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DLN: 93493105007094

# Form **990**

Department of the Treasury

# **Return of Organization Exempt From Income Tax**

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

2012

OMB No 1545-0047

Open to Public

		e Service		e to use a copy of this return to			rting requirer	Helits	Inspection
			calendar year, or tax year beginni  C Name of organization	ng 09-01-2012 , 2012, and end	ing 08-	31-2013	D Empl	over ide	ntification number
		applicat hange	NATIONAL WILD TURKEY FEDERAT	TON INC				-	
	ne cha	_	Doing Business As				57-0	56499	3
_		-							
	ıal retu		Number and street (or P O box if 770 AUGUSTA ROAD	mail is not delivered to street address)	Room/s	uite	E Teleph	none num	ber
_	mınate 			LTTD			(803	)637-3	106
_		return	City or town, state or country, and EDGEFIELD, SC 298241573	1 ZIP + 4					
App	olicatio	n pend				_	<b>G</b> Gross	receipts	55,429,735
			<b>F</b> Name and address of pr GEORGE THORNTON	incipal officer			s this a grou iffiliates?	p return	for
			770 AUGUSTA ROAD			'	illinates.		1 1651 140
			EDGEFIELD,SC 29824			ı			ded?「Yes「No
<b>I</b> Ta	x-exer	npt sta	tus 501(c)(3) 501(c)()	(insert no )	527	┨ ╹	f "No," attac	h a list	(see instructions)
1 W	ehsit	e <b>l</b>	www nwtf org			H(c)	Group exemp	tion nur	mber ►
						1			
	n of o rt I	_	tion Corporation Trust Associat	ion   Other 🟲		<b>L</b> Year	of formation 1	973 <b>M</b>	State of legal domicile SC
Pa			ımmary		_				
			y describe the organization's miss NWTF IS DEDICATED TO THE C			Y AND TH	E PRESERVA	NOITA	OF OUR HUNTING
a)		<u>HERI</u>	TAGE						
Governance									
Ě									
Š	2	Chec	k this box 🔭 if the organization (	discontinued its operations or di	sposed	of more th	an 25% of it	s net as	sets
	,	Numb	or of voting members of the gover	ning body (Bart VI June 1a)				3	1.0
Activities &	l		er of voting members of the gover er of independent voting members					4	18
星	l		number of individuals employed in					5	313
PC.			number of volunteers (estimate if					6	200,000
	l		unrelated business revenue from	• •				7a	1,359,389
	ь	Net u	nrelated business taxable income	from Form 990-T, line 34 .				7b	-1,561,775
							Prior Year		Current Year
<b>a</b> .	8	Coi	ntributions and grants (Part VIII,	line 1h)			33,680	,879	35,099,037
Revenue			gram service revenue (Part VIII,	line 2g)				0	0
346	10							,814	25,596
_	11		ner revenue (Part VIII, column (A				1,686	,888	2,043,052
	12		al revenue—add lines 8 through 1			ie	35,391	,581	37,167,685
	13		nts and similar amounts paid (Pai				1,047	,871	1,138,659
	14	Ber	nefits paid to or for members (Part	IX, column (A), line 4)				0	0
ø	15		aries, other compensation, emplo	yee benefits (Part IX, column (A	), lınes		10,556	145	9,885,598
Expenses	16a	5-: Pro	[0] fessional fundraising fees (Part I)	( column (A ) line 11e)			10,550	,173	0
<u>क</u>	ь		If fundraising expenses (Part IX, column (			•			
Ω	17		n rundraising expenses (Part IX, column (A) ner expenses (Part IX, column (A)	•		_	24,351	.579	24,730,976
	18		al expenses Add lines 13–17 (m				35,955		35,755,233
	19		venue less expenses Subtract line		-		-564	,014	1,412,452
% ₩ &		_				Begi	nning of Curr	ent	End of Year
Not Assets or Fund Balances	]	<b>+</b>	ol peeds (Dark V. line 4.5)			-	Year	E 0 3	
Ass 3 Ba	20 21		al assets (Part X, line 16)				27,829 6,499		30,270,830 7,257,520
を と と と と と と と と と と と と と と と と と と と	22							,854	23,013,310
	ŧΠ	_	gnature Block	time 21 nominic 20 1 1 1	•		21,323	,001	23,013,310
			of perjury, I declare that I have e	xamined this return, including ac	compa	nying sche	edules and st	atemen	ts, and to the best of
			nd belief, it is true, correct, and co	mplete Declaration of preparer	(other t	than office	r) is based or	n all info	rmation of which
hiebs	nel N	as any	/ knowledge						
		T <sub>k</sub>					2014-01-14		
Sign	1	₹ s	ignature of officer				Date		
Her			LLEN LINTAL CHIEF FINANCIAL OFFICER						
			ype or print name and title	Droport		Dat-		DTT	
D	J		Print/Type preparer's name	Preparer's signature		Date	Check if self-employed	PTIN	
Paid			Firm's name	•			Firm's EIN	•	
	pare		Firm's address 🕨				Phone no		
use	On	IIY 💮	i iiii 3 dddic33 F				I THORIE III		

May the IRS discuss this return with the preparer shown above? (see instructions)  $\,$  .

**□Yes** □No

Form	1990 (2	2012)					Page
Par	t III		<b>f Program Ser</b> le O contains a re		<b>lishments</b> uestion in this Part	III	
1	Briefl	y describe the or	ganızatıon's mıssı	on			
THE	NWTF:	IS DEDICATED <sup>-</sup>	TO THE CONSER	VATION OF TH	E WILD TURKEY A	ND THE PRESERVATION OF	OUR HUNTING HERITAGE
2					ervices during the y	ear which were not listed on	
	•	or Form 990 or 9					
3	Did th	e organization ce		r make sıgnıfıcaı • • • •	nt changes in how it	conducts, any program	
	If "Ye	s," describe these	changes on Sche	edule O			
4	expen	ses Section 501		(4) organization	s are required to re	s three largest program service port the amount of grants and a	
4a	(Code	<u> </u>	) (Expenses \$	14,263,780	ıncludıng grants of \$	1,138,659 ) (Revenue \$	2,043,052 )
	WORK					/ATION OF THE NORTH AMERICAN HU ABLE HABITAT AND MAINTAIN THAT H	
4b	(Code	2	) (Expenses \$	14,084,668	ıncludıng grants of \$	) (Revenue \$	0)
						STATES, CANADA AND 11 OTHER COU RSHIP, REGULAR MEMBERSHIP AND S	
4c	(Code	2	) (Expenses \$	3,417,694	ıncludıng grants of \$	) (Revenue \$	0)
	PROG	RAMS, INCLUDING JA	KES (FOR AGES 12 A	ND YOUNGER), XTRI	EME JAKES (AGES 13-17	WILDLIFE CONSERVATION THROUGH 7), WOMEN IN THE OUTDOORS (WOM WOMEN WITH DISABILITIES)	
4d	O the	r program servic	es (Describe in Sc	hedule O )			
		enses \$	•	ncluding grants (	of\$	0 )(Revenue\$	0 )
4e	Tota	l program service	expenses 🟲	31,766,142	)		

### Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes," complete Schedule $A^{\bullet}$	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{*}$	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part $I$	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	Yes	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
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		No
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 $V^{\bullet}$	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
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		No
C	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		No
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a		No
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	Yes	
13	Is the organization a school described in section 170 (b)(1)(A)(II)? If "Yes," complete Schedule $E$	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
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	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If</i> "Yes," complete Schedule F, Parts III and IV	16		No
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 $11e^{\gamma}$ If "Yes," complete Schedule G, Part I (see instructions)	17		No
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		No
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule $H$	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
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	Yes	
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 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
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		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
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		No
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		No
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
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		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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 R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

-	Statements Regarding Other IRS Filings and Tax Compliance			-
	Check if Schedule O contains a response to any question in this Part V	•	Yes	No
a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   367		103	110
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	<b>1</b> c	Yes	
	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			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
1	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Yes	
	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b	Yes	
1	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
	If "Yes," enter the name of the foreign country 🕨 CA			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
ı	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
	2 22, 22 mile da di day ala die digamzadon me i dim dodo i i i i i i i i i i i i i i i i i	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	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 services provided to the payor?	7a		N
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		N
	If "Yes," indicate the number of Forms 8282 filed during the year			
	zz reso, maleute the namest strottine egoz med dating the year.			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e 7f		N <sub>1</sub>
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	H		N
	required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
ı	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O	13a		
,	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			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		N
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14a		1 11

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

	ection 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						
	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						
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		No			
3	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? .						
4							
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No			
6	Did the organization have members or stockholders?	6	Yes				
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?	7a	Yes				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following						
а	8a	Yes					
b	8b	Yes					
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		No			
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ie Cod	e.)			
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	<i>ye Code</i>	e.) No			
	Did the organization have local chapters, branches, or affiliates?	evenu 10a		•			
10a	Did the organization have local chapters, branches, or affiliates?		Yes	•			
10a b	Did the organization have local chapters, branches, or affiliates?	10a	<b>Yes</b> Yes				
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes Yes	•			
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes Yes	•			
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes Yes Yes	•			
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes Yes Yes Yes	•			
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes Yes Yes Yes	•			
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?  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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10a 10b 11a 12a 12b	Yes Yes Yes Yes Yes Yes Yes Yes				
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes Yes Yes	•			
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes Yes Yes	•			
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes	•			
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes	•			
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?  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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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	10a 10b 11a 12a 12b 12c 13 14	Yes	•			
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes	No			

- 17 List the States with which a copy of this Form 990 is required to be filed AR, CA, CO, FL, IL, MA, MN, MS, ND, NJ, OH, OK, OR, PA, SC, TN, UT, VA
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply ✓ Own website ✓ Another's website ✓ Upon request ✓ Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►ELLEN LINTAL CFO 770 AUGUSTA ROAD EDGEFIELD, SC (803)637-3106

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

Check if Schedule O contains a response to any question in this Part VII  $\,\cdot\,\,$  .  $\,\cdot\,\,$  .

### 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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter-0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, or 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

0	for related organizations below dotted line)  3 25 0 3 25 0 3 25 0 3 25 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Individual trustee × × ×	Institutional Trustee	Officei × ×	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations
BOD CHAIRMAN (2) SAM MARS III  PRESIDENT (3) VERN ROSS  VICE PRESIDENT (4) MARVIN HARTLEY  SECRETARY	0 3 25 0 3 25 0 3 25	х						0	0	,
(2) SAM MARS III  PRESIDENT  (3) VERN ROSS  VICE PRESIDENT  (4) MARVIN HARTLEY  SECRETARY	3 25 0 3 25 0 3 25	х							UI	
PRESIDENT (3) VERN ROSS VICE PRESIDENT (4) MARVIN HARTLEY SECRETARY	3 25 0 3 25 0 3 25			Х			ıl		اً ا	(
(3) VERN ROSS VICE PRESIDENT (4) MARVIN HARTLEY SECRETARY	3 25 0 3 25			ı X I				_	_	_
(3) VERN ROSS VICE PRESIDENT (4) MARVIN HARTLEY SECRETARY	3 25 0 3 25	Х	-	``				0	0	(
(4) MARVIN HARTLEY SECRETARY	3 25	X					$\Box$			
(4) MARVIN HARTLEY SECRETARY	3 25			Х				0	0	(
							П			
		Х		Х				0	0	(
	3 25									
TREASURER		Х		Х				0	0	(
(6) BILL BUCKNER	0 3 25									
		Х						0	0	(
BOARD MEMBER (7) FRANK COBLE	0 3 25									
		Х						0	0	(
BOARD MEMBER (8) DR ROBERT DETTMER MD	0 3 25									
		Х						0	0	(
BOARD MEMBER  (9) MIKE EVANS	0 3 25									
` '		х						О	0	(
BOARD MEMBER (10) EARL FRY	0									
	3 25	х						o	0	(
BOARD MEMBER  (11) POPERT LUCCINECTUM	0						$\vdash \vdash$			
(11) ROBERT HIGGINBOTHAM	3 25	х						o	0	(
BOARD MEMBER	0						$\sqcup$			
(12) SCOTT HILL	3 25	х						o	0	(
BOARD MEMBER	0						Щ			
(13) WILLIAM E C MARVIN	3 25	x						o	0	(
BOARD MEMBER	0							_		
(14) JERE D PEAK	3 25	х						0	0	(
BOARD MEMBER	0	_ ^						ŭ	ŭ	
(15) PARKS SHACKELFORD	3 25	х						0	0	(
BOARD MEMBER	0	^						O	O	(
(16) HARLAN STARR	3 25							0		
BOARD MEMBER	0	Х							0	(
(17) PEGGY ANNE VALLERY	3 25	· ·						_	_	
BOARD MEMBER	0	Х						0	0	(

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot	note boo	chec x, unle n offic rustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	Estimamount of compen	ated of other sation the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organiz and rel organiza	lated
(18) A LOUIS YOUNT	3 25	x						0	0		C
BOARD MEMBER (19) GEORGE THORNTON	37 5	+			-						
CHIEF EXECUTIVE OFFICER	0			Х				288,364	o		14,657
(20) DR J E KENNAMER CHIEF CONSERVATION OFFICER	37 5			х				198,001	0		15,166
(21) MIKE CLEARY  VP FOR STRATEGIC MKT AND FIELD OP	37 5			х				188,297	0		13,968
(22) BOB FOUNTAIN  VP OF OPERATIONAL SUPPORT	37 5			х				126,396	0	)	4,832
(23) DANNY YOUNG  VP OF MARKETING	37 5			х				124,265	0	)	8,617
(24) ELLEN LINTAL CONTROLLER	37 5			х				119,326	0	)	11,057
(25) DONNA LEGGETT  VP OF DEVELOPMENT	37 5			х				112,193	0	)	6,946
(26) CHRIS EDER  DIRECTOR OF FIELD OPERATIONS	0 37 5 0					х		109,765	0	)	1,730
(27) JAMES SPARKS CHIEF FINANCIAL OFFICER	37 5						х	193,521	0	)	9,669
1b Sub-Total	rt VII, Section A	· ·		· ·		<b>*</b>		1,460,128	0		86,642
Total number of individuals (including \$100,000 of reportable compensation)				ed a	bove	e) who	rec	eived more than			
3 Did the organization list any <b>former</b> o on line 1a? <i>If</i> "Yes," complete Schedule								ghest compensate	d employee	<b>Yes</b> Yes	No
4 For any individual listed on line 1a, is organization and related organizations individual									om the	Yes	
5 Did any person listed on line 1a recei services rendered to the organization								_			No
Section B. Independent Contrac	tors										
1 Complete this table for your five higher		ındepe	nder	nt co	ntra	actors	tha	t received more th	nan \$100,000 of		

compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A)	(B)	(C)
Name and business address	Description of services	Compensation
XS INC 1500 PERIMETER PARK DRIVE SUITE 300 MORRISVILLE NC 27560	CONSULTING SOFTWARE SERVICES	319,114
PRIVATE SOLUTIONS 314 UPPER MAIN ST GREENWOOD SC 29649	LEGAL & INVESTIGATIVE SERVICES	299,708
MCNAIR LAW FIRM 1301 GERVAIS STREET SUITE 18 COLUMBIA SC 29211	LEGAL SERVICES	144,135
2. Total number of independent contractors (including but not limited to these	salisted shave) who recoved more than	

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization  $\blacktriangleright 3$ 

		Check if Schedule O contains a response to any q	uestion i	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
0 K	1a	Federated campaigns 1a	0				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b	729,207				
ا ۾ و <u>ت</u>	c	Fundraising events 1c	0				
Ϊġġ	d	Related organizations 1d					
5 ₽							
š Ę	е	Government grants (contributions) 1e					
Contributions, Giffs, Grants and Other Similar Amounts	f	All other contributions, gifts, grants, and similar amounts not included above	369,830				
<u>≅</u> €	g	Noncash contributions included in lines	220,000				
탈필	_	1a-1f \$		25 000 027			
3 ಕ	h	Total. Add lines 1a-1f	►	35,099,037			
<u>e</u>		Business	Code				
Program Serwoe Revenue	2a						
æ	b						
15.e	С						
<u>Ş</u>	d						
Ē	е						
∑ E13	f	All other program service revenue		0	О	0	
Ě	g	Total. Add lines 2a-2f		0			
	3	Investment income (including dividends, interest,		25 500	0	0	35.50
	_	and other similar amounts)	· 🏲	25,596	0	0	25,59
	4	Income from investment of tax-exempt bond proceeds	. [	0	0	0	
	5	Royalties	onal	o o	, ,	Ü	
	6a	Gross rents 0	0				
	ь	Less rental 0	0				
	c	expenses Rental income 0	0				
		or (loss)			0	o	
	d	Net rental income or (loss)		0	٥	0	
	7a	Gross amount from sales of assets other	0				
	b	than inventory Less cost or other basis and sales expenses	0				
	С	Gain or (loss) 0	0				
	d	Net gain or (loss)	•	0	o	0	(
Other Kevenue	8a	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c) See Part IV, line 18					
도		, a	0				
Ĕ	b	Less direct expenses <b>b</b>	0				
·	c	Net income or (loss) from fundraising events .	· <b>•</b>	0		0	(
	9a	Gross income from gaming activities See Part IV, line 19 a	0				
	b	Less direct expenses b	0				
	С	Net income or (loss) from gaming activities		0	0	0	
	10a	Gross sales of inventory, less returns and allowances .	241,744				
	b		262,050				
		Net income or (loss) from sales of inventory		979,694	683,663	296,031	ı
Į		Miscellaneous Revenue Business	Code				
Ī	11a	ADVERTISING REVENUE	900004	1,063,358	0	1,063,358	
	b						
	c						
	d	All other revenue		0	0	0	
	е	Total. Add lines 11a-11d	►	1,063,358			
	12	Total revenue. See Instructions	▶	37,167,685	683,663	1,359,389	25,59
			1	31,101,003	000,000	1,000,000	23,33

Form 990 (2012) Page **10** Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response to any question in this Part IX (D) (B) (C) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising 7b. 8b. 9b. and 10b of Part VIII. Total expenses expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 824,616 824,616 Grants and other assistance to individuals in the United States See Part IV, line 22 254,798 254,798 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 59,245 59,245 Benefits paid to or for members 0 0 Compensation of current officers, directors, trustees, and 1,220,131 707,676 390,442 122,013 key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . 0 Other salaries and wages 6,762,385 5,623,600 959,582 179,203 Pension plan accruals and contributions (include section 401(k) 486,243 404,360 68,998 12,885 and 403(b) employer contributions) . . . . 793,335 659,738 112,574 Other employee benefits . . . . 21,023 10 623,504 518,506 88,475 16,523 11 Fees for services (non-employees) O 0 Ω 0 Management . . . . 370,212 0 370,212 0 Legal . . . . . . . 54,949 0 54,949 0 0 0 0 0 0 0 Professional fundraising services See Part IV, line 17 Investment management fees . . . . . 0 0 0 0 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on 186,895 186,895 0 Schedule O) . . . . . . . 0 Advertising and promotion . . 84,454 57,981 7,144 12 19,329 13 Office expenses . . . 1,447,513 1,221,854 132,785 92,874 370,697 69,512 14 Information technology . . 463,378 23,169 15 0 0 0 0 Royalties . 0 0 0 0 16 Occupancy . . . . . . **17** 282,483 182,100 57,495 42,888 Travel . . . . 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . . 0 0 0 107,968 19 Conferences, conventions, and meetings . 539,922 323,986 107,968 20 Interest . . . . . . . . . . . . 12,061 9,046 3,015 0 Payments to affiliates . . . . . . 0 0 21 O 0 1,110,852 22 Depreciation, depletion, and amortization . 1,481,147 296,238 74,057 23 400,104 312,935 66,013 21,156 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10%

16,977,172

771,606

759,225

881,000

18,855

35,755,233

16,977,172

771,606

475,519

881,000

18,855

31,766,142

of line 25, column (A) amount, list line 24e expenses on Schedule O)

Total functional expenses. Add lines 1 through 24e

reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check

here ► [ if following SOP 98-2 (ASC 958-720)

Joint costs. Complete this line only if the organization

a BANQUET SUPPORT

ADMIN EXPENSE

e All other expenses

25

26

d MEMBERSHIP EXPENSE

WILD TURKEY SUPER FUND

0

0

264,030

3.236.327

0

0

0

0

19,676

752,764

Part X Balance Sheet

Pal	rt X	Check if Schedule O contains a response to any question in this	Part	x					
					(A) Beginning of year		(B) End of year		
	1	Cash—non-interest-bearing			12,719,811	1	16,171,340		
	2	Savings and temporary cash investments			6,971	2	10,904		
	3	Pledges and grants receivable, net			0	3	0		
	4	Accounts receivable, net			3,120,879	4	2,861,484		
	5	Loans and other receivables from current and former officers, demployees, and highest compensated employees. Complete Paschedule L	rt II	of	0	F	0		
Assets	6	Loans and other receivables from other disqualified persons (as $4958(f)(1)$ ), persons described in section $4958(c)(3)(B)$ , and cand sponsoring organizations of section $501(c)(9)$ voluntary erorganizations (see instructions) Complete Part II of Schedule L	ontrı nploy	buting employers		3	0		
Š	7	Notes and loans receivable, net			0	ЬŤН			
As	8	Inventories for sale or use		1,822,136		1,910,366			
	9	Prepaid expenses and deferred charges			726,620	H	711,333		
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	 10a	20,056,181		9	711,000		
	ь	Less accumulated depreciation	10b	11,450,778	9,433,165	10c	8,605,403		
	11	Investments—publicly traded securities	0	$\vdash$	0				
	12	Investments—other securities See Part IV, line 11	0		0				
	13	Investments—program-related See Part IV, line 11			0	13	0		
	14	Intangible assets			0	$\vdash$	0		
	15	Other assets See Part IV, line 11			0		0		
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			27,829,582	H	30,270,830		
	17	Accounts payable and accrued expenses			2,594,263		3,262,045		
	18	Grants payable			0	H	0		
	19	Deferred revenue			3,905,465		3,995,475		
	20	Tax-exempt bond liabilities			0	$\vdash$	0		
_	21	Escrow or custodial account liability Complete Part IV of Sche			0		0		
Liabilities	22	Loans and other payables to current and former officers, director key employees, highest compensated employees, and disqualif	ors, tr				<u>_</u>		
æ		persons Complete Part II of Schedule L							
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0				
	24	Unsecured notes and loans payable to unrelated third parties	Unsecured notes and loans payable to unrelated third parties						
	25	Other liabilities (including federal income tax, payables to relat and other liabilities not included on lines 17-24) Complete Pai	rt X o	f Schedule					
		D	0 100 700		7 257 522				
<u>پ</u>	26	Total liabilities. Add lines 17 through 25			6,499,728	26	7,257,520		
or Fund Balance	27	lines 27 through 29, and lines 33 and 34.  Unrestricted net assets			16,478,937	27	17,891,389		
<u>ନ</u>	28				4,850,917	-	5,121,921		
<u> </u>	29	Temporarily restricted net assets	•	• •	4,000,017	-	0, 121,321		
ĭ	29					29			
正		Organizations that do not follow SFAS 117 (ASC 958), check he complete lines 30 through 34.	ere F	j and					
0	30	Capital stock or trust principal, or current funds				30			
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31			
AS.	32	Retained earnings, endowment, accumulated income, or other fi				32			
Net 1	33	Total net assets or fund balances			21,329,854		23,013,310		
Ż	34	Total liabilities and net assets/fund balances			27,829,582	34	30,270,830		
	1				1 2.,525,502		Form 000 (2012)		

Pai		iation of Net Assets					
	Check if Sc	hedule O contains a response to an	ny question in this Part XI	· ·	<u> </u>	• •	
1	Total revenue (mu	st equal Part VIII, column (A), line	12)	1		37,1	167,685
2	Total expenses (m	iust equal Part IX, column (A), line ?	25)	2		35,7	755,233
3	Revenue less expe	enses Subtract line 2 from line 1 .		3		1,4	12,452
4	Net assets or fund	balances at beginning of year (mus	st equal Part X, line 33, column (A))	4		21,3	329,854
5	Net unrealized gai	ns (losses) on investments		5			0
6	Donated services	and use of facilities		6			0
7	Investment expen	ses		7			0
8	Prior period adjust	ments		8			0
9	Other changes in	net assets or fund balances (explair	n ın Schedule O)	9		2	271,004
10	Net assets or func column (B))	balances at end of year Combine I	lines 3 through 9 (must equal Part X, line 33,	10		23,0	13,310
Par	t XIII Financia	l Statements and Reporting	<u> </u>				
	Check If S	chedule O contains a response to ai	ny question in this Part XII				<u>. Г</u>
						Yes	No
1			Cash ✓ Accrual Cother				
2a	Were the organiza	tion's financial statements compiled	d or reviewed by an independent accountant?		2a		No
		ox below to indicate whether the fina consolidated basis, or both	ancial statements for the year were compiled or revi	ewed on			
	Separate bası	s Consolidated basis	☐ Both consolidated and separate basis				
b	Were the organiza	tion's financial statements audited b	by an independent accountant?		2b	Yes	
	If 'Yes,' check a bo basis, consolidate		ancial statements for the year were audited on a sep	arate			
	Separate basi	s 🔽 Consolidated basis	☐ Both consolidated and separate basis				
c			a committee that assumes responsibility for oversig ts and selection of an independent accountant?	ht of the	2c	Yes	
	If the organization Schedule O	changed either its oversight proces	ss or selection process during the tax year, explain	ın			
За		deral award, was the organization red nd OMB Circular A-133?	quired to undergo an audit or audits as set forth in the	he	3a	Yes	
b			dit or audits? If the organization did not undergo the be any steps taken to undergo such audits	required	3b	Yes	

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As Filed Data -

DLN: 93493105007094

**Employer identification number** 

OMB No 1545-0047

# **SCHEDULE A**

(Form 990 or 990EZ)

Name of the organization

NATIONAL WILD TURKEY FEDERATION INC

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

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

Inspection

					_				57-0564		
	rt I			blic Charity Sta				•	<u> </u>	instruction	ns.
The c	rganı			te foundation becaus			= -				
1			•	on of churches, or a				section 170	(b)(1)(A)(i)	•	
2		A scho	ol described	in <b>section 170(b)(1</b>	L <b>)(A)(ii).</b> (A1	ttach Sched	dule E)				
3	Г	A hosp	ital or a coo	perative hospital se	rvice organiz	zatıon desc	rıbed ın <b>sect</b> i	ion 170(b)(	1)(A)(iii).		
4	Γ			h organization operat	ted ın conjur	nction with a	a hospital de	scribed in <b>s</b>	ection 170(b	)(1)(A)(iii).	. Enter the
_	_			ty, and state							
5	ı	_	<u>.</u>	erated for the benefi	_	e or univers	ity owned or	operated by	/ a governme	ntai unit des	scribed in
_	_			(A)(iv). (Complete P	•						
6	<u> </u>			local government or							
7	ı			at normally receives			s support from	n a governn	nental unit or	from the ge	neral public
8	$\Box$			on 170(b)(1)(A)(vi). : described in <b>sectior</b>			mnlete Part	π,			
9	<u>,</u>		· ·	at normally receives			-	-	ihiitions me	mhershin fe	es and dross
_	,			ities related to its ex							
				oss investment inco							
				ganization after June						1 (4) 1101111	Justiliesses
10	$\overline{}$	-	-	ganized and operated	-			-	-		
11	<u>'</u>	_		ganized and operated ganized and operated							t the nurneses of
	'			ly supported organiz							
				bes the type of supp							
		a	Type I	<b>b</b>	┌ Type II	I - Functio	nally integrat	ed <b>d</b>	Type III - I	Non-functioi	nally integrated
e	$\sqcap$			ox, I certify that the							
				on managers and otl	her than one	or more pu	blicly suppoi	ted organız	ations descr	ıbed ın sectı	on 509(a)(1) or
f			1 509(a)(2)	received a written de	etermination	from the II	25 that it is a	TVDAI TV	ne II or Tyn	a III sunno	rting organization
•			this box	received a writter a	ccciiiiiiacioii	i iioiii tiit 1i	(5 that it is t	1 1 ypc 1, 1 y	pc 11, 01 1 yp	с тт зарро	
g				2006, has the organi	ızatıon acce <sub>l</sub>	pted any gif	t or contribu	tion from an	y of the		,
			ng persons?								
				irectly or indirectly o				h persons d	escribed in (		Yes No
				governing body of th		_	on?				lg(i)
				er of a person descr							.g(ii)
				lled entity of a perso						11	g(iii)
h		Provide	e the followi	ng information about	the support	ed organıza	tıon(s)				
			1	Γ	T				1		
_	) Nam		(ii) EIN	(iii) Type of	(iv) Is		( <b>v</b> ) Did yo		(vi) I		(vii) A mount of
	uppoi ganiz			organization (described on	organızat col <b>(i)</b> lıs		the organ		organiza col (i) oi		monetary support
O.	gamz	acion		lines 1- 9 above	your gove		suppo	'	in the		Зарроге
				or IRC section	docume	_					
				(see							
				instructions))	Yes	No	Yes	No	Yes	No	
							1				
							1				
Total											

Sch	edule A (Form 990 or 990-EZ) 2012							Page <b>2</b>
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation faile	ed to q	
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	<u>iplete Pa</u>	rt III.)	
	endar year (or fiscal year beginning					1		
	in) ►	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2	312	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not include any "unusual							
	grants ")							
2	Tax revenues levied for the							
	organization's benefit and either							
	paid to or expended on its behalf							
3	The value of services or facilities							
•	furnished by a governmental unit to							
	the organization without charge							
4	<b>Total.</b> Add lines 1 through 3							
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							
6	(f) <b>Public support.</b> Subtract line 5 from							
	line 4							
S	ection B. Total Support							
Cal	endar year (or fiscal year beginning	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 20	)12	(f) Total
_	in) ► A mounts from line 4		. ,		. ,	, ,		. ,
7 8	Gross income from interest,							
0	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar							
9	sources Net income from unrelated							
9	business activities, whether or not							
	the business is regularly carried							
	on							
10	Other income Do not include gain or loss from the sale of capital							
	assets (Explain in Part IV )							
11	Total support (Add lines 7 through							
4.0	10)		<u> </u>					
12	Gross receipts from related activitie					12		
13	<b>First five years.</b> If the Form 990 is this box and <b>stop here</b>							ization, check
	ection C. Computation of Pub				<u> </u>	<u> </u>		
14	Public support percentage for 2012			11, column (f))		14		
15	Public support percentage for 2011			, , , , , , ,		15		
	33 1/3% support test—2012. If the o	· ·	•	on line 13 and l	ine 14 is 33 1/20%		chack ti	nie hov
104	and <b>stop here.</b> The organization qua				me 1 1 13 33 1/3/0	or more,	JIICCK CI	<b>►</b> □
b	<b>33</b> 1/3% support test—2011. If the				and line 15 is 33	3 1/3% or n	nore, ch	eck this
	box and <b>stop here.</b> The organization						. 4 4	▶□
1/a	10%-facts-and-circumstances test- is 10% or more, and if the organizat							•
	in Part IV how the organization mee							
	organization				4	r	,rF3	<b>▶</b> □
b	10%-facts-and-circumstances test-							
	15 is 10% or more, and if the organ Explain in Part IV how the organizat							lv
	supported organization	ion meets the T	acts-ana-cncum:	stances test III	ic organization qu	uiiiiE5 45 i	a public	·y ▶□
18	Private foundation. If the organizat	on did not check	c a box on line 13	, 16a, 16b, 17a,	or 17b, check thi	s box and	see	·
	instructions							<b>▶</b> ┌

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) ►	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	<b>(d)</b> 2011	<b>(e)</b> 20	12	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	27,605,084	24,765,339	23,341,829	22,687,023	23,	.369,830	121,769,105
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	19,019,037	17,269,716	17,339,676	20,203,884	19,	241,744	93,074,057
3	Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0		0	0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0		0	0
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0		0	0
6	<b>Total.</b> Add lines 1 through 5	46,624,121	42,035,055	40,681,505	42,890,907	42,	611,574	214,843,162
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	16,769	16,771	13,623	8,092		4,836	60,091
b	A mounts 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	0	0	0	0		0	0
c	year Add lines 7a and 7b	16,769	16,771	13,623	8,092		4,836	60,091
8	<b>Public support</b> (Subtract line 7c from line 6)	,	,	,	,			214,783,071
	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🟲	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 20	12	<b>(f)</b> Total
9	A mounts from line 6	46,624,121	42,035,055	40,681,505	42,890,907	42,	611,574	214,843,162
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	39,526	51,923	38,719	23,814		25,596	179,578
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0		0	0
C	Add lines 10a and 10b	39,526	51,923	38,719	23,814		25,596	179,578
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0		0	0
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0	0	0	0		0	0
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12)	46,663,647	42,086,978	40,720,224	42,914,721	<u>,                                      </u>	637,170	215,022,740
14	<b>First five years.</b> If the Form 990 is check this box and <b>stop here</b>	for the organizati	on's first, second	l, third, fourth, or	fifth tax year as a	a 501(c)(:	3) organi	ızatıon, ▶□
Se	ction C. Computation of Pul	olic Support P	ercentage					<u></u>
15	Public support percentage for 201			13, column (f))		15		99 889 %
16	Public support percentage from 20					16		99 791 %
Se	ction D. Computation of Inv			ge		1		
17	Investment income percentage for				nn (f))	17		0 084 %
18	Investment income percentage fro	m <b>2011</b> Schedule	A, Part III, line 1	.7		18		0 168 %
19a	33 1/3% support tests—2012. If th	e organızatıon dıd	not check the bo	x on line 14, and	line 15 is more t			line 17 is not

►V more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Fo	orm 990 or 990-EZ) 2012 Page	4
Part IV	<b>Supplemental Information.</b> Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	
	Facts And Circumstances Test	_
		_
	Explanation	
N/A		

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493105007094

### OMB No 1545-0047

Inspection

### **SCHEDULE C** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Political Campaign and Lobbying Activities

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

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

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

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

• Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** NATIONAL WILD TÜRKEY FEDERATION INC 57-0564993 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures 3 Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). 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 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 3 Was a correction made? ☐ Yes □ No If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 4 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also 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 **(c)** EIN (e) A mount of political (a) Name (b) Address (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-

section 4911 tax for this year?

┌ Yes ┌ No

# Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

Check	<b>▶</b>	ıf the filing	organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EI	ίΝ,
		expenses	and share of excess lobbying expenditures)	

B Check ► T if the filing organization checked box A and "limited control" provisions apply

	Limits on Lobbying E (The term "expenditures" means ar		(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
1a	Total lobbying expenditures to influence public o	pinion (grass roots lobbying)	0	
b	Total lobbying expenditures to influence a legisla	ative body (direct lobbying)	223,752	
c	Total lobbying expenditures (add lines 1a and 1i	o)	223,752	
d	O ther exempt purpose expenditures		53,857,056	
e	Total exempt purpose expenditures (add lines 1	c and 1d)	54,080,808	
f	Lobbying nontaxable amount Enter the amount f	rom the following table in both	1,000,000	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of lin	e 1f)	250,000	
h	Subtract line 1g from line 1a If zero or less, ent	er-0-	0	
i	Subtract line 1f from line 1c If zero or less, ente	r-0-	0	
j	If there is an amount other than zero on either lii	ne 1h or line 1i, did the organization file Form 472	0 reporting	□ Ves □ No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year (a) 2009 **(b)** 2010 (c) 2011 (d) 2012 (e) Total beginning in) Lobbying nontaxable amount 1,000,000 1,000,000 1,000,000 1,000,000 4,000,000 Lobbying ceiling amount 6,000,000 (150% of line 2a, column(e)) 213,445 208,920 Total lobbying expenditures 221,084 223,752 867,201 Grassroots nontaxable amount 250,000 250,000 250,000 250,000 1,000,000 Grassroots ceiling amount 1,500,000 (150% of line 2d, column (e)) Grassroots lobbying expenditures

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has Notice filed Form 5768 (election under section 501(h)).	ОТ			7 0	ge <b>S</b>
	each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	( a	1)		(b)	
activ		Yes	No	1	Amoun	t
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					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
C	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	O ther activities?					
j	Total Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 505(c)(6).	01(c)	)(5), (	or s		
_			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		L	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 505(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "N line 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 expenses for which the section 527(f) tax was paid).					
	Current year	2a				
b	Carryover from last year	2b				
C	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Identifier Return Reference Explanation

DLN: 93493105007094

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

**SCHEDULE D** (Form 990)

# **Supplemental Financial Statements**

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

Open to Public Inspection

Na NA	me of the organization IONAL WILD TURKEY FEDERATION INC		Employer identificat	ion numbe	r		
INA.	TOTAL WILD TORKETT EDERATION INC		57-0564993				
Pa	organizations Maintaining Donor Ad organization answered "Yes" to Form 990	), Part IV, line 6.	_				
		(a) Donor advised funds	(b) Funds and o	ther accou	ınts		
1	Total number at end of year						
2	Aggregate contributions to (during year)						
3	Aggregate grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advis funds are the organization's property, subject to the o		oradvised	┌ Yes	┌ No		
6	Did the organization inform all grantees, donors, and dused only for charitable purposes and not for the bene conferring impermissible private benefit?			┌ Yes	┌ No		
Pa	t II Conservation Easements. Complete if	f the organization answered "Yes" to	Form 990, Part IV	, lıne 7.			
1 2	Purpose(s) of conservation easements held by the org Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held	n or education)  Preservation of an Preservation of a c	ertified historic struct	ure			
	easement on the last day of the tax year	Г			.,		
_	Total number of conservation easements	-	Held at the	end of the			
a	Total acreage restricted by conservation easements	-	2a 2b		28		
b	Number of conservation easements on a certified hist	oric structure included in (a)	2c 2c		17,084		
c d	Number of conservation easements included in (c) acc	` '	20		0		
u	historic structure listed in the National Register	quired after 0/1//00, and not on a	2d		0		
3	Number of conservation easements modified, transfer	red, released, extinguished, or terminated	d by the organization d	luring			
	the tax year 🛌 0						
4	Number of states where property subject to conservat	tion easement is located 🕨 9					
5	Does the organization have a written policy regarding		— ling of violations, and				
•	enforcement of the conservation easements it holds?			√ Yes	┌ No		
6	Staff and volunteer hours devoted to monitoring, inspering 138	ecting, and enforcing conservation easem	ents during the year				
7	A mount of expenses incurred in monitoring, inspecting	g, and enforcing conservation easements	during the year				
	<b>▶</b> \$13,698						
8	Does each conservation easement reported on line 2( and section $170(h)(4)(B)(II)$ ?	d) above satisfy the requirements of sect	tion 170(h)(4)(B)(ı)	√ Yes	┌ No		
9	In Part XIII, describe how the organization reports co balance sheet, and include, if applicable, the text of th	ne footnote to the organization's financial					
	the organization's accounting for conservation easeme						
'ar	Complete if the organization answered "	Yes" to Form 990, Part IV, line 8.					
1a	If the organization elected, as permitted under SFAS: works of art, historical treasures, or other similar assesservice, provide, in Part XIII, the text of the footnote	ets held for public exhibition, education, o	r research in furtherai				
b	If the organization elected, as permitted under SFAS : works of art, historical treasures, or other similar assesservice, provide the following amounts relating to these	ets held for public exhibition, education, o			ıc		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>►</b> \$				
	(ii) Assets included in Form 990, Part X		<b>►</b> \$				
2	If the organization received or held works of art, historical following amounts required to be reported under SFAS		' -	e the			
а	Revenues included in Form 990, Part VIII, line 1	, , , , , , , , , , , , , , , , , , , ,	<b>►</b> \$		0		

**b** Assets included in Form 990, Part X

	<b>III</b> Organizations Maintaining Co	Hections of Arq	11150	<u> </u>	ai iicas	sures, or c	Juic	· Oiiiiiiai /	35C	<b>LS</b> (CC	incinueu)
,	Using the organization's acquisition, accessicollection items (check all that apply)	on, and other record	s, che	ck a	ny of the fo	ollowing that	are a	significant us	e of	its	
a	Public exhibition		d	Γ	Loan or ex	kchange prog	rams				
ь	Scholarly research		e	Γ	Other						
c	Preservation for future generations										
	Provide a description of the organization's co Part XIII	ollections and explain	n how	they	further the	e organizatio	n's ex	cempt purpose	e in		
	During the year, did the organization solicit o							nılar	_		_
	assets to be sold to raise funds rather than t								<u> </u>		✓ No
Part	Part IV, line 9, or reported an an					on answere	ea "Y	es" to Form	990	′	
	Is the organization an agent, trustee, custod included on Form 990, Part X?					s or other as:	sets	not		ſes	┌ No
<b>b</b> :	If "Yes," explain the arrangement in Part XII	I and complete the f	ollown	ng ta	able	_					
								A	mou	nt	
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?						Γ,	es/	┌ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the e	explan	atıo	n has been	provided in	Part :	KIII			Γ
Part	t V Endowment Funds. Complete	f the organization									
		(a)Current year	<b>(b)</b> Pr				_	Three years back		Four y	ears back
	Beginning of year balance	798,161			798,367	238,77	+	178,96	+		138,089
	Contributions	100,000			2,684	558,50	0	58,80	1		39,625
С	Net investment earnings, gains, and losses	2,612			4,847	1,09	1	1,00	3		1,254
d	Grants or scholarships	0			0		0		)		0
	Other expenditures for facilities and programs	4,280			7,737		0				0
	Administrative expenses	0			0		0				0
g	End of year balance	896,493		7	798,161	798,36	7	238,77	5		178,968
2	Provide the estimated percentage of the curi	ent vear end balance	e (line	1a.	column (a	)) held as					
	Board designated or guasi-endowment ►	100 %		- 5,	<b>(</b> ,	,,					
	Permanent endowment ► 0 %										
		) %									
	The percentages in lines 2a, 2b, and 2c show										
	Are there endowment funds not in the posses		tion th	at a	re held and	d administere	d for	the			
	organization by									Yes	No
	(i) unrelated organizations			•					a(i)		No
	(ii) related organizations						•		ı(ii)		No
	If "Yes" to 3a(II), are the related organization Describe in Part XIII the intended uses of th	•					•		3b		<u> </u>
4 Part											
	Description of property	inc Sec Form 530	,, r ar	(a)	Cost or other			(c) Accumulat depreciation		( <b>d</b> ) Bo	ok value
					•				- 1		
	and					0 92	4,753		+		924,753
<b>1a</b> La	and	<u> </u>					4,753 1,048	5,774,	643		924,753 4,846,405
<b>1a</b> La <b>b</b> B			.					5,774,	643		
<b>1a</b> La <b>b</b> Bl <b>c</b> Le	uildings					0 10,62	1,048	5,774,	0		4,846,405
1a La b B c Le d E	uildings					0 10,62 0 0 4,81	1,048	5,774, 2,849,	0 635		4,846,405

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2.	
(a) Description of security or category	(b)Book value	(c) Metho	d of valuation
(including name of security)		Cost or end-of	-year market value
(1)Financial derivatives			
(2 )Closely-held equity interests Other			
Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See		<u> </u> 13	
(a) Description of investment type	(b) Book value		d of valuation
	(=, ===================================		-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )			
Part IX Other Assets. See Form 990, Part X, III			
(a) Descrip			(b) Book value
-			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15	7.)		
Part X Other Liabilities. See Form 990, Part X			
1 (a) Description of liability	(b) Book value		
Federal income taxes			
reactar meanic taxes			
-			
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 ) <b>▶</b>	İ		

	dule D (Form 990) 2012  T XI Reconciliation	of Revenue per Audited Finan	cial Statements Wi	th Revenue r	er Retur	n
1		nd other support per audited financial sta			1	
2	A mounts included on lir	ne 1 but not on Form 990, Part VIII, line	12			
а	Net unrealized gains on	investments	2a			
b	Donated services and u	se of facilities	2b			
c	Recoveries of prior year	grants	2c			
d	Other (Describe in Part	XIII)	2d			
e	Add lines <b>2a</b> through <b>2d</b>				2e	
3	Subtract line <b>2e</b> from lir	e 1			3	
4	Amounts included on Fo	orm 990, Part VIII, line 12, but not on li	ne <b>1</b>			
а	Investment expenses n	ot included on Form 990, Part VIII, line	7b .   <b>4a</b>			
b	Other (Describe in Part	XIII )	4b			
c	Add lines 4a and 4b.				4c	
5	Total revenue Add lines	s <b>3</b> and <b>4c.</b> (This must equal Form 990, F	Part I, line 12 )		5	
Part		of Expenses per Audited Final			per Retu	ırn
1	Total expenses and loss	ses per audited financial statements .			1	
2	Amounts included on lir	e 1 but not on Form 990, Part IX, line 2	5			
а	Donated services and u	se of facilities	2a			
b	Prior year adjustments		2b		1	
c	Otherlosses		2c		1	
d		XIII )	<del>- 1</del>		1	
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3		e <b>1</b>			3	
4		rm 990, Part IX, line 25, but not on line				
a		ot included on Form 990, Part VIII, line				
a b		XIII )			†	
C	•				4c	
5		es <b>3</b> and <b>4c.</b> (This must equal Form 990,			5	
	t XIII Supplement		, Part I, IIIIe 16 )	<del></del>	<u> </u>	
		the descriptions required for Part II, line	s 3 5 and 9 Dart III I	nes la and 4 D	art IV lines	1 h and 2 h
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VALUE OF EASEMENTS IS NOT INCLUDED IN THE COMBINED STATEMENT OF FINANCIAL POSITION BECAUSE THE EASEMENTS DO NOT REPRESENT A FUTURE

ECONOMIC BENEFIT TO THE FEDERATION

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As Filed Data -

DLN: 93493105007094

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

### **Statement of Activities Outside the United States**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

	e of the organization				Employer ide	ntification number
NAT:	IONAL WILD TURKEY FEDERATI	IONINC				
					57-0564993	
Pa	rt I General Information "Yes" to Form 990, Pai			ne United States. C	omplete if the organ	ızatıon answered
1	For grantmakers. Does the d	organization m	aıntaın record	s to substantiate the	amount of the grants	s or
	assistance, the grantees' elig	jibility for the	grants or assis	stance, and the select	ion criteria used to a	ward
	the grants or assistance?					. ✓ Yes
2	<b>For grantmakers.</b> Describe in the United States.	n Part V the or	ganızatıon's p	rocedures for monitor	ing the use of grant t	unds outside
3	Activites per Region (The follow	ing Part I, line 3	3 table can be d	uplicated if additional sp	ace is needed )	
	<b>(a)</b> Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is program service, describe specific type of service(s) in region	
	North America (including Canada and Mexico, but not the United States)	0	3	Program Services	CONSERVATION ACTIVITY	59,245
3a	Sub-total					
b	Total from continuation sheets to Part I					
c	Totals (add lines 3a and 3b)	0	3			59,245

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	<b>(f)</b> Manner of cash disbursement	(g) Amount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2				ted above that are r e or counsel has pro					
3	Enter total nu	mher of other or	nanizations or en	tities					

Schedule F (Form 990) 2012

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
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		+ +		'	+		+
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						1	

### Part IV Foreign Forms

1	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)	Γ	Y	'es	<u> </u>	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organizationmay be required to 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)	Γ	Y	'es	্য	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)	Г	Y	'es	<u> </u>	Νo
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, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Γ	Υ	'es	<u> </u>	Νo
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)	Г	Υ	'es	<u> </u>	Νo
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 file Form 5713, International Boycott Report (see Instructions for Form 5713).	Γ	Υ	'es	<u> </u>	No

Schedule F (Form 990) 2012

#### Part V Supplemental Information

Complete this part to 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).

as applicable. Als	so complete this part to provide an	y additional information (see instructions).
Identifier	ReturnReference	Explanation
SchF_P01_S00_L02	Schedule F, Part I, Line 2	THE NATIONAL WILD TURKEY FEDERATION AWARDS RESEARCH GRANTS TO COLLEGES, UNIVERSITIES, STATE GAME AGENCIES AND OTHERS ENGAGED IN WILD TURKEY RESEARCH PROJECTS ARE SUPPORTED ON A ONE-YEAR BASIS, AS DETERMINED BY THE AVAILABLITY OF FUNDS AND BY THE RECOMMEND ATION OF THE 65-MEMBER NWTF TECHNICAL COMMITTEE PREFERENCES ARE GIVEN TO PROJECTS WHICH ARE COOPERATIVE EFFORTS AND/OR WHERE THE NWTF GRANTS-IN-AID WILL BE USED AS MATCHING MONIES A PROJECT PROPOSAL MUST BE SUBMITTED BY 12/31 APPROVALS WILL BE MADE BY 10/1 OF THE FOLLOWING YEAR EACH PROPOSAL MUST HAVE A TITLE, STATE PROBLEMS AND OBJECTIVES, DESCRIBE PROCEDURES AND PERSONNEL TO BE USED, PROVIDE STUDY PERIOD AND ITEMIZED BUDGET, AND GIVE PLANS FOR PUBLICATION OF RESULTS
		Schodula E (Form 990) 2012

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

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

OMB No 1545-0047

DLN: 93493105007094

Open to Public

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

lame of the organization						Employer identificat	ion number
NATIONAL WILD TURKEY FEDERAT	TONINC					57-0564993	
Part I General Information	on on Grants an	d Assistance				•	
<ol> <li>Does the organization maintain the selection criteria used to av</li> <li>Describe in Part IV the organization</li> </ol>	vard the grants or as	ssistance?					✓ Yes
Part II Grants and Other A Form 990, Part IV, lin	ssistance to Go	vernments and O	rganizations in the	United States. Con			res" to
(a) Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	
See Additional Data Table							
	+						
2 Enter total number of section 50						<del>-</del>	28
3 Enter total number of other orga	anizations listed in t	he line 1 table				<b>▶</b>	0

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, lin	ne 22
	Part III can be duplicated if additional space is needed.	

(a)Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) SCHOLARSHIPS	550	254,798	0		

Part IV Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
SchI_P01_S00_L02		THE NATIONAL WILD TURKEY FEDERATION AWARDS RESEARCH GRANTS TO COLLEGES, UNIVERSITIES, STATE GAME AGENCIES AND OTHERS ENGAGED IN WILD TURKEY RESEARCH PROJECTS ARE SUPPORTED ON A ONE-YEAR BASIS, AS DETERMINED BY THE AVAILABLITY OF FUNDS AND BY THE RECOMMENDATION OF THE 65-MEMBER NWTF TECHNICAL COMMITTEE PREFERENCES ARE GIVEN TO PROJECTS WHICH ARE COOPERATIVE EFFORTS AND/OR WHERE THE NWTF GRANTS-IN-AID WILL BE USED AS MATCHING MONIES A PROJECT PROPOSAL MUST BE SUBMITTED BY 12/31 APPROVALS WILL BE MADE BY 10/1 OF THE FOLLOWING YEAR EACH PROPOSAL MUST HAVE A TITLE, STATE PROBLEMS AND OBJECTIVES, DESCRIBE PROCEDURES AND PERSONNEL TO BE USED, PROVIDE STUDY PERIOD AND ITEMIZED BUDGET, AND GIVE PLANS FOR PUBLICATION OF RESULTS

**Software ID:** 12000197

**Software Version:** v1.00

**EIN:** 57-0564993

Name: NATIONAL WILD TURKEY FEDERATION INC

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AL DCNR9564 LOCHWORTH CRT PIKE ROAD,AL 36064	00000000		40,999				HABITAT ENHANCEMENT
ARKANSAS FORESTRY COMMISSION3821 WET ROSSEVELT RD LITTLE ROCK,AR 72204	00000000		13,820				

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	( <b>h</b> ) Purpose of grant or assistance
CONSERVATION CORPS MINNESOTA & IOWA60 PLATO BLVD E STE 210 ST PAUL,MN 55107	00000000		18,270				HABITAT ENHANCEMENT
DANE COUNTY LAND & WATER RESOURCE DEPT 5201 FEN OAK LN MADISON,WI 53718	00000000		9,500				HABITAT ENHANCEMENT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GA DNR-WRD2070 US HWY 278 SE SOCIAL CIRCLE, GA 30025	00000000		9,058				MANA GEMENT
IL DEPT OF NATURAL RESOURCESONE NATURAL RESOURCES WAY SPRINGFIELD, IL 62702	00000000		33,660				HABITAT ENHANCEMENT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA DEPT OF NATURAL RESOURCES502 E 9TH ST DES MOINES,IA 50319	00000000		18,570				HABITAT ENHANCEMENT
IOWA DNR STATE FORESTRY NURSERY2404 S DUFF AVE AMES,IA 50010	00000000		14,103				HABITAT ENHANCEMENT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LA DEPT OF AGRICULTURE & FORESTRYPO BOX 1628 BATON ROUGE,LA 70821	00000000		11,000				YOUTH EDUCATION
MONTANA FISH WILDLIFE & PARKSPO BOX 200701 HELENA,MT 59620	00000000		6,000				MANAGEMENT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	( <b>h</b> ) Purpose of grant or assistance
MS DEPT OF WILDLIFE FISHERIES & PARKS1505 EASTOVER DR JACKSON,MS 39759	00000000		7,752				EDUCATION
NC WILDLIFE RESOURCES COMMISSION1702 MAIL SERVICE CENTER RALEIGH, NC 27699	00000000		13,480				MANA GEMENT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEBRASKA GAME & PARKS COMMISSION2200 N 33RD ST LINCOLN,NE 68503	00000000		22,338				HABITAT ENHANCEMENT
NORTH DAKOTA GAME & FISH DEPT100 N BISMARCK EXPWY BISMARCK,ND 58501	00000000		10,000				LAND PURCHASE

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OKLAHOMA DEPT OF WILDLIFE CONSERVATION PO BOX 53465 OKLAHOMA CITY,OK 73152	00000000		46,450				YOUTH EDUCATION
PENNSYLVANIA GAME COMMISSION2001 ELMERTON AVE HARRISBURG,PA 17110	00000000		18,720				M A N A GEMENT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTH DAKOTA DEPT OF CORRECTIONS3200 E HWY 34 STE 8 PIERRE,SD 57501	00000000		9,999				HABITAT ENHANCEMENT
ST CYPRIAN'S EPISCOPAL SCHOOL1115 SOUTH JOHN REDDITT DR LUFKIN,TX 75904	00000000		7,500				CONTRACTUAL AGREEMENT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	(h) Purpose of grant or assistance
SUWANNEE RIVER WATER MANAGEMENT DIST9225 CR 49 LIVE OAK,FL 32060	00000000		20,480				
TENNESSEE DEPT OF AGRICULTUREPO BOX 59 DELANO,TN 37325	000000000		5,643				M A N A GEMENT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	( <b>h</b> ) Purpose of grant or assistance
TEXAS AGRILIFE RESEARCH1500 RESEARCH PKWY STE 110 COLLEGE STATION,TX 77843	00000000		37,000				RESEARCH
TEXAS PARKS & WILDLIFE DEPTTEXAS PARKS AND WILDLIFE DEPT AUSTIN,TX 78737	00000000		12,300				HABITAT ENHANCEMENT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	(h) Purpose of grant or assistance
TEXAS TECH UNIVERSITY BOX 42125 LUBBOCK,TX 79409	00000000		27,350				M A N A GEMENT
THE UNIVERSITY OF GA WARNELL SCHOOL OF FORESTRY ATHEN,GA 30602	00000000		87,156				RESEARCH

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
USDA FOREST SERVICEPO BOX 301550 LOS ANGELES,CA 90030	00000000		151,401				HABITAT ENHANCEMENT
WESTERN COLORADA CONSERVATION CORPS 2818 1/2 NORTH AVE GRAND JUNCTION, CO 81501	00000000		6,800				HABITAT ENHANCEMENT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WISCONSIN DEPT OF NATURAL RESOURCES101 SOUTH WEBSTER MADISON,WI 53707	00000000		24,800				HABITAT ENHANCEMENT
WYOMING GAME & FISH DEPT3030 ENERGY LN CASPER,WY 82604	00000000		7,500				LAND PURCHASE

DLN: 93493105007094

OMB No 1545-0047

**Schedule J** (Form 990)

Department of the Treasury

Internal Revenue Service

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

Part IV, question 23. ► Attach to Form 990. ► See separate instructions. Open to Public Inspection

Name of the organization NATIONAL WILD TÜRKEY FEDERATION INC **Employer identification number** 

57-0564993

Pa	Questions Regarding Compensation					
					Yes	No
1a	Check the appropriate box(es) if the organization prov					
	990, Part VII, Section A, line 1a Complete Part III	to prov				
	First-class or charter travel Travel for companions	<u> </u>	Housing allowance or residence for personal use Payments for business use of personal residence			
	Tax idemnification and gross-up payments	<u> </u>	Health or social club dues or initiation fees			
	Discretionary spending account	Ë	Personal services (e g , maid, chauffeur, chef)			
		,	(3)			
b	If any of the boxes in line 1a are checked, did the org	ganızatı	on follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses des	scribed	above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to re					
	directors, trustees, and the CEO/Executive Director,	, regard	ling the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organ					
	organization's CEO/Executive Director Check all the used by a related organization to establish compensa					
	Compensation committee	굣	Written employment contract			
	Independent compensation consultant	Ī				
	Form 990 of other organizations	굣	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, P or a related organization	art VII	, Section A, line 1a with respect to the filing organization			
	•			_		
а	Receive a severance payment or change-of-control p	•		4a		No
Ь	Participate in, or receive payment from, a supplemen			4b		No
С	Participate in, or receive payment from, an equity-ba			4c		No
	If "Yes" to any of lines 4a-c, list the persons and pro	ovide tii	e applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only mus	st comp	olete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A,					
	compensation contingent on the revenues of					
а	The organization?			5a		Νo
b	, 3			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in Form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1 a	, did the organization pay or accrue any			
a	The organization?			6a		No
b	Any related organization?			6b		No
_	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," de			7		Νo
8	Were any amounts reported in Form 990, Part VII, pa			<b></b>		
-	subject to the initial contract exception described in					
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organization also follow the	rebutta	able presumption procedure described in Regulations			
	section 53 4958-6(c)?			9		

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

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

Note. The sum of columns (B)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported as deferred in prior Form 990
(1)JAMES SPARKS CHIEF FINANCIAL OFFICER	(i) (ii)	193,521 0	0 0	0	0 0	9,669 0	203,190 0	0
(2)GEORGE THORNTON CHIEF EXECUTIVE OFFICER	(i) (ii)	288,364 0	0 0	0	0 0	14,657 0	303,021 0	0
(3)DR J E KENNAMER CHIEF CONSERVATION OFFICER	(i) (ii)	198,001 0	0	0	0	15,166 0	213,167 0	0
(4)MIKE CLEARY VP FOR STRATEGIC MKT AND FIELD OP	(i) (ii)	188,297 0	0 0	0	0	13,968 0	202,265 0	0

Schedule J (Form 990) 2012

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Identifier Return Reference Explanation

Schedule J (Form 990) 2012

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493105007094

OMB No 1545-0047

Open to Public Inspection

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

Department of the Treasury

Internal Revenue Service

# **Noncash Contributions**

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

Name of the organization NATIONAL WILD TURKEY FEDERATION INC

**Employer identification number** 

57-0564993

Pa	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	(d) Method of determining noncash contribution amounts
1	Art—Works of art			- 9	
2	Art—Historical treasures .				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles	Х	1	0	N/A
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded .				
	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	×	1	0	N/A
15	Real estate—Residential .				
16	Real estate—Commercial				
17	Real estate—O ther				
	Collectibles				
	Food inventory				
	Drugs and medical supplies .				
	Taxidermy				
	Historical artifacts				
	Scientific specimens				
24	Archeological artifacts PRODUCT				
25	FOR Other►(BANQUETS_)	x	11,000	220 000	SALE VALUE AT AUCTION
	Other ▶ ( <u>BANQUE 19</u> )		11,000	220,000	SALL VALUE AT AUGITOR
	O ther ▶()				
	Other ► ( )				
	,	by the orga	nization during the tax yea	r for contributions	
	for which the organization comple				29 0
					Yes No
30a	During the year, did the organiza				
	must hold for at least three year			on, and which is not require	d to be used
	for exempt purposes for the enti	re holding p	eriod?		30a No
b	If "Yes," describe the arrangem	ent ın Part I	I		
31	Does the organization have a gif	ft acceptand	ce policy that requires the i	review of any non-standard	contributions? 31 Yes
32a	Does the organization hire or us contributions?	e third parti		to solicit, process, or sell i	noncash
b	If "Yes," describe in Part II				
33	If the organization did not report describe in Part II	t an amount	ın column (c) for a type of	property for which column (	a) is checked,
	describe iii r ait II				

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

number of items rec	ceived, or a combination of both.	Also complete this part for any additional information.
I dentifier	Return Reference	Explanation
SchM_P01_S00_L33		PART I, LINE 6 - CONTRIBUTION OF COMPANY VEHICLES ARE DONATED LEASE VEHICLES AND DO NOT REPRESENT A FUTURE ECONOMIC BENEFIT TO THE FEDERATION PART I, LINE 14 - CONTRIBUTION OF CONSERVATION EASEMENT - THE ESTIMATED VALUE OF EASEMENTS IS NOT INCLUDED IN THE COMBINED STATEMENT OF FINANCIAL POSITION BECAUSE THE EASEMENTS DO NOT REPRESENT A FUTURE ECONOMIC BENEFIT TO THE FEDERATION

Schedule M (Form 990) (2012)

OMB No 1545-0047

Inspection

**SCHEDULE 0** (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 to provide any additional information.

Attach to Form 990 or 990-EZ.

Name of the organization NATIONAL WILD TURKEY FEDERATION INC

**Employer identification number** 

57-0564993

F990_P06_S0A_L06 Form 990, Part VI, Section A, Line 6 F990_P06_S0A_L07a Form 990, Part VI, Section A, Line 7a  MEMBERS RECEIVE ONE OFFICIAL BALLOT IN THE LAST ISSUE WITHIN EACH CALENDAR YEAR OF TURKEY COUNTRY MAGAZINE WHICH LISTS THE NAMES OF SIX CANDIDATES, ALONG THEIR PICTURES AND RE SUMES EACH MEMBER VOTES FOR THREE OF THE SIX CANDIDATES. THE MEN MAILS THE POSTAGE PAI D BALLOT TO A CPA FIRM WHERE AN AUDITOR TABULATES THE VOTES  F990_P06_S0B_L11b Form 990, Part VI, Section B, Line 11b  Form 990, Part VI, Section B, Line 11b  Form 990, Part VI, Section B, Line 11b  Form 990, Part VI, Section B, Line 12c  F0FM 990, Part VI, Section B, Line 12c  FORM 990, Part VI, Section B, Lin
Line 7a  CALENDAR YEAR OF TURKEY COUNTRY MAGAZINE WHICH LISTS THE NAMES OF SIX CANDIDATES, ALONG THEIR PICTURES AND RE SUMES EACH MEMBER VOTES FOR THREE OF THE SIX CANDIDATES THE MEM MAILS THE POSTAGE PAI D BALLOT TO A CPA FIRM WHERE AN AUDITOR TABULATES THE VOTES  F990_P06_S0B_L11b Form 990, Part VI, Section B, Line 11b  ONCE THE 990 FORM IS PREPARED IT IS REVIEWED BY THE CHIEF FINANCIAL C CONTROLLER, C HIEF EXECUTIVE OFFICER AND SENT ELECTRONICALLY TO THE BOARD OF DIRECTORS FOR REVIEW  F990_P06_S0B_L12c Form 990, Part VI, Section B, Line 12c  IT IS THE POLICY OF NWTF THAT NO DIRECTOR, OFFICER OR EMPLOYEE SHAL ANY ACTION, ENGA GE IN ANY ACTIVITY OR PLACE HERSELF OR HIMSELF IN A POSITION WHICH REASONABLY COULD BE CON STRUED TO BE IN CONFLICT WITH THE BEST INTERESTS OF THE NWTF EVERY DIRECTOR, OFFICER AND
Line 11b  CONTROLLER, C HIEF EXECUTIVE OFFICER AND SENT ELECTRONICALLY TO THE BOARD OF DIRECTORS FOR REVIEW  F990_P06_S0B_L12c  Form 990, Part VI, Section B, Line 12c  IT IS THE POLICY OF NWTF THAT NO DIRECTOR, OFFICER OR EMPLOYEE SHAL ANY ACTION, ENGA GE IN ANY ACTIVITY OR PLACE HERSELF OR HIMSELF IN A POSITION WHICH REASONABLY COULD BE CON STRUED TO BE IN CONFLICT WITH THE BEST INTERESTS OF THE NWTF EVERY DIRECTOR, OFFICER AND
Line 12c  ANY ACTION, ENGA GE IN ANY ACTIVITY OR PLACE HERSELF OR HIMSELF IN A POSITION WHICH REASONABLY COULD BE CON STRUED TO BE IN CONFLICT WITH THE BEST INTERESTS OF THE NWTF EVERY DIRECTOR, OFFICER AND
EMPLOY EE HAS A DUTY TO AVOID BUSINESS, FINANCIAL OR OTHER DIRECT ON INDIRECT INTERESTS OR RELATIONSHIPS WHICH CONFLICT WITH THE INTERESTS OF THE NWTF, WHICH ONES LOYALTY TO THE NWTF, OR WHICH DETRACT FROM PROVIDING FULL ATTENTION TO ONE'S EMPLOY MENT RESPONSIBILI TIES ANY ACTIVITIES WHICH EVEN APPEAR TO PRESENT SUCH A CONFLICT, SAS RECEIPTS OF GIF TS FROM VENDORS, WORK WITH ORGANIZATIONS IN COMPETITION WITH THE OR ACCEPTANCE OF MU TUAL EMPLOY MENT WITHANY VENDOR, MEMBER-OWNED OR -OPERATED ORGANIZATION, OR COMPETING ORGAN IZATION MUST BE AVOIDED OR TERMINATED UNLESS, AFTER DISCLOSURE TO APPROPRIATE LEVEL OF MANAGEMENT (WHICH IS THE EMPLOYEE'S DIRECT SUPERVISOR - OR IF THE SUPERVISOR IS NOT AVAIL ABLE OR IF THE SUPERVISOR IS PRESENT WITHIN THE CONFLICT - THE HUMAN RESOURCES DIRECTOR), IT IS DETERMINED THAT THE ACTIVITY IS NOT HARMFUL TO THE NWTF OR OTHERWISE IMPROPER EMPLO YEES FAILING TO REPORT SUCH CONFLICTS MAY BE SUBJECT TO IMMEDIATE TERMINATION
F990_P06_S0B_L15 Form 990, Part VI, Section B, Line 15  THE EXECUTIVE COMMITTEE SHALL COLLECTIVELY BE RESPONSIBLE FOR THE EVALUATION OF THE PERFOR MANCE AND COMPENSATION, AND FOR REVIEWING THE ASSIGNED POWERS AD DUTIES, OF THE OFFICE OF THE EXECUTIVE VICE PRESIDENT/CHIEF EXECUTIVE OFFICER THE EXECUTIVE VICE PRESIDENT/CHIEF EXECUTIVE OFFICER THE EXECUTIVE VICE PRESIDENT/CHIEF EXECUTIVE OFFICER SHALL THE RESPONSIBILIT  Y FOR THE HIRING AND THE FIRING OF NWTF EMPLOYEES OFFICES FOR WHIC PROCESS WAS USED  AND YEAR POSITION WAS LAST UNDERTAKEN ARE AS FOLLOWS CHIEF EXECUTIVE OFFICER, 2008, CHIEF EXECUTIVE OFFICER, 1995, CHIEF CONSERVATION OFFICER, 2008, VP OF OPERATIONAL SUPPORT, 20  08, VP OF MARKETING, 2008, AND VP OF DEVELOPMENT, 2008  F990_P06_S0C_L19 Form 990, Part VI, Section C, Line 19  THE OWTFS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AI MADE AVAILABLE UPON REQ UEST THE NWTFS FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUTTHROUGH IT'S WEBSITE WWW NAVITF ORG
F990_P11_S00_L09 Form 990, Part XI, Line 9 CHANGES IN TEMPORARILY RESTRICTED ASSETS

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

DLN: 93493105007094

2012

OMB No 1545-0047

Open to Public . Inspection

Schedule R (Form 990) 2012

**Employer identification number** 

# **Related Organizations and Unrelated Partnerships**

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

Department of the Treasury Internal Revenue Service

Name of the organization

(Form 990)

**SCHEDULE R** 

NATIONAL WILD TÜRKEY FEDERATION INC	57-05649	993						
Part I Identification of Disregarded Entities (C	omplete if the organizatio	n answered "Yes" to	o Form 990, Pa		,,,,			
(a) Name, address, and EIN (ıf applicable) of disregarded entity	(b) (c) Isregarded entity Primary activity Legal domicile (state or foreign country)		(d) Total income	<b>(e)</b> End-of-year assets	D			
Part II Identification of Related Tax-Exempt Or or more related tax-exempt organizations du	<b>ganizations</b> (Complete in ring the tax year.)	f the organization a	inswered "Yes"	to Form 990, F	Part IV,	line 34 because i	t had o	ne
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code sect	ion (e) Public charity (if section 501		<b>(f)</b> Direct controlling entity	Section (13) co	
(1) THE NATIONAL WILD TURKEY ENDOWMENT FOUNDATION INC	DONOR DESIGNATED	SC	501 C 3	9			Yes	No No
PO BOX 530						N/A		
EDGEFIELD, SC 29824 57-0743853								
(2) NWTF FOUNDATION	DONOR DESIGNATED	SC	501 C 3	9				No
PO BOX 530  EDGEFIELD, SC 29824 80-0725904						N/A		
							$\perp$	<u> </u>
								<u> </u>

Cat No 50135Y

(a)  Name, address, and EIN of related organization		<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-	<b>(f)</b> Share of total income	(g) Share of end-of-yea assets	(h Disprop r allocat	ortionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	ral or	(k) Percentae ownersh
					514)			Yes	No		Yes	No	
V Identification of Related Or line 34 because it had one or r	ganizations Taxa nore related organi	ble as a Corpo zations treated a	ration s a cor	or Trust ( poration or	Complete if t	he organı the tax ye	zatıon ar ar.)	swere	ed "Ye	s" to Form	990,	Part	IV,
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domıcıle (state or foreign country)		( <b>d)</b> Direct controlli entity	(e) Type of enti (C corp, S corp, or trust)	(f) Share of to income	total Share e of	(g) e of end- year ssets			on 512 (13) rolled		
		,,			,						Yes		No

(4) NWTF FOUNDATION

(5) NWTF FOUNDATION

(6) NWTF FOUNDATION

Part	Transactions With Related Organizations (Complete of the o	rganızatıon answered	"Yes" to Form 990, Par	t IV, line 34, 35b, or 36.)			
ı	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				1	Yes	No
<b>1</b> Dur	ring the tax year, did the orgranization engage in any of the following transactions v	with one or more related o	organizations listed in Part	s II-IV?			
a l	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled ent	rity		1	а		No
Ь	Gift, grant, or capital contribution to related organization(s)			1	b		No
c (	Gift, grant, or capital contribution from related organization(s)			1	c		No
d l	oans or loan guarantees to or for related organization(s)			1	d		No
<b>e</b> l	oans or loan guarantees by related organization(s)			1	e		No
f [	Dividends from related organization(s)			1	f		No
g S	Sale of assets to related organization(s)			1	g		No
h i	Purchase of assets from related organization(s)			1	h		No
i E	xchange of assets with related organization(s)			1	.i		No
j L	ease of facilities, equipment, or other assets to related organization(s)			1	j		No
<b>k</b> l	ease of facilities, equipment, or other assets from related organization(s)			1	k		No
I Performance of services or membership or fundraising solicitations for related organization(s)							
m P	erformance of services or membership or fundraising solicitations by related orga	nızatıon(s)		1	m		No
n S	haring of facilities, equipment, mailing lists, or other assets with related organizat	cion(s)		Ī	ln '	Yes	
o 9	Sharing of paid employees with related organization(s)			1	0 \	Yes	
р	Reimbursement paid to related organization(s) for expenses			1	р		No
q F	Reimbursement paid by related organization(s) for expenses			1	q		No
r	ther transfer of cash or property to related organization(s)			1	r		No
s	Other transfer of cash or property from related organization(s)			[1	s		No
<b>2</b> I	f the answer to any of the above is "Yes," see the instructions for information on w	vho must complete this lir	ne, including covered relati	ionships and transaction thresholds			
	<b>(a)</b> Name of other organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount invol	ved		
L) THE	NATIONAL WILD TURKEY ENDOWMENT FOUNDATION INC	I	0 NA				
<b>2)</b> THE	NATIONAL WILD TURKEY ENDOWMENT FOUNDATION INC	n	0 NA				
3) THE	NATIONAL WILD TURKEY ENDOWMENT FOUNDATION INC	0	0 NA				

0 NA

0 NA

0 NA

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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													
<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512- 514)	org	(e) all partners section 501(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	( <b>h)</b> Disproprtiona allocations?	,	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	_	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
												1	

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**EIN:** 57-0564993

Name: NATIONAL WILD TURKEY FEDERATION INC

**Explanation** 

Schedule R (Form 990) 2012

Identifier

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## Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

**Return Reference** 

> Form 990, Schedule R, Part V - Transactions With Related Organizations			
(a) Name of other organization	<b>(b)</b> Transaction type(a-s)	(c) A mount I nvolved	(d) Method of determining amount involved
THE NATIONAL WILD TURKEY ENDOWMENT FOUNDATION INC		0	NA
THE NATIONAL WILD TURKEY ENDOWMENT FOUNDATION INC	n	0	NA
THE NATIONAL WILD TURKEY ENDOWMENT FOUNDATION INC	0	0	NA
NWTF FOUNDATION	I	0	NA
NWTF FOUNDATION	n	0	NA
NWTF FOUNDATION	0	0	NA