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SCARTED JUN 23 2015

For Paperwork Reduction Act Notice, see the separate instructions. DAA

Department of the Treasury Internal Revenue Service

**Return of Organization Exempt From Income Tax** 

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

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

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

OMB No 1545-0047 2013 Open to Public Inspection

618

<u>A</u>	For the 2013 c	alendar year, or tax year beginning $01/01/14$ , and ending $06/30/16$	14						
B	Check if applicable	C Name of organization		D Employ	er identification number				
	Address change	TENNESSEE WILDLIFE FEDERATION, INC.			60.454.00				
	Name change -	Doing Business As			6047188				
П	Initial return	Number and street (or P O box if mail is not delivered to street address)	Room/suite	•	one number				
Ħ	Terminated	360 ORLANDO AVENUE, SUITE 200  City or town, state or province, country, and ZIP or foreign postal code		613	-353-1133				
ᆷ					1 220 000				
닏	Amended return	NASHVILLE TN 37209  F Name and address of principal officer	1	G Gross rece	ipts\$ 1,229,908				
Ш	Application pending	MIKE BUTLER	H(a) Is this a gro	oup return for su	bordinates? Yes X No				
		300 ORLANDO AVE., SUITE 200	H(b) Are all sub	re all subordinates included? Yes No					
		NASHVILLE TN 37209			see instructions)				
$\overline{}$	Tax-exempt status	X 501(c)(3) 501(c) ( ) ◀ (insert no ) 4947(e)(1) or 527							
J		WW.TNWF.ORG	H(c) Group exe	mption number	•				
<u>K</u>	Form of organization	X Corporation Trust Association Other ▶ L Y	ear of formation 1	946	M State of legal domicile TN				
F	antl Su	ımmary							
	1 Briefly de	scribe the organization's mission or most significant activities							
9	LEAD	ING THE CONSERVATION, SOUND MANAGEMENT, & WISE USE	OF TENNE	SSEE'S					
Jan	MITD	LIFE AND GREAT OUTDOORS.							
& Governance		<del></del> -							
9	2 Check th	is box ▶ ☐ if the organization discontinued its operations or disposed of more than 25	6% of its net ass	sets					
ඡේ	l .	of voting members of the governing body (Part VI, line 1a)		3	18				
ties	1	of independent voting members of the governing body (Part VI, line 1b)		4	18				
Activities	1	nber of individuals employed in calendar year 2013 (Part V, line 2a)		5	0				
Ac	1	nber of volunteers (estimate if necessary)		6	225				
	1	elated business revenue from Part VIII, column (C), line 12		7a	0				
	b Net unrei	ated business taxable income from Form 990-T, line 34	Prior Yea	7b	Current Year				
	8 Contribut	ions and grants (Part VIII, line 1h)		3,843	847,270				
Revenue	1	service revenue (Part VIII, line 2g)		2,512	212,750				
ève	1	nt income (Part VIII, column (A), lines 3, 4, and 7d)		3,445	184				
ž	1	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	182	2,897	87,952				
	12 Total reve	enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,212	2,697	1,148,156				
	13 Grants ar	nd similar amounts paid (Part IX, column (A), lines 1–3)	24	4,655	0				
	14 Benefits	paid to or for members (Part IX, column (A), line 4)			0				
S	15 Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5–10)	91	7,090	492,955				
penses	16a Professio	nal fundraising fees (Part IX, column (A), line 11e)			0				
xpe	1	draising expenses (Part IX, column (D), line 25) ▶ 151, 965							
Ä	1	penses (Part IX, column (A), lines 11a-11d, 11f-24e)		9,586	455,140				
		enses Add lines 13-17 (must equal Part IX, column (A), line 25)		1,331	948,095				
_ 6	19 Revenue	less expenses Subtract line 18 from line-12	Beginning of Cur	1,366	200,061 End of Year				
Net Assets or	20 Total ass	ets (Part X, line 16)		2,690	1,681,943				
Asse	20 Total liab	Illities (Part X, line 26)		0,303	240,020				
Net	22 Net asset	s or fund balances Subtract line 21 from line 20		2,387	1,441,923				
P		gnature Block		- /					
		perjury, I declare that I have examined this return, including accompanying schedules and statement	ents, and to the be	est of my kno	owledge and belief, it is				
		emplete Declaration of preparer (other than officer) is based on all information of which preparer h							
		CA CO		5 -	14-2015				
Sig	gn 🖊 s	gnature of officer		Date	•				
He	re	MIKE BUTLÈR CHIEF	EXECUTI	VE OF	FICER				
		ype or print name and title							
		preparer's name	Date	Check	rf PTIN				
Pai	50324	KEFFER Mahrel B. Milharles	05/11	/15 self-emp	ployed P00369288				
	parer Firm's nai		F	irm's EIN	· <del>·····························</del>				
US	Only	104 WOODMONT BLVD STE 120	615 070 000						
	Firm's add		<u>_</u>	hone no	615-279-0088				
_		s this return with the preparer shown above? (see instructions)			X Yes No				
ror	raperwork Kedi	uction Act Notice, see the separate instructions.			Form <b>990</b> (2013)				

Form 990 (2013) TENNESSEE WILDLIFE FEDERATION, INC. 62-6047188	Page 2
Part III Statement of Program Service Accomplishments	
Check if Schedule O contains a response or note to any line in this Part III	
1 Bnefly describe the organization's mission:  LEADING THE CONSERVATION, SOUND MANAGEMENT, & WISE USE OF TENNESSEE'S WILDLIFE AND GREAT OUTDOORS.	
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.	s 🗓 No
3 Did the organization cease conducting, or make significant changes in how it conducts, any program	s 🕱 No
if "Yes," describe these changes on Schedule O	
4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	
the total expenses, and revenue, if any, for each program service reported	
4a (Code ) (Expenses \$ 333,986 including grants of \$ 2,177 ) (Revenue \$ ADVOCATES SOUND NATURAL RESOURCE POLICIES AND PROVIDES VARIOUS EDUCATIONAL PROGRAMS THAT PROMOTE UNDERSTANDING OF TENNESSEE'S ENVIRONMENT AND ENCOURAGES NATURAL RESOURCE CONSERVATION AND COMMUNITY PLANNING THAT BALANCES CONSERVATION NEEDS WITH SOUND ECONOMIC GROWTH.	)
4b (Code )(Expenses \$ 293,825 including grants of \$ ) (Revenue \$ SCHOLASTIC CLAY TARGET PROGRAM (SCTP) PROVIDES TENNESSEE'S YOUTH, GRADES 5-12, AN OPPORTUNITY TO COMPETE IN CLAY TARGET SHOOTING COMPETITIONS WITH THEIR PEERS FROM ACROSS THE STATE AND TEACH YOUTH THE IMPORTANCE OF FIREARMS SAFETY WHILE INSTILLING VALUES OF DISCIPLINE, LEADERSHIP AND TEAMWORK THAT WILL HELP MOLD THE FUTURE SPORTSMEN AND WOMEN OF TENNESSEE.	)
4c (Code ) (Expenses \$ 43,098 including grants of \$ ) (Revenue \$ TENNESSEE HUNTERS FOR THE HUNGRY PROGRAM TO FIGHT HUNGER IN TENNESSEE DISTRIBUTING DONATED VENISON TO HUNGER RELIEF ORGANIZATIONS ACROSS THE STATE.	
4d Other program services (Describe in Schedule O )	
(Expenses \$ including grants of \$ ) (Revenue \$ )  4e Total program service expenses ▶ 670,909	
	990 (2013)
· • · · ·	. ,

# Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1_	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	X	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	ĺ		
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
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	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_X_
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets		i	~-
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	-	<u> </u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
t	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			¥
	Schedule D, Parts XI and XII	12a		<u> </u>
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	4.5.		
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	_X	77
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
D	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	446		v
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	4.5		x
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	-	
10	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	46		x
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16		
' <i>'</i>		47		x
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	40		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18		
. 5	If "Yes," complete Schedule G, Part III	19		x
202	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	The state of the s			

Form 990 (2013) TENNESSEE WILDLIFE FEDERATION, INC. 62-6047188 Page 4 **Checklist of Required Schedules (continued)** Yes No Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or X 21 government on Part IX, column (A), line 17 if "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States X on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 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 X 23 employees? If "Yes," complete Schedule J 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 X through 24d and complete Schedule K If "No," go to line 25a 24a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 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 24d d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction X with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a 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? X If "Yes," complete Schedule L, Part I 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or X disqualified persons? If so, complete Schedule L, Part II 26 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 X entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 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): X a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X Schedule L, Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) X was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 X conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 X Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 X 32 complete Schedule N. Part II 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, X 34 or IV, and Part V, line 1 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable X related organization? If "Yes," complete Schedule R, Part V, line 2 36 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, X Part VI 37

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

19? Note. All Form 990 filers are required to complete Schedule O

X Form 990 (2013)

Fom	990 (2013) TENNESSEE WILDLIFE FEDERATION, INC. 62-6047188		Р	age :
	statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	_		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	
2a				
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0	4 1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			,
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
Ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	1 4-		x
	account)?	4a		^
b	If "Yes," enter the name of the foreign country			
Ea	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts  Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
5a	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
b	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30		
O.	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	<u> </u>		
-	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		. 1	
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	_		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	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		
9	Sponsoring organizations maintaining donor advised funds.	00	:	
a b	Did the organization make any taxable distributions under section 4966?  Did the organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
10	Section 501(c)(7) organizations. Enter	7.5		
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b			
11	Section 501(c)(12) organizations. Enter.			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	7	-	
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	_	1	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which		١ ,	
	the organization is licensed to issue qualified health plans  13b	-		
C	Enter the amount of reserves on hand	1	-	4.0
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		i

State the name, physical address, and telephone number of the person who possesses the books and records of the

300 ORLANDO AVE.

TN 37209

615-353-1133

NASHVILLE

20

organization. MIKE BUTLER

Form 990 (2013	TENNESSEE WI	LDLIFE FE	DERATION,	INC.	62-6047188	Page 7
Part VII	Compensation of Off	ficers, Directo	rs, Trustees, Ko	ey Emplo	yees, Highest Co	ompensated Employees, and
	Independent Contrac	ctors				

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any	bo	x, unle	Pos check ess pe	rson i	than on s both a	an.	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Former Highest compensated employee Key employee		Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1)MONTY HALCOMB										
	0.50								_	
DIRECTOR	0.00	X				$\sqcup$		0	0	0
(2) ALBERT MENEFEE,	0.50									
DIRECTOR	0.00	$ \mathbf{x} $						o	o	0
(3) L. DANIEL HAMMON		<del>  ^</del>	_		╁	$\vdash$				
(5) II. DIMILLI IMMITO	0.50									
CHAIRMAN	0.00	x		x				o	o	0
(4) RIC WOLBRECHT		1		-		Ħ			· · · · · · · · · · · · · · · · · · ·	
(,,	0.50									
SECRETARY	0.00	X		X				0	0	0
(5) TERRY LEWIS										
-	0.50									
SECRETARY	0.00	X		X				0	0	0
(6) JOHN JACKSON										
	0.50									
DIRECTOR	0.00	X		_	<u> </u>			0	0	0
(7) SAM MARS III										
	0.50									
DIRECTOR	0.00	X	-		-	$\vdash$		0	0	0
(8) R.B. BAIRD, III	0.50									
DIDECTOR	0.50 0.00	$ \mathbf{x} $						o	o	0
DIRECTOR (9) ROBERT LINEBERGE		┢		$\vdash$		$\vdash$		0	<u> </u>	
(a) NOBERT TIMEBERGE	0.50	i								
TREASURER	0.00	x		x				o	o	0
(10) CHRIS NISCHAN	0.00	<del> </del>	<del>                                     </del>	-	-	1				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0.50									
DIRECTOR	0.00	x	-					o	o	o
(11) ALLEN COREY		Τ								
	0.50									
DIRECTOR	0.00	X						0	0	
DAA										Farm 990 (2013)

	TENNESSE								, INC. 62-604				Page 8
	(A)  and title	(B) Average hours per week (list any	(d	o not x, uni	Pos check ess pe	C) sition more erson	than o	one i an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		(F) Estimated amount of other compensation	n
•		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)		from the organization and related organizations	6
(12) FRANK	DUFF										_		
DIRECTOR		0.50	x						o	0			0
(13)BOB FR	EEMAN						T					•	
DIRECTOR		0.50	x	İ					o	0			0
(14) DR. JO	HN O. "JAC			Г	† <del></del>								
		0.50	37							•			^
BOARD CHAI		0.00	X	-	X			_	0	0			0
(15)11111		0.50			ŀ								
VICE-CHAIR		0.00	X	_	X				0	0	<u> </u>		0
(16) TAMI M	6) TAMI MILLER												
DIRECTOR	0.00	x						0	0			0	
(17)MIKE C	0.50												
DIRECTOR	0.00	x						o	0			0	
(18) RICHARD SPEER													
DIRECTOR		0.50	x						o	0			0
(19)MICHAE	L BUTLER	0.00	_		╁		H			<u> </u>			
		40.00								_			_
CEO		0.00		<u> </u>	X				0	0			0
1b Sub-total c Total from	continuation she	ets to Part VII. S	Secti	ion /	4			<b>&gt;</b>					
	lines 1b and 1c)	· · · · · · · · · · · · · · · · · · ·						<b></b>					
	er of individuals (in compensation from				thos	e lis	ted a	bov	e) who received more than	\$100,000 in			
<u> </u>												Ye	s No
employee o	on line 1a? If "Yes,"	complete Sched	dule	J fo	suc	h inc	dividu	ıal	oyee, or highest compensa			3	<u> </u>
									n and other compensation complete Schedule J for suc				
individual 5 Did any per	rson listed on line 1	a receive or acc	nie (	°O MI	nens	atioi	n fron	n an	y unrelated organization or	individual		4	<u> </u>
	s rendered to the or											5	<u> </u>
	pendent Contracto		onco	tod	ındaı	2000	lant c	contr	ractors that received more t	than \$100 000 of			
	ion from the organi	zation Report co							dar year ending with or with	in the organization's tax ye	ear		
	Name and	(A) business address							Description	(B) tion of services		(C) Compen	isation
												ı	
		·											
		<del></del>						$\vdash$				<del></del>	
										·			
		<del></del>	_				-	$\vdash$					
<del></del>										<u> </u>			
	per of independent of ore than \$100,000								se listed above) who	0			
DAA		c. compensation	01		_ 019	<u> ۱۱۱۲ می</u>			<u> </u>			Form 9	90 (2013)

DAA

Form **990** (2013)

Pa	rt VII ·	Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	and Highest Compensated	Employees (continued)				
	Na	(A) nme and title	(B) Average hours per week (list any hours for	bo	ix, un! ficer a	Pos check ess pe ind a c	erson directo	than o	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)		(F) Estima amour othe ompens	nted nt of er sation	
	·		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(		organiz and rel rganiza	ation ated	
(12)]	KENDA	LL MCCARTE	40.00												•
CHI	EF DE	V OFFICER	0.00	<u> </u>	_	X		┖		0	0				(
(13)												i			
(14)															
(15)															
(16)															
(17)															
(18)															
(19)															
1b	Sub-total	il om continuation shee	ets to Part VII S	L	ion /	L	<u> </u>		<b>&gt;</b>						
d		ld lines 1b and 1c)	ow to rait vii, t	, co.		•			•						
2		mber of individuals (in e compensation from			d to	thos	e lis	ted a	bov	e) who received more than	\$100,000 in	-			
	Теропар	e compensation from	the organization							· · · · · · · · · · · · · · · · · · ·				Yes	No
3		rganization list any fo e on line 1a? If "Yes,"								oyee, or highest compensa	ited	ŀ	3	:	
4	For any organiza	ndividual listed on line tion and related organ	e 1a, is the sum	of re	port	able	com	pens	atio	on and other compensation complete Schedule J for su					
5		person listed on line 1								ny unrelated organization or	ındıvıdual		4		
Secti		es rendered to the or lependent Contracto		es,	com	piete	3 SC	neau	ie J	tor such person	<del> </del>		5		
1	Complet	e this table for your fiv	e highest comp							ractors that received more to					
	Compone		(A) business address	J	01100		101 (1				(B) tion of services	T	Co	(C) mpensa	tion
			_												
			· · · · · · · · · · · · · · · · · · ·											.,	
2	Total nur	mber of independent of	contractors (inclu	ding	but	not	limite	ed to	thos	se listed above) who					

Pa	rt V	III Stater Check	nent of Reve		tains a response	or note to any line	in this Part VIII		
					·	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated car	npaigns	1a			70701.20		012 014
Contributions, Gifts, Grants and Other Similar Amounts	b			1b		1		]	
S, G	С	Fundraising e	vents	1c		<b>]</b>			
캶	d	Related organ		1d	30,16	5].		-	
E,C	е	Government grants	(contributions)	1e	184,40				
rion	f	All other contribution	ns, gifts, grants,						
the the		and similar amounts	not included above	1f	632,698			1	
	g	Noncash contributio	ns included in lines 1a-	1f \$	48,220	5		j	
<u>3 C</u>	h	Total. Add line	es 1a–1f		<u> </u>	847,270			
ne					Busn. Code				
Ver	2a	PROGRAM	SERVICE REV	ENUE		193,250			193,250
Program Service Revenue	b	WETLAND	MITIGATION :	FEES		19,500			19,500
Vice	C								
Ser	d								
am	е								
jō.	f	All other progr	am service reve	nue			i i		
_	g	Total. Add line	es 2a-2f		<b>•</b>	212,750			
	3	Investment inc	come (including	dividend	ds, interest,				
		and other simi	lar amounts)		•	184			184
	4	Income from a	nvestment of tax	-exemp	t bond proceeds ►				
	5	Royalties			<u> </u>				
			(ı) Real		(II) Personal				
Ì	6a	Gross rents	15,	741		_			
	b	Less rental exps				_			
	С	Rental inc or (loss)	15,	741		_			
	d	Net rental inco	me or (loss)	. т	<u> </u>	15,741			15,741
	7 a	Gross amount from sales of assets	(i) Securities		(ii) Other				
		other than inventory				_			
	þ	Less cost or other							
		basis & sales exps				4	`	‡	
		Gain or (loss)				-			
		Net gain or (lo		_	<u> </u>				
ឮ	8a		om fundraising eve	nts		<b>†</b> .			
Ę		(not including \$						Ī	
ě	-		reported on line 1c)	٠					
Other Revenue		See Part IV, line		a _				1	
됩		Less direct ex	•	рГ		_			
			(loss) from fund		events				
	9a		om gaming activitie					1	
		See Part IV, line		a -		-			
ı		Less direct ex		ьL		-			
			(loss) from gam	ing acti	vities				
	ıua		f inventory, less		00 016				
	_	returns and all		a	80,018				
		Less: cost of g		b∐ wetine	81,752	<del>-</del> 1			.1 734
}	С		(loss) from sale	S OT INV	Busn. Code	-1,734			-1,734
ł	44-				Busn. Code	67 500		1	C7 E00
	11a		LATE REVENUE	i		67,588			67,588
	b	MISC	•	•	-	6,357			6,357
ŀ	C	All ather			-				
	d	All other reven Total. Add line			<u> </u>	73,945			· · · · · · · · · · · · · · · · · · ·
	е 12		es 11a-110 e. See instruction			1,148,156		0	300,886
	14	· vai itveilut	. ၁၉၉၂။ ၁၉၉૫((())	13		1 1110,130	ı Ol	U <sub>I</sub>	300,000

Part X Statement of Functional Expenses

	tot include amounts reported on lines 6b, 1b, 9b, and 10b of Part VIII.  Grants and other assistance to governments and	(A) Total expenses	(B)	(C)	/D)
			Program service expenses	Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to governments and				······································
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U S. See Part IV, line 22		:		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16		ļ		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	114,340	65,745	6,860	41,735
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	242 225	006 001	40 044	
7	Other salaries and wages	313,207	206,081	40,241	66,885
8	Pension plan accruals and contributions (include	4 504	2 722	444	1 (01
_	section 401(k) and 403(b) employer contributions)	4,524	2,732	111	1,681
9	Other employee benefits	27,035	15,295	5,542 4,051	6,198
10	Payroll taxes	33,849	20,895	4,031	8,903
11	Fees for services (non-employees)				
a	Management	9,000	9,000		<del>-</del> .
b	LegalAccounting	26,942	15,357	11,585	<del></del>
d	Lobbying	20/342	23,331	21,303	
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				<del></del>
g	Other (If line 11g amount exceeds 10% of line 25, column				
9	(A) amount, list line 11g expenses on Schedule O)	71,581	66,281	1,070	4,230
12	Advertising and promotion	500	500		
13	Office expenses	42,693	28,246	7,573	6,874
14	Information technology			•	
15	Royalties				
16	Occupancy	38,229	4,468	33,657	104
17	Travel	58,696	45,234	2,611	10,851
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	582	582		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	21,118	16,262	1,899	<u>2,957</u>
23	Insurance	15,102	8,366	6,736	
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column		,		
	(A) amount, list line 24e expenses on Schedule O.)	100 607	100 607		
a	PROGRAM EVENTS & SUPPLIES	120,627	120,627		
ь	PROPERTY MGMT EXPENSE PROCESSING FEES	18,628 16,575	18,628 16,575		
c	SUPPLIES	8,440	5,066	2,513	861
d	<u> </u>	6,427	4,969	772	686
	All other expenses  Total functional expenses. Add lines 1 through 24e	948,095	670,909	125,221	151,965
	Joint costs. Complete this line only if the	J40,093	0,0,909	165,661	131,303
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here   if following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1,119,331 1,359,835 1 Cash-non-interest bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 92,704 4 34,090 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 5 Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L Assets Notes and loans receivable, net 7 7,738 4,679 Inventories for sale or use 3,772 Prepaid expenses and deferred charges 25,251 10a Land, buildings, and equipment cost or 494,057 other basis Complete Part VI of Schedule D 10a 377,593 115,036 116,464 b Less accumulated depreciation 10b 10c 108,567 117,758 11 Investments—publicly traded securities 11 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 14 14 Intangible assets 5,542 23,866 15 15 Other assets See Part IV, line 11 1,452,690 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 1,681,943 79,050 17 143,181 17 Accounts payable and accrued expenses 18 Grants payable 18 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and 30,000 30,000 22 disqualified persons. Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties 23 21,605 21,605 24 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 89,648 <u>45,234</u> of Schedule D 25 220,303 240,020 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 650,554 713,078 27 Unrestricted net assets 294,496 436,229 Temporarily restricted net assets 292,616 287,337 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ complete lines 30 through 34. Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 1,232,387 1,441,923 33 Total net assets or fund balances 33 1,452,690 1,681,943 Total liabilities and net assets/fund balances

Form 990 (2013)

om	1 990 (2013) TENNESSEE WILDLIFE FEDERATION, INC. 62-6047188				Pa	<u>ge 12</u>						
Pa	rt XI Reconciliation of Net Assets											
	Check if Schedule O contains a response or note to any line in this Part XI											
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1 1	L,1	48,	156						
2	Total expenses (must equal Part IX, column (A), line 25)	2		9	48,	095						
3	Revenue less expenses Subtract line 2 from line 1	3		2	00,	061						
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1	L,2:	32,	387						
5	Net unrealized gains (losses) on investments	5				475						
6												
7	Investment expenses	7										
8	Prior period adjustments	8										
9	Other changes in net assets or fund balances (explain in Schedule O)	9										
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line											
	33, column (B))	10	J	. 4	41,	923						
Pa	irt XII Financial Statements and Reporting											
	Check if Schedule O contains a response or note to any line in this Part XII											
					Yes	No						
1	Accounting method used to prepare the Form 990. Cash X Accrual Other		ſ									
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		— I									
	Schedule O.											
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		[	2a		x						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				-							
	reviewed on a separate basis, consolidated basis, or both.											
	Separate basis Consolidated basis Both consolidated and separate basis		i									
b	Were the organization's financial statements audited by an independent accountant?		į	2b	X							
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a											
	separate basis, consolidated basis, or both											
	Separate basis X Consolidated basis											
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		Ì									
_	of the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c	X							
	If the organization changed either its oversight process or selection process during the tax year, explain in					-						
	Schedule O.											
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		j									
	the Single Audit Act and OMB Circular A-133?			3a								
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		ľ									
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b								

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

**Public Charity Status and Public Support** 

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

▶ Attach to Form 990 or Form 990-EZ.

Open to Public

OMB No 1545-0047

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

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

Inspection

2013

Department of the Treasury Internal Revenue Service Name of the organization

TENNESSEE WILDLIFE FEDERATION, INC.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

Employer identification number 62-6047188

1	$\sqcup$	A church, co	nvention of churches, or as	ssociation of churches described	in section	n 170(b)(	1)(A)(1).							
2		A school des	scribed in section 170(b)(1)	)(A)(ii). (Attach Schedule E)										
3	Ц	A hospital or	a cooperative hospital serv	vice organization described in se	ction 170	(b)(1)(A)(	iii).							
4		A medical re	search organization operate	ed in conjunction with a hospital	described	ın sectic	n 170(b	)(1)(A)(i	ii). Ente	er the h	ospita	l's name	J,	
		city, and state												
5	Ш	•	•	of a college or university owned	or operat	ed by a g	ovemme	ental uni	t descri	bed in				
			(b)(1)(A)(iv). (Complete Par											
6			•	governmental unit described in s										
7	X	•	•	a substantial part of its support fr	om a gov	ernmenta	unit or	from the	genera	il public	;			
			section 170(b)(1)(A)(vi). (0											
8	Н	-		170(b)(1)(A)(vi). (Complete Par	•				_					
9	Ш	_	· · · · · · · · · · · · · · · · · · ·	(1) more than 33 1/3% of its sup	-				•	_	)SS			
		•		mpt functions—subject to certail	-	-	•							
				and unrelated business taxable ii				() from b	usines	ses				
40	$\Box$		=	30, 1975 See section 509(a)(2)										
10	H	•	•	d exclusively to test for public saf	-				4 4	_				
11	Ш	•	•	l exclusively for the benefit of, to	•			-						
				rted organizations described in s the type of supporting organizat					•	SECLION	•			
		a Type		c Type III-Function			d d			n_funct	honalh	y integra	tod	
_	П		<del>_</del> ··	rganization is not controlled direction			- 1				•	y integra	ieu	
•	Ш	-		ner than one or more publicly sup										
		or section 50	ū	,,	<b>,</b>	<b>J</b>				(-/(	-,			
f			` '\ '	termination from the IRS that it is	a Type I.	Type II,	or Type	III suppo	orting					
·			check this box		,,	· • ·		• • •						
g		Since August	t 17, 2006, has the organiza	ation accepted any gift or contrib	ution from	any of th	ne							
		following per	_			·								
		(i) A persor	n who directly or indirectly o	controls, either alone or together	with perso	ons descr	ıbed ın (	ıı) and					Yes	No
		(iii) belov	w, the governing body of the	e supported organization?								11g(i)		
		(ii) A family	member of a person descr	ribed in (i) above?								11g(ii)		
		(iii) A 35% c	ontrolled entity of a person	described in (i) or (ii) above?								11g(iii)		
<u>h</u>		Provide the f	following information about	the supported organization(s)	.,									
(i	-	e of supported	(ii) EIN	(iii) Type of organization	1	organization		ou notify	(vi)		(vii	i) Amount d		ary
	org	janization		(described on lines 1–9 above or IRC section		sted in your document?		nization in of your	organızat (I) organı		ĺ	supp	ort	
				(see instructions))		r		port?	U		ĺ			
					Yes	No	Yes	No	Yes	No				
(A)											ĺ			
(5)				-	+	<b></b>		ļ			<del>                                     </del>			
(B)											ĺ			
(C)				<u> </u>	<del> </del>						<del>                                     </del>			
(0)														
(D)	-				†									
(-,														
(E)														
						<u></u>					<u> </u>			
											1			
Tota			<u> </u>	1	1	<u> </u>	L	L		لــــا	<u> </u>			
ror l	rap€	rwork Reduc	tion Act Notice, see the li	nstructions for					schedu	ие A (F	orm 9	990 or 9	30-EZ	) 2013

Form 990 or 990-EZ.

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1,193,358	1,056,943	1,102,238	1,463,843	847,270	5,663,652
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	1,193,358	1,056,943	1,102,238	1,463,843	847,270	5,663,652
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4	-					1,050,097 4,613,555
	tion B. Total Support				4		4,013,333
_	ndar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	1,193,358	1,056,943	1,102,238	1,463,843	847,270	5,663,652
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	28,733	31,532	42,101	43,323	15,925	161,614
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	341,881	545,878	700,142	701,063	284,961	2,573,925
11	Total support. Add lines 7 through 10						8,399,191
12	Gross receipts from related activities, etc	•				12	
13	First five years. If the Form 990 is for the	•	, second, third, for	urth, or fifth tax yea	ar as a section 501	(c)(3)	
500	organization, check this box and stop her		200	<del></del>			<b>•</b>
	tion C. Computation of Public St		<del> </del>	- (5)		144	
14 15	Public support percentage for 2013 (line 6 Public support percentage from 2012 Scho		•	n (1))		15	54.93% 58.76%
	33 1/3% support test—2013. If the organ			13 and line 14 is 3	13 1/3% or more o		
·vu	box and stop here. The organization quali			· ·	,5 1/5/0 of more, c	ilicox tilis	<b>▶</b> [X]
b	33 1/3% support test—2012. If the organ		• •		5 is 33 1/3% or mo	ore.	
	check this box and stop here. The organiz			•			▶ □
17a	10%-facts-and-circumstances test-201	3. If the organization	on did not check a	box on line 13, 16	ia, or 16b, and line	14 is	
	10% or more, and if the organization meet	s the "facts-and-cii	rcumstances" test,	check this box an	d stop here. Expla	ain in	
	Part IV how the organization meets the "fa organization	cts-and-circumstai	nces" test. The org	anızatıon qualifies	as a publicly supp	ported	▶ 🗆
b	10%-facts-and-circumstances test—201	2. If the organization	on did not check a	box on line 13, 16	ia, 16b, or 17a, and	d line	_
	15 is 10% or more, and if the organization	meets the "facts-a	nd-circumstances	test, check this b	ox and stop here.		
	Explain in Part IV how the organization me supported organization	ets the "facts-and-	circumstances" te	st The organization	n qualifies as a pu	blicly	▶ 🗆
18	Private foundation. If the organization did instructions	I not check a box o	on line 13, 16a, 16	b, 17a, or 17b, che	eck this box and se	ee	▶ □

Schedule A (Form 990 or 990-EZ) 2013 TENNESSEE WILDLIFE FEDERATION, INC. 62-6047188

Page 3

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 t	he tests listed b	pelow, please o	complete Part I	l )	
	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any *unusual grants *)						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						<del></del>
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6			<del></del>	ļ		
l0a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	_					
13	Total support. (Add lines 9, 10c, 11,		1	<u>-</u>			
	and 12.)				<u> </u>		
14	First five years. If the Form 990 is for the organization, check this box and stop here	_	t, second, third, fo	urth, or fifth tax ye	ar as a section 50°	1(c)(3)	<b>▶</b> □
Sec	tion C. Computation of Public Su	pport Percen	tage				
15	Public support percentage for 2013 (line 8,	column (f) divide	d by line 13, colum	ın (f))		15	
16	Public support percentage from 2012 Sche					16	<u>%</u>
	tion D. Computation of Investme	nt Income Pe	rcentage			<del></del>	
17	Investment income percentage for 2013 (lii		•	, column (f))		17	<u>%</u>
18	Investment income percentage from 2012	·	· ·			18	<u> </u>
l9a						=	
L	17 is not more than 33 1/3%, check this bo	•	•	•	• • • •		▶ ∐
b	,,					·	▶ □
20	line 18 is not more than 33 1/3%, check this Private foundation. If the organization did		=			-	I H

Schedule A (Form 990 or 990-EZ) 2013 TENNESSEE WILDLIFE FEDERATION, INC. 62-6047188

Page 4

Part IV Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b, and Part III, line 12. Also complete this part for any additional information (See instructions).

PART II, LINE 10 - OTHER INCOME DETAIL

PROGRAM REVENUE \$ 1,759,199

LICENSE PLATE REVENUE \$ 608,727

OUTDOOR SHOWS \$ 205,999

#### SUPPLEMENTAL INFORMATION

SINCE THE ORGANIZATION IS CHANGING ITS ACCOUNTING PERIOD TO END ON JUNE 30,

THIS 990 REFLECTS A SHORT PERIOD OF 1/1/14 TO 6/30/14. THEREFORE:

PART II, COLUMN (A) REPRESENTS YEAR ENDING 12/31/10

PART II, COLUMN (B) REPRESENTS, YEAR ENDING 12/31/11

PART II, COLUMN (C) REPRESENTS, YEAR ENDING 12/31/12

PART II, COLUMN (D) REPRESENTS, YEAR ENDING 12/31/13

PART II, COLUMN (E ) REPRESENTS, SHORT YEAR ENDING 6/30/14

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

Political Campaign and Lobbying Activities

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

► Complete if the organization is described below.

Attach to Form 990 or Form 990-EZ

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

instructions is at www.irs.gov/form990.

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

1461	TENNESSEE WILDLIFE FED	ERATION, INC.		62-60471	
Pa	ert I-A Complete if the organization is exempt		or is a section		
1					
2		pontious ourripuign dourness		<b>▶</b> \$	
3	·			•	
•	101111001111001				
Pa	ert I-B Complete if the organization is exempt	t under section 501(c	)(3).		
1	Enter the amount of any excise tax incurred by the organization	on under section 4955		▶ \$	
2	Enter the amount of any excise tax incurred by organization in	nanagers under section 495	5	▶ \$	
3	If the organization incurred a section 4955 tax, did it file Form	4720 for this year?			Yes No
4a	a Was a correction made?			Yes No	
b	o If "Yes," describe in Part IV				
Pa	httl-C Complete if the organization is exempted.	t under section 501(c	), except section	on 501(c)(3).	
1	Enter the amount directly expended by the filing organization	for section 527 exempt fund	tion		
	activities			▶ \$	
2	Enter the amount of the filing organization's funds contributed	to other organizations for s	ection		
	527 exempt function activities			▶ \$	
3	Total exempt function expenditures Add lines 1 and 2 Enter	here and on Form 1120-PO	L,		
	line 17b		▶ \$		
4	Did the filing organization file Form 1120-POL for this year?				Yes No
5	Enter the names, addresses and employer identification number	ber (EIN) of all section 527 p	oolitical organizatioi	ns to which the filing	
	organization made payments. For each organization listed, er	nter the amount paid from th	e filing organizatior	n's funds. Also enter	
	the amount of political contributions received that were promp	otly and directly delivered to	a separate political	organization, such	
	as a separate segregated fund or a political action committee	(PAC) If additional space is	s needed, provide i	nformation in Part IV	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's	contributions received and
				funds If none, enter -0-	promptly and directly delivered to a separate
					political organization If
					none, enter -0-
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
For P	Paperwork Reduction Act Notice, see the Instructions for Form 99	0 or 990-EZ.		Schodulo C /Eo	000 a- 000 E7) 2042

Schedule C (Form 990 or 990-EZ) 2013 <b>TENNE</b>	SSEE WILDL	IFE FEDERAT	ION, INC.	52-6047188	Page <b>2</b>		
Part II-A Complete if the organ	ization is exemp	t under section 5	i01(c)(3) and file	d Form 5768 (elec	tion under		
section 501(h)).				-			
A Check ▶ ☐ if the filing organiza	tion belongs to an	affiliated group (a	nd list in Part IV e	ach affiliated grou	p member's		
name, address, EiN	I, expenses, and s	share of excess lob	obying expenditur	es).			
B Check ▶ ☐ If the filing organiza	tion checked box	A and "limited cont	trol" provisions ap	ply.			
Limits on Lo (The term "expenditures"	bbying Expendit ' means amounts		Or	(a) Filing ganization's totals	(b) Affiliated group totals		
1a Total lobbying expenditures to influence	public opinion (grass r	oots lobbying)	<u> </u>	0			
<b>b</b> Total lobbying expenditures to influence	a legislative body (dire	ect lobbying)		7,459	·		
c Total lobbying expenditures (add lines 1a		7,459					
d Other exempt purpose expenditures		7,459					
e Total exempt purpose expenditures (add	e Total exempt purpose expenditures (add lines 1c and 1d)						
f Lobbying nontaxable amount Enter the a columns		1,492					
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxal	ble amount is:					
Not over \$500,000	20% of the amount on It	ne 1e					
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	ne excess over \$500,000					
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of th	ne excess over \$1,000,000					
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	e excess over \$1,500,000					
Over \$17,000,000	\$1,000,000	·					
g Grassroots nontaxable amount (enter 25	% of line 1f)			373			
h Subtract line 1g from line 1a If zero or le	ss, enter -0-			0			
i Subtract line 1f from line 1c If zero or les	ss, enter -0-			5,967			
j If there is an amount other than zero on reporting section 4911 tax for this year?	either line 1h or line 1i	, did the organization fi	le Form 4720		Yes X No		
	4-Year Averagi	ing Period Under S	ection 501(h)				
(Some organizations	_	_	• •	nplete all of the five	•		
columns	below. See the ins	structions for lines	2a through 2f on	page 4.)			
	obbying Expendit	ures During 4-Year	<b>Averaging Period</b>				
Calendar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) Total		

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

Schedule C (Form 990 or 990-EZ) 2013

Schedule C (Form 990 or 990-EZ) 2013

TENNESSEE WILDLIFE FEDERATION, INC. 62-6047188

Part II-B		Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	)T filed Form 5768						
For	each "Yes	response to lines 1a through 1i below, provide in Part IV a detailed	(;	a)		(b	)		
		he lobbying activity.	Yes	No		Amo	unt		
1	During the	year, did the filing organization attempt to influence foreign, national, state or local							
	•	including any attempt to influence public opinion on a legislative matter or							
	referendur	n, through the use of							
а	Volunteers	?							
b	Paid staff	or management (include compensation in expenses reported on lines 1c through 1i)?							
c	Media adv	ertisements?							
d	Mailings to	members, legislators, or the public?							
е	Publication	s, or published or broadcast statements?							
f	Grants to	ther organizations for lobbying purposes?							
g	Direct conf	act with legislators, their staffs, government officials, or a legislative body?							
h	Rallies, de	monstrations, seminars, conventions, speeches, lectures, or any similar means?							
i	Other activ	ities?							
j	Total Add	lines 1c through 1i							
		ivities in line 1 cause the organization to be not described in section 501(c)(3)?							
		ter the amount of any tax incurred under section 4912							
	· ·	ter the amount of any tax incurred by organization managers under section 4912							
		organization incurred a section 4912 tax, did it file Form 4720 for this year?		L					
Pai	rt III-A	Complete if the organization is exempt under section 501(c)(4), section 501(c)	;)(5),	or s	ection				
		501(c)(6).					1,,	Τ	
							Yes	No	
1		tantially all (90% or more) dues received nondeductible by members?				1		╁	
2	•	anization make only in-house lobbying expenditures of \$2,000 or less?				2		╁	
3		anization agree to carry over lobbying and political expenditures from the prior year?  Complete if the organization is exempt under section 501(c)(4), section 501(c)	WE)	0r 0	action	3			
t. Sti	rt III-B	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," C				line	3 ie		
		answered "Yes."	טן אינ	<i>)</i>	L 1117A,	IIIIE	J, 15		
1	Dues asse	essments and similar amounts from members		1					
2		2(e) nondeductible lobbying and political expenditures (do not include amounts of		<u> </u>					
•		expenses for which the section 527(f) tax was paid).							
а	Current ye			2a	1				
	•	rom last year		2b					
	Total	To made your		2c					
3		amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3					
4		vere sent and the amount on line 2c exceeds the amount on line 3, what portion of the							
•		es the organization agree to carryover to the reasonable estimate of nondeductible lobbying							
		al expenditure next year?		4					
5	•	nount of lobbying and political expenditures (see instructions)		5					
	rt IV	Supplemental Information							
		riptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part I	II-A, lır	ne 2, a	ınd				
		Also, complete this part for any additional information							
S	CHEDUL	E C, PART II-A, EXPLANATION OF FOUR YEAR AVERAGING	;						
D	JE TO	CHANGE IN ACCOUNTING PERIOD, COLUMNS FOR PART II-A	LI	NE	2 RI	FLE	ECT		
T	HE FOL	LOWING PERIODS:							
C	OLUMN	(A) REPRESENTS YEAR ENDING 12/31/11							
~	OT TRAST	(D) DEDDECEMME VEXD EMDING 19/21/19							
C	TOMM	(B) REPRESENTS YEAR ENDING 12/31/12							
C	OLUMN	(C) REPRESENTS YEAR ENDING 12/31/14							

Schedule C (Form 990 or 990-EZ) 2013

TENNESSEE WILDLIFE FEDERATION, INC. 62-6047188

Part IV Supplemental Information (continued)

COLUMN (D) REPRESENTS 6 MONTHS ENDING 6/30/14

Page 4

### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

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

OMB No 1545-0047

Open to Public Inspection

T	ENNESSEE WILDLIFE FEDERATION, INC.		62-6047188				
	Organizations Maintaining Donor Advised Fu Complete if the organization answered "Yes" to						
	· •	(a) Donor advised funds	(1	) Funds and other accounts			
1	Total number at end of year		-				
2	Aggregate contributions to (during year)						
3	Aggregate grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in writing that	at the assets held in donor advised					
	funds are the organization's property, subject to the organization's exc	clusive legal control?		Yes No			
6	Did the organization inform all grantees, donors, and donor advisors in	n writing that grant funds can be used					
	only for charitable purposes and not for the benefit of the donor or dor	nor advisor, or for any other purpose					
	conferring impermissible private benefit?			Yes No			
Pa	Conservation Easements. Complete if the organization answered "Yes" to I	•					
1	Purpose(s) of conservation easements held by the organization (check	k all that apply)					
	Preservation of land for public use (e g , recreation or education)	Preservation of an historically imp					
	Protection of natural habitat	Preservation of a certified historic	structure	•			
_	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualified conse	ervation contribution in the form of a conse	rvation				
	easement on the last day of the tax year			Held at the End of the Tax Year			
	Total number of conservation easements		2a	2 6,100.00			
	Total acreage restricted by conservation easements	ام المام	2b	8,100.00			
	Number of conservation easements on a certified historic structure inc	• •	2c				
a	Number of conservation easements included in (c) acquired after 8/17	706, and not on a	2d				
3	historic structure listed in the National Register  Number of conservation easements modified, transferred, released, e.	vtinguished or terminated by the organizat		the			
J	tax year	Attinguished, or terminated by the organizat	ion danng	, tile			
4	Number of states where property subject to conservation easement is	located ▶ 1					
5	Does the organization have a written policy regarding the periodic mor						
•	violations, and enforcement of the conservation easements it holds?	g,opeos.o.,g c.		Yes X No			
6	Staff and volunteer hours devoted to monitoring, inspecting, and enfor	rcing conservation easements during the ye	ear	٠ السا			
	▶ 0	9					
7	Amount of expenses incurred in monitoring, inspecting, and enforcing	conservation easements during the year					
-	<b>▶</b> \$ 4,800						
8	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section 170(h)(4)(B)					
	(i) and section 170(h)(4)(B)(ii)?			Yes No			
9	In Part XIII, describe how the organization reports conservation easen	nents in its revenue and expense statemen	t, and				
	balance sheet, and include, if applicable, the text of the footnote to the	e organization's financial statements that de	escribes t	he			
_	organization's accounting for conservation easements	Historia I Tarana and Other C	N	A 4 -			
172	Organizations Maintaining Collections of Art Complete if the organization answered "Yes" to I		Similar .	Assets.			
1a	If the organization elected, as permitted under SFAS 116 (ASC 958),	not to report in its revenue statement and b	alance si	neet			
	works of art, historical treasures, or other similar assets held for public	exhibition, education, or research in furthe	erance of				
	public service, provide, in Part XIII, the text of the footnote to its finance	cial statements that describes these items.					
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to	to report in its revenue statement and balai	nce sheet				
	works of art, historical treasures, or other similar assets held for public	exhibition, education, or research in furthe	erance of				
	public service, provide the following amounts relating to these items						
	(i) Revenues included in Form 990, Part VIII, line 1		<b>•</b>	\$			
_	(ii) Assets included in Form 990, Part X			\$			
2	If the organization received or held works of art, historical treasures, o		vide the				
	following amounts required to be reported under SFAS 116 (ASC 958)	relating to these items		•			
	Revenues included in Form 990, Part VIII, line 1		<b>•</b>	\$			
D	Assets included in Form 990, Part X		•	2			

	EE WILDLIFE						Page :
Part III Organizations Maintain						(contin	ued)
Using the organization's acquisition, acce collection items (check all that apply):  ———————————————————————————————————	ssion, and other records	s, check any of the foll	lowing that a	re a signifi	icant use of its		
a Public exhibition	d 🔲 l	oan or exchange pro	grams				
b 🔛 Scholarly research	e 🗌 (	Other					
c Preservation for future generations							
4 Provide a description of the organization's XIII	collections and explain	how they further the o	organization'	s exempt p	ourpose in Part		
5 During the year, did the organization solic							
assets to be sold to raise funds rather tha		art of the organization	's collection'	<del></del>		Ye	s No
Part IV Escrow and Custodial A	_					_	
Complete if the organizati	on answered "Yes"	to Form 990, Par	t IV, line 9	, or repo	orted an amount	on Form	
990, Part X, line 21.							
1a Is the organization an agent, trustee, cust	odian or other intermedi	ary for contributions o	r other asse	ts not		П.,	Π.,
included on Form 990, Part X?	/III					Ye	es 💹 No
b If "Yes," explain the arrangement in Part >	(III and complete the foll	owing table.				A	
a. Reginning helence					4-	Amount	<u> </u>
c Beginning balance					1c		
d Additions during the year					1d	_	
e Distributions during the year					1e		
f Ending balance	- Farm 000 Bart V Ivaa	242				77.	<del></del>
2a Did the organization include an amount or	·		dd D.	-4 VIII		Ye	s   No
b If "Yes," explain the arrangement in Part X  Part V Endowment Funds.	THE Check here if the ex	planation has been pr	ovided in Pa	π XIII	<del></del>	-	
Complete if the organizati	on answered "Ves"	to Form 990 Par	t IV/ line 1	^			
Complete ii tile organizati	(a) Current year	(b) Prior year	(c) Two yea	T	(d) Three years back	(5) [5]	
1a Beginning of year balance	87,600	82,058		32,058	82,05		years back
b Contributions	0.,000	5,000		2,030	82,03	4	
c Net investment earnings, gains, and		3,000				+	
losses	6,665	10,533		6,015	2,90		
d Grants or scholarships	0,000	10,333		0,013	2,30	<del>'</del>	
e Other expenditures for facilities and						+	
programs				I			
f Administrative expenses	6,665	9,991		6,015	2,90	<del>d</del>	
g End of year balance	87,600	87,600		32,058	82,05		
2 Provide the estimated percentage of the c				7-7-00-	02,00	<u></u>	
a Board designated or quasi-endowment ▶	"%	(iiiie 19, coluinii (a)) i	ileiu as				
b Permanent endowment ▶ 100.00 %	,-						
c Temporarily restricted endowment ▶	%						
The percentages in lines 2a, 2b, and 2c st							
3a Are there endowment funds not in the pos		on that are held and a	administered	I for the			
organization by	oodolon of the organizat	ion mat are note and t	441111111111111111111111111111111111111	101 1110		ſ	Yes No
(i) unrelated organizations						3a(i)	X
(ii) related organizations						3a(ii)	x
b If "Yes" to 3a(II), are the related organization	ons listed as required on	Schedule R?				3b	
4 Describe in Part XIII the intended uses of						<u> </u>	<u> </u>
Part VI Land, Buildings, and Eq		THORE TARGET			<del></del>		
Complete if the organization	•	to Form 990. Part	t IV. line 1	1a. See	Form 990 Part )	Cline 10	)
Description of property	(a) Cost or other ba				cumulated	(d) Book	
	(investment)	(other	ı		preciation	, ,	
1a Land							<del></del>
b Buildings							
c Leasehold improvements		3	30,686		12,006	1	8,680
d Equipment			53,371		365,587		7,784
e Other							
Total. Add lines 1a through 1e (Column (d) mus	t equal Form 990, Part	X, column (B), line 10	(c) )		<b>•</b>	11	6,464
							-,

Part X	04h	er Lia		4:
PASS	UITO	RF 1 12	amı	TIES.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25.

<u>1.                                    </u>	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	PAYROLL LIABILITIES	44,960
(3)	OTHER ACCRUED LIABILITIES	274
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total	I. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	45,234

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

chedule D (Form 990) 2013 TENNESSEE WILDLIFE FEDERATION	, INC. 62-60	47188	Page				
Part XI Reconciliation of Revenue per Audited Financial Stateme	•	oer Return.					
Complete if the organization answered "Yes" to Form 990, Pa	rt IV, line 12a.	<del></del>					
1 Total revenue, gains, and other support per audited financial statements		1					
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1						
a Net unrealized gains on investments	2a						
b Donated services and use of facilities	_2b						
c Recoveries of prior year grants	2c						
d Other (Describe in Part XIII )	2d						
e Add lines 2a through 2d							
3 Subtract line 2e from line 1	1 1	3					
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 . 1						
a Investment expenses not included on Form 990, Part VIII, line 7b	4a						
b Other (Describe in Part XIII )	4b						
c Add lines 4a and 4b		4c   5					
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	anto With Funances	<del></del> _					
Part XII Reconciliation of Expenses per Audited Financial Stateme	•	s per Keturn.					
Complete if the organization answered "Yes" to Form 990, Pa	itiv, line iza	11					
<ul> <li>Total expenses and losses per audited financial statements</li> <li>Amounts included on line 1 but not on Form 990, Part IX, line 25</li> </ul>		<del></del>					
2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities	<sub>2a</sub>						
b Prior year adjustments	2b						
c Other losses	2c	i					
d Other (Describe in Part XIII )	2d						
e Add lines 2a through 2d		2e					
3 Subtract line 2e from line 1		3					
4 Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1						
a Investment expenses not included on Form 990, Part VIII, line 7b	4a						
b Other (Describe in Part XIII )	4b						
c Add lines 4a and 4b		4c					
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5					
Part XIII Supplemental Information							
rovide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV,	lines 1b and 2b, Part V,	line 4, Part X, line					
, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide a	ny additional information						
PART V, LINE 4 - INTENDED USES FOR ENDOWMENT	FUNDS						
THE ORGANIZATION'S ENDOWMENT CONSISTS OF A P	ERMANENTLY R	ESTRICTED					
CONTRIBUTION FOR THE MONITORING OF A CONSERV	ATTON FACEME	Nm					
CONTRIBUTION TOX THE MONITORING OF A CONDUCT	ALION LADEN	111.					
THE ORGANIZATION ALSO HAS A BENEFICIAL INTER	EST IN THE T	ENNESSEE WILDI	LIFE				
FEDERATION FUND (THE "FUND"), AN AGENCY ENDO	WMENT FUND H	ELD BY THE					
COMMUNITY FOUNDATION OF MIDDLE TENNESSEE (TH	E "COMMUNITY	FOUNDATION")	•				
EARNINGS ON THIS FUND ARE USED TO BENEFIT VA	RIOUS PROGRA	MS FOR TWF. TH	ΙE				
FUND IS CHARGED A 0.4% ADMINISTRATIVE FEE AN	NUALLY. UPON	REQUEST BY T	ΗE				
ORGANIZATION, INCOME FROM THE FUND REPRESENT	ING A 5% ANN	UAL RETURN MA	/ BE				
DISTRIBUTED TO THE ORGANIZATION OR TO ANOTHE	R SUGGESTED	BENEFICIARY.					
EARNINGS IN EXCESS OF 5% ARE ADDED TO PRINCIPAL.							

PART X - FIN 48 FOOTNOTE

THE ORGANIZATION ADOPTED THE GUIDANCE IN ASC 740 ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. FOR ALL TAX POSITIONS TAKEN BY THE

Part XIII Supplemental Information (continued)

ORGANIZATION, MANAGEMENT BELIEVES IT IS CLEAR THAT THE LIKELIHOOD IS GREATER THAN 50 PERCENT THAT THE FULL AMOUNT OF THE TAX POSITIONS TAKEN WILL BE ULTIMATELY REALIZED. WITH FEW EXCEPTIONS, THE ORGANIZATION IS NO LONGER SUBJECT TO U.S. FEDERAL TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2011. THE ORGANIZATION INCURRED NO INTEREST OR PENALTIES DURING THE SIX ENDED JUNE 30, 2014.

PART XIII - SUPPLEMENTAL FINANCIAL INFORMATION
THE 990 WAS PREPARED PRIOR TO THE AUDIT BEING ISSUED.

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

Department of the Treasury Internal Revenue Service

## **Transactions With Interested Persons**

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

Attach to Form 990 or Form 990-EZ.

► See separate instructions

Open To Public

OMB No 1545-0047

IIICHIMI NOVENIUC	e Service P information of	Dog: Concasio I	. (1 01111 000 01 000	<u> </u>									2000	31	
Name of the orga	anızatıon								Employer identification number						
	TENNESSEE WILDLIFE FI				62-6					2-6047188					
Part I	Excess Benefit Transactions Complete if the organization answered	•							art V, i	ine 4(	0b_				
4	(a) Name of discussified passes	(b) Relation	onship between disq	n disqualified person and (c) Description of trans						(d) Corrected?		ted?			
<u>1</u>	(a) Name of disqualified person		organizatioi	1			(c) Description of trans						Yes		No
(1)													<u> </u>		
(2)		<u> </u>											-	$\perp$	
(3)													-	_	
(4)		<u> </u>												-	
(5)					_										
(6)	the amount of tax incurred by the organiza	tion manager	re or disquialifie	d ne	reon	s during th	ne vear						<u> </u>	!	
	section 4958	alon manago	o or aloqualino	u po		o	io you.			▶ \$					
3 Enter t	the amount of tax, if any, on line 2, above,	reimbursed b	by the organiza	tion						▶ \$					
<del> </del>															
Part II	Loans to and/or From Interes														
	Complete if the organization answered				ine	38a or Fo	m 990,	Part IV, III	ne 26, (	or if th	ne				
	organization reported an amount on F  (a) Name of interested person	orm 990, Par (b) Relationship	t X, line 5, 6, or		oan to	(e) Ong	ınal	(f) Balanc	e due	(g) in c	lefault?	(h) Ar	proved	m W	ntten
	(a) Name of interested person	with organization	1 '' '	or fro	m the			(1) Data io	o duo	(9) (	roiduit.	by bo	ard or		ment?
					g ? From					Yes	No	Yes	No No	Yes	No
PETER S	SCHUTT	BOARD MEMI	ER	<del>  "</del>	1.011							<u> </u>			
(1)	DEVELOPMENT OF I			x		4	15,000	3	0,000		X	X		X	
(2)				_	_							ļ	ļ		<u> </u>
(3)				$\vdash$	_							_			├─
<b>/A</b> \															
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(9)					l	]							'		
10)					L	<u></u>									
Total							▶ \$	3	0,000			L.,_			
Part III	Grants or Assistance Benefit Complete if the organization answered	_			27										
	(a) Name of interested person		ship between intere			mount of assis	stance	(d) Type of as	sistance		(e)	Purpos	e of ass	stance	
		person	and the organization	١	<u> </u>					_ _					
(1)			. <u>-</u>		<u> </u>		-+			+					
(2)					$\vdash$					+					
(3)		<del>                                     </del>			$\vdash$					+					
(4) (5)		<del> </del>			┢					+		_			
(6)					$\vdash$		-			╅					
(7)		+			<del>                                     </del>		<del>-   -</del>			+			·		
(8)															
(9)															

	(Form 990 or 990-EZ) 2013				Pa	age 2
Part IV	Business Transactions Involve Complete if the organization answered	ving Interested Persons.	20 28h or 28o			
	· · · · · · · · · · · · · · · · · · ·	Tes on Form 990, Part IV, line 20	oa, 200, or 200		_	
	(a) Name of interested person	(b) Relationship between	(c) Amount of	(d) Description of transaction	(e) SI	hanng
,	•	interested person and the	transaction	, , ,	of o	org nues?
		organization			Yes	No
(1)					1	
(2)						
(3)					_	<del>                                     </del>
(4)						
<u>(7)</u> /E\						<del></del>
(5) (6)						<u> </u>
<u>(6)</u>						<u> </u>
(/)					_	<u> </u>
(7) (8) (9)			<u>.                                    </u>		_	<u> </u>
(9)						
10)						<u> </u>
Part V	Supplemental Information					
	Provide additional information for respo	nses to questions on Schedule L (s	see instructions)			
SCHEI	DULE L, PART V - ADDI	TTONAT. THEODMATTO	NT .			
benin	JOHE II, PART V ADDI	IIONAL INFORMATIO	<u> </u>			
<b>mu</b> 1	DONTCOODY NOME TO DE	men comme to nim	T	001 <i>6</i>		
THE	PROMISSORY NOTE TO PE	TER SCHUTT IS DUE	IN FULL ON	JULY 2016		
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	<del> </del>	·				

## SCHEDULE M (Form 990)

**Noncash Contributions** 

OMB No 1545-0047

2013

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

TENNESSEE WILDLIFE FEDERATION, INC

Employer identification number

		R MTTT	LIFE FEDERA	PION, INC.	62-604/18	8		
Pa	If I Types of Property							
		(a)	(b)	(c) Noncash contribution	(d)			
		Check if	Number of contributions or	amounts reported on	Method of determining			
		applicable	items contributed	Form 990, Part VIII, line 1g	noncash contribution amou	nts		
1	Art — Works of art							
2	Art — Historical treasures							
3	Art — Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles			•				
7	Boats and planes							
8	Intellectual property							
9	Securities — Publicly traded							
10	Securities — Closely held stock							
11	Securities — Partnership, LLC,							
	or trust interests							
12	Securities — Miscellaneous							
13	Qualified conservation							
	contribution — Historic			i I				
	structures							
14	Qualified conservation							
	contribution — Other							
15	Real estate — Residential							
16	Real estate — Commercial							
17	Real estate — Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies						_	
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ▶ ( OFFICESPC&MISC )	X	2	48,226				
26	Other ►(							
27	Other ►(							
28	Other ►(							
29	Number of Forms 8283 received by							
	which the organization completed Fo	orm 8283, F	Part IV, Donee Acknowle	edgement	29		ı	
							Yes	No
30a	During the year, did the organization		• • •					
	it must hold for at least three years f			on, and which is not requir	red to be			
	used for exempt purposes for the en	-	penod?			30a		<u>X</u>
b	If "Yes," describe the arrangement in							
31	Does the organization have a gift ac	ceptance p	olicy that requires the re	view of any non-standard				:
	contributions?				•	31		<u> </u>
32a	Does the organization hire or use thi	rd parties o	or related organizations t	o solicit, process, or sell n	oncash			
	contributions?					32a		<u>X</u>
b	If "Yes," describe in Part II.							
33	If the organization did not report an a	amount in o	column (c) for a type of p	property for which column (	(a) is checked,			
	describe in Part II						l	:

Schedule M (Form 990) (2013)

90) (2013) TENNESSEE WILDLIFE FEDERATION, INC. 62-6047188

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether Part II 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

SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

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

2013

Department of the Treasury

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Name of the organization

TENNESSEE WILDLIFE FEDERATION, INC.

Employer identification number 62-6047188

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

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

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

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

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

Schedule O (Form 990 or 990-EZ) (2013) Name of the organization

Page 2

TENNESSEE WILDLIFE FEDERATION, INC.

Employer identification number 62-6047188

ALL GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

TENNESSEE WILDLIFE FEDERATION, INC.

Related Organizations and Unrelated Partnerships

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

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

Open to Public Inspection 2013 OMB No 1545-0047.

Employer Identification number 62-6047188

								I
Part	Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.	ganization answ	ered "Yes" on F	orm 990, Part IV	', line 33.			
	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)		(d) Total income	(e) End-of-year assets	(f) Direct controlling entity	
ε								1
(2)								ı
<u>(3</u>								1
3							į	1
(2)								1
Part	If Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year	omplete if the orgax vear	 janization answe	ered "Yes" on Fc	orm 990, Part IV,	line 34 because i	it had	
	(a) Name, address, and EiN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public chanty status (if section 501(c)(3))	(f) Direct controlling entity	Section 512(b)(13) controlled entity?	1 1
E	TENNESSEE WILDLIFE FOUNDATION 300 ORLANDO AVE., SUITE 200 62-1035438 NASHVILLE	TWF SUPP	IN	50103	,	N/N	8	1
(3)								
<u>e</u>								ŀ
<b>(4)</b>								1
(2)								1
For Pap	For Paperwork Reduction Act Notice, see the Instructions for Form 990.			:		Schedul		13

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62-6047188 Schedule R (Form 990) 2013 TENNESSEE WILDLIFE FEDERATION, INC. Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Part V

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

- a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
  - **b** Gift, grant, or capital contribution to related organization(s)
    - c Gift, grant, or capital contribution from related organization(s)
      - d Loans or loan guarantees to or for related organization(s)
- Loans or loan guarantees by related organization(s)
- f Dividends from related organization(s)
- Sale of assets to related organization(s)
- Purchase of assets from related organization(s)
- Exchange of assets with related organization(s)
- Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- Performance of services or membership or fundraising solicitations for related organization(s)
- Performance of services or membership or fundraising solicitations by related organization(s)
  - Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
    - Sharing of paid employees with related organization(s)
- Reimbursement paid to related organization(s) for expenses
- Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- s Other transfer of cash or property from related organization(s)

Source odt 11 C	2 16 the answer to any of the shave is "Ves " see the instructions for information on who mist complete this line inclinant covered relationships and transcortion throughout	es pesesson authorities	lationships and transact	on throughout
A II IIIG GIISWGI	TO SHIP OF THE SECOND IS THE TISTURE OF THE TISTURE	ופי ווכותחוות כסעכוכם ופ	מומיוטוואוולים וושוואשרוו	
	(e)	(g)	9	(p)
	Name of related organization	Transaction	Amount involved	Method of determining amount involved
		type (a-s)		
		!	,	
(1)	TENNESSEE WILDLIFE	N	30,165	FMV
(2)				
(3)				
(4)				
(2)				

9

Schedule R (Form 990) 2013

Page 4

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

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

6				d						
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal	(d) Predominant	A FE			(h) Disproportionate			(k) Percentage
		domicile (state or foreign	income (related, unrelated, excluded from tax under	section 501(c)(3) organizations?	total income	end-of-year assets	allocation	of Schedule K-1 (Form 1065)	o managing partner?	
			sections 512-514)	Yes No			Yes	No	Yes	T <sub>o</sub>
. (1)										
(2)										
(3)										
(4)										
(5)										
(9)				•						!
(2)										
(8)										
(6)										
(10)										
(11)										
								Sch	edule R (For	Schedule R (Form 990) 2013

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

Page 5

Part VII

Supplemental Information
Provide additional information for responses to questions on Schedule R (see instructions).

(99)

Form **4562** 

# **Depreciation and Amortization**

## (Including Information on Listed Property)

► See separate instructions.

► Attach to your tax return.

OMB No 1545-0172

179

Department of the Treasury Internal Revenue Service Name(s) shown on return

TENNESSEE WILDLIFE FEDERATION

Identifying number

62-6047188

	TRMMES	ATTOUT.	er repera	TON, THE.		02	007	7100
	ess or activity to which this form relates NDIRECT DEPRECIAT	PT ON						
	art I Election To Expe		perty Under Se	ction 179				<del></del>
•	Note: If you have				complete Par	t I		
1	Maximum amount (see instruction	•					1	500,000
2	Total cost of section 179 propert	y placed in service (se	ee instructions)				2	
3	Threshold cost of section 179 pro	operty before reductio	n ın lımıtatıon (see	instructions)			3	2,000,000
4	Reduction in limitation Subtract	line 3 from line 2 If ze	ero or less, enter -0	-			4	
5	Dollar limitation for tax year Subtract		or less, enter -0- If ma	•			5	
6	(a) Descripti	ion of property		(b) Cost (business use	only) (e	:) Elected cost		
		<del>_</del>						
<del>-</del>	I and describe the second	-t f t 00			<del>-                                    </del>			
7	Listed property Enter the amoun		to in column (a) lin	an 6 and 7	7		Τ.	
8 9	Total elected cost of section 179  Tentative deduction Enter the si			es 6 and 7			8	
10	Carryover of disallowed deduction		_				10	· · ·
11	Business income limitation Ente	•		s than zero) or line	5 (see instructi	one)	11	
12	Section 179 expense deduction		•	•	o (see manuch	0113)	12	
13	Carryover of disallowed deduction			_	13		<u> </u>	
	: Do not use Part II or Part III belo				1·×			
Pi	art II Special Deprecia	tion Allowance a	nd Other Depr	eciation (Do no	ot include lis	ted prope	erty.) (	(See instructions.)
14	Special depreciation allowance for							
	during the tax year (see instruction						14	
15	Property subject to section 168(f)	(1) election					15	
16	Other depreciation (including AC	RS)					16	21,117
Pa	rt III MACRS Deprecia	ition (Do not inclu	ude listed prope	rty ) (See instru	ctions.)			
			Section	on A				
17	MACRS deductions for assets pl	aced in service in tax	years beginning be	fore 2013			17	0
<u>18</u>	If you are electing to group any assets place					<b>•</b>		
	Section B—	Assets Placed in Se	T		e General Dep	reciation S	System	·-·
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for deprection (business/investment only—see instruction)	t use	(e) Convention	(f) Met	nod	(g) Depreciation deduction
<u>19a</u>	3-year property	_						
<u>b</u>	5-year property	_						
<u> </u>	7-year property							
<u>d</u>	10-year property	4						
<u>e</u>	15-year property							
<u>f</u>	20-year property	-			ļ	<del> </del>		
<u>g</u>	25-year property			25 yrs	-	S/L		
h	Residential rental property			27 5 yrs	MM	S/I		
	• •	<del> </del>		27 5 yrs	MM	S/L		
i	Nonresidential real property		<u>-</u> .	39 yrs	MM	S/L		
	<u> </u>	ssets Placed in Serv	ico Durina 2012 Tr	y Year Using the	Alternative De	S/L		<u> </u>
200	=	ssets Flaced III Serv	ice During 2015 16	ax real Using the	Alternative be	<u> </u>		· · · · · · · · · · · · · · · · · · ·
<u>20a</u>		-		12 vm	<del></del>	S/I		
	12-year 40-year	<u> </u>		12 yrs.	MM	S/L		· · · · · · · · · · · · · · · · · · ·
**********	art IV Summary (See in:	structions )	1	40 yrs	1 IATIAI	S/I	•	L <u> </u>
21	Listed property. Enter amount fro					_	21	
22	Total. Add amounts from line 12,		lines 19 and 20 in o	column (a), and line	21 Enter here			
	and on the appropriate lines of yo	•		- <del>-</del> ·			22	21,117
23	For assets shown above and place	•	•					
	portion of the basis attributable to		• · · · · · · · · · · · · · · · · · · ·		23			
								4500