of Activities Outside the United States

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

Schedule F (Form 990) 2017

OMB No. 1545-0047

Schedule F (Form 990) 2017

TENNESSEE WILDLIFE FEDERATION, INC.

62-6047188

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
by the IRS, or for whic	ch the grantee or cou	nsel has provided a sect	ecognized as charities by the t ion 501(c)(3) equivalency letter					

Schedule F (Form 990) 2017

62-6047188

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

Part III can be duplicated if a	luullional space is neede						
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
	SUB-SAHARAN						
	AFRICA - ANGOLA,						
EDUCATION TUITION AND RELATED	BENIN, BOTSWANA,						
EXPENSES	BURKINA FASO,	1	7 150	WIRE TRANSFER	0.		
		-	,,130.				
							-
							+
							+
	1	1	1	1			1

Schedule F (Form 990) 2017

		WILDLIFE	FEDERATION,	INC.
Part IV Foreign Form	s			

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the		
	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign		
	Corporation (see Instructions for Form 926)	Yes	XNo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization		
	may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign		
	Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign		
	Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To		
	Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a		
	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"		
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain		
	Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If		
	"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see		
	Instructions for Form 5713; don't file with Form 990)	Yes	XNo

Schedule F (Form 990) 2017

Schedule F (Form 990) 2017 TENNESSEE WILDLIFE FEDERATION, INC. 62-6047188 Page 5
Part V Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of
investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c)
(estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
PART I, LINE 2:
THE TENNESSEE WILDLIFE FEDERATION SCHOLARS PROGRAM SELECTS AND SUPPORTS A
HIGH-ACHIEVING SCHOLAR WHO HAS EXCEPTIONAL PROMISE, MOTIVATION AND
DEMONSTRATED ACCOMPLISHMENTS IN WILDLIFE MANAGEMENT. EACH APPLICATION IS
EVALUATED ON ABILITY TO CREATE AN IMPACT, PREVIOUS CONTRIBUTION TO
WILDLIFE CONSERVATION, DEMONSTRATED PERFORMANCE AND LEADERSHIP COMMITMENT
TO WILDLIFE MANAGEMENT, AND A DEMONSTRATED AMBITION FOR ACHIEVING A
DEGREE. ONCE AN APPLICANT IS CHOSEN, FIRST SEMESTER TUITION AND OTHER
APPLICABLE FEES ARE WIRED DIRECTLY TO THE EDUCATIONAL INSTITUTION AND
SUPPLEMENTAL EXPENSES ARE SENT DIRECTLY TO THE SCHOLARSHIP STUDENT.
THEREAFTER, THE STUDENT IS REQUIRED TO SEND A TRANSCRIPT OF THEIR GRADES
PRIOR TO A FUNDS TRANSFER FOR THE NEXT SEMESTER TUITION.

SCHEDULE I (Form 990)	Go	irants and Oth vernments, an ete if the organization	d Individual	s in the Ŭni	ted States			OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	eep	-	Attach to Forn s.gov/Form990 for	n 990.				Open to Public Inspection
Name of the organization	WILDLIFE	FEDERATION	-				Employer	identification number 62-6047188
Part I General Information on Grants a	nd Assistance							
1 Does the organization maintain records the criteria used to award the grants or assis	tance?				•			X Yes No
2 Describe in Part IV the organization's pro Part II Grants and Other Assistance to					nization anoward "V	aall on Form 000 Dart	IV line Of	for any
recipient that received more than S					anization answered if	es on Form 990, Part	TV, Ime∠T,	for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance		Purpose of grant or assistance
TENNESSEE WILDLIFE FEDERATION FOUNDATION - 300 ORLANDO AVENUE - NASHVILLE, TN 37209	62-1035438	501(C)(3)	122,273.	0.			GENERAL	SUPPORT
NATIONAL FISH AND WILDLIFE FOUNDATION - 1133 15TH STREET, NW SUITE 1100 - WASHINGTON, DC 20005	52-1384139	501(C)(3)	12,500.	0.			GENERAL	SUPPORT
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organizations LHA For Paperwork Reduction Act Notice 	listed in the line 1	table	e line 1 table					1 . Jule I (Form 990) (2017)

Schedule I (Form 990) (2017)

TENNESSEE WILDLIFE FEDERATION, INC. Schedule I (Form 990) (2017) Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(e) Method of valuation (book, FMV, appraisal, other) (a) Type of grant or assistance (b) Number of (f) Description of noncash assistance (c) Amount of (d) Amount of nonrecipients cash grant cash assistance 0. EDUCATION GRANTS 7 7,250.

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

Part III

MULTIPLE SCHOLARSHIPS AND GRANT ASSISTANCE WERE GIVEN TO STUDENTS AND

SCHOOLS THROUGHOUT THE YEAR. NONE WERE GREATER THAN \$5,000 INDIVIDUALLY.

62-6047188

Page 2

LHA

Noncash Contributions

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

Attach to Form 990.

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

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

Name of the organization

SCHEDULE M

Department of the Treasury Internal Revenue Service

(Form 990)

TENNESSEE WILDLIFE FEDERATION, INC.

Par	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu			3
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15								
16								
17								
18	Collectibles							
19	Food inventory	X	2	1,151.				
20								
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (SUPPLIES)	X	16	32,396.				
26	Other (EQUIPMENT)	X	9	11,545.				
27	Other ► ()							
28	Other ► ()							
29	Number of Forms 8283 received by the organiz	zation during	the tax year for c	ontributions				
	for which the organization completed Form 82	83, Part IV, I	Donee Acknowledg	gement				
						Y	'es	No
30a	During the year, did the organization receive by	, contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least three years from the date	e of the initia	l contribution, and	which isn't required to be us	sed for			
	exempt purposes for the entire holding period?	?				30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	oolicy that re	quires the review o	of any nonstandard contribut	ions?	31		Х
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash			T	
	contributions?		-			32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) fo	a type of property	/ for which column (a) is cheo	ked,			
	describe in Part II.							





Employer identification number

62 - 6047188

Schedule M	(Form 990) 2017	TENNESSEE	WILDLIFE	FEDERATION,	INC.	62-6047188	Page 2
Part II	Supplemental is reporting in Part	Information. P I, column (b), the n dditional information	rovide the informa umber of contribu	ation required by Part I, I tions, the number of iter	ines 30b, 32b ns received, o	o, and 33, and whether the organiza or a combination of both. Also comp	tion plete

SCHEDULE O

(Form 990 or 990-EZ) Department of the Treasury

Internal Revenue Service

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.

INC.

Employer identification number 62-6047188

OMB No. 1545-0047

Name of the organization TENNESSEE WILDLIFE FEDERATION,

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.

THE SCHOLASTIC CLAY TARGET PROGRAM (SCTP) PROVIDES TENNESSEE'S YOUTH,

GRADES 5-12, AN OPPORTUNITY TO COMPETE IN CLAY TARGET SHOOTING

COMPETITIONS WITH THEIR PEERS FROM ACROSS THE STATE AND TEACH YOUTH THE

IMPORTANCE OF FIREARMS SAFETY WHILE INSTILLING VALUES OF DISCIPLINE,

LEADERSHIP AND TEAMWORK THAT WILL HELP MOLD THE FUTURE SPORTSMEN AND

WOMEN OF TENNESSEE. TENNESSEE HUNTERS FOR THE HUNGRY (HFTH) PROGRAM TO

FIGHT HUNGER IN TENNESSEE BY DISTRIBUTING DONATED VENISON TO HUNGER

RELIEF ORGANIZATIONS ACROSS THE STATE.

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

CONSERVATION PLATFORMS, AND HELPING TWRA ADDRESS HOW TO BALANCE

COMMERCIAL CANOE AND KAYAK OUTFITTERS ON OUR BEST FISHING RIVERS.

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

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

SIMPLE HUNTING OR FISHING EVENT, HUNTING AND FISHING ACADEMY PROVIDES

ENGAGING HANDS-ON INSTRUCTION IN THE ART OF BEING AN OUTDOORSMAN IN

ORDER TO MENTOR FIRST TIME AND NOVICE HUNTERS AND ANGLERS OF ALL AGES.

MORE THAN 70 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.

<u>Schedule O (Form 990 or 9</u> Name of the organization	390-EZ) (2017)				Page Employer identification numbe
-	TENNESS	EE WILDLIFE	FEDERATION,	INC.	62-6047188
				•	

THE FEDERATION'S HABITAT CONSERVATION PROGRAM HAS NUMEROUS

ON-THE-GROUND PROJECTS COMPLETED OR UNDERWAY STATEWIDE. ONE WETLAND

RESTORATION PROJECT NEAR COOKEVILLE IS COMPLETE; TWO ARE IN THE

CONSTRUCTION PHASE; AND FIVE OTHERS ARE IN VARIOUS STAGES OF

PERMITTING. FOUR FOREST HABITAT RESTORATION PROJECTS WERE INITIATED

THIS YEAR, INCLUDING A PARTNERSHIP PROJECT TO RESTORE SHORTLEAF PINE

ECOSYSTEMS IN THE CUMBERLAND PLATEAU REGION OF TENNESSEE. TWO

GRASSLAND HABITAT RESTORATION PROJECTS NEAR CLARKSVILLE WERE INITIATED

THIS YEAR. COLLECTIVELY, THESE PROJECTS WILL IMPROVE HABITAT FOR

WILDLIFE AND INCREASE PUBLIC ACCESS FOR RECREATION.

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

UPON RECEIPT OF THE FINAL DRAFT FROM THE TAX PREPARER, IT IS SENT TO THE EXECUTIVE STAFF AND BOARD OF DIRECTORS FOR REVIEW OF 10 DAYS DURING WHICH TIME COMMENTS, EDITS AND QUESTIONS ARE RECEIVED. AT THE END OF THE 10 DAYS, THE FINAL RETURN IS COMPLETED AND FILED WITH THE INTERNAL REVENUE SERVICE.

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

THE ORGANIZATION MAINTAINS BOARD CONFLICT OF INTEREST POLICY THAT IS GIVEN TO EACH BOARD MEMBER UPON THEIR JOINING THE BOARD OF DIRECTORS. ANNUALLY, THIS POLICY IS REVIEWED AT A DIRECTOR'S MEETING.

FORM 990, PART VI, SECTION B, LINE 15:

A. ANNUALLY, THE BOARD CHAIRMAN AND THE BOARD DEVELOPMENT COMMITTEE

CHAIRMAN PROVIDE THE REVIEW OF THE CEO AND CDO RESPECTIVELY. THE EXECUTIVE
732212 09-07-17 Schedule O (Form 990 or 990-EZ) (2017)

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization TENNESSEE WILDLIFE FEDERATION, INC.	Employer identification number 62-6047188
COMMITTEE REVIEWS RECENT SALARY SURVEYS OF NONPROFIT ORGA	NIZATIONS FOR
EVALUATION OF THE CEO & CDO SALARIES. SALARY INCREASES AF	RE APPROVED BY THE
EXECUTIVE COMMITTEE.	
B. THE CEO AND CDO ANNUALLY REVIEW THE ORGANIZATION'S STA	
INCLUDE THE CONSIDERATION OF THE COMPENSATION LEVELS AND	IF NECESSARY OR
WARRANTED THE ADJUSTMENT OF THOSE LEVELS.	
FORM 990, PART VI, SECTION C, LINE 19:	
AVAILABLE UPON REQUEST.	
732212 09-07-17 Sch	nedule O (Form 990 or 990-EZ) (2017)

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.

OMB No. 1545-0047

2017 Open to Public Inspection

Employer identification number

62-6047188

Department of the Treasury Internal Revenue Service

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

Name of the organization

TENNESSEE WILDLIFE FEDERATION, INC.

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
TENNESSEE MITIGATION FUND, LLC	REPAIR AND MAINTAIN AND				
300 ORLANDO AVE, STE 200	RESTORE WETLAND MITIGATION				TENNESSEE WILDLIFE
NASHVILLE, TN 37209	SITES	TENNESSEE	290,582.	2,171,687.	FEDERATION, INC.

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt 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	cont	g) 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.		х
	-						
	-						

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

Schedule R (Form 990) 2017

TENNESSEE WILDLIFE FEDERATION, INC. Schedule R (Form 990) 2017

62-6047188 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)	(1	h)	(i)		i)	(k)			
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Predominant income (related, unrelated, excluded from tax under	Predominant income St (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		ortionate tions?	Code V-UBI amount in box 20 of Schedule	Gene mana part	ral or aging ner?	Percentage ownership
		country)		sections 512-514)		455615	Yes	No	K-1 (Form 1065)	Yes	No				
	1														
	1														
										+					
	{														
	{														
	{														

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. Part IV

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i Sec 512(t contr enti	i) :tion ɔ)(13) rolled ity?
		country)				400010		(i) Section 512(b) control entity Yes	No

Schedule R (Form 990) 2017 TENNESSEE WILDLIFE FEDERATION, INC.

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b	X	
	Gift, grant, or capital contribution from related organization(s)	1c	X	
	Loans or loan guarantees to or for related organization(s)	1d		Х
	Loans or loan guarantees by related organization(s)	1e		Х
f	Dividends from related organization(s)	1f		Х
g	Sale of assets to related organization(s)	1g		Х
h	Purchase of assets from related organization(s)	1h		Х
i	Exchange of assets with related organization(s)	1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
Т	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		Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х
	Sharing of paid employees with related organization(s)	10		Х
р	Reimbursement paid to related organization(s) for expenses	1p		Х
	Reimbursement paid by related organization(s) for expenses	1q	X	
r	Other transfer of cash or property to related organization(s)	1r		х
s	Other transfer of cash or property from related organization(s)	1s		Х

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
<u>(2)</u>				
<u>(3)</u>				
<u>(4)</u>				
<u>(5)</u>				
<u>(6)</u>				

Schedule R (Form 990) 2017 TENNESSEE WILDLIFE FEDERATION, INC.

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)	(0)		(f)	(g)	/	h)	(i)	(j)	(k)	
(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile		(e) Are a	i ll	(I) Share of	(9) Share of		ropor-		(J) General (
of entity	Frindry activity	(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners 501(c)(orgs.	(3)	total	end-of-year	tio	ropor- nate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managin		
or onaly		country)	excluded from tax under	Yes N		income			No	of Schedule K-1	Yes NC		
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3000013 0 12 0 14)	Yesr				Yes	NO		Yes NO	<u>'</u>	
					_								
					_							<u> </u>	
												-	
	-												
					-								

Schedule R (Form 990) 2017

Schedule R (Form 990) 2017	
----------------------------	--

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.