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Department of the Treasury Internal R

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 <u>www IRS gov/form990</u>

OMB No 1545-0047

Inspection

		iue serv	ı												
			alendar year, or tax year beginnin C Name of organization	ng 09-01-2015 , and ending 08-31-2	016	D Emp	over id	entification number							
_	eck if ap Idress ch	plicable	NATIONAL WILD TURKEY FEDERATION	ON INC			-								
_	ame cha	_				57-0	56499) 3							
	ıtıal retu	_	Doing business as												
FII			Number and street (or B.O. box if m	nail is not delivered to street address) Room,	'cuito	E Telep	hone nur	mber							
_	termina ended r		770 AUGUSTA ROAD	ial is not delivered to street address) Room,	suite	(803)637-	-3106							
		pending	City or town, state or province, cour	ntry, and ZIP or foreign postal code			,								
	,	,	EDGEFIELD, SC 298241573			G Gross	receipts	s \$ 57,978,731							
			F Name and address of princip	oal officer	H(a)	Is this a grou	p retur	n for							
			GEORGE C THORNTON 770 AUGUSTA ROAD			subordinates	•	☐ Yes 🔽							
			EDGEFIELD,SC 29824			No	J								
[Ta:	x-exem	pt status	5 √ 501(c)(3)	Insert no) 4947(a)(1) or 527		Are all subor ncluded?	ımates	Yes No							
1 \A/	aheit a		vw nwtf org	, , , , , , , , , , , , , , , , , , , ,	⊣ 1	[f"No," attac	h a list	t (see instructions)							
	СБЗІСС		www.iiwci org		H(c)	Group exem									
(Forr	n of org	anızatıo	n 🗸 Corporation 🗆 Trust 🗀 Associa	ation Other ►	L Year	of formation	.973	M State of legal domicile V							
Da	rt I	Sun	nmary												
Гα	T		escribe the organization's mission	or most significant activities											
	T⊢	IE NAT	TIONAL WILD TURKEY FEDERAT	TION, INC (NWTF) IS DEDICATED	TO THE C	ONSERVAT	ONOF	THE WILD TURKEY							
œ.	A N	ND THE	THE PRESERVATION OF OUR HUNTING HERITAGE												
E	_														
Governance	2 C	heck t	his box ▶ ☐ if the organization di	scontinued its operations or dispose	d of more t	han 25% ofı	ts net a	assets							
	3 N	umher	of voting members of the governi	ng body (Part VI, line 1a)			з	18							
ş <u>e</u>			of independent voting members of		4	18									
Acuviues &			imber of individuals employed in c		5	333									
ACI			ımber of volunteers (estimate if no		6	200,000									
	7 a ⊺	otal ur	nrelated business revenue from Pa			7a	1,191,138								
	b Ne	et unrel	lated business taxable income fro	om Form 990-T, line 34			7b	-1,918,23							
						Prior Year		Current Year							
	8	8 Contributions and grants (Part VIII, line 1h)					,534	38,661,04							
Ē.	9	Progr	ram service revenue (Part VIII, li	ne 2g)			0								
Ravenua	10		stment income (Part VIII, columr		,458	58,36									
<u></u>	11		r revenue (Part VIII, column (A),		1,803	,897	1,580,42								
	12	Total	revenue—add lines 8 through 11	41,125	,889	40,299,84									
	13		ts and similar amounts paid (Part	IX, column (A), lines 1-3)		1,171	,801	1,287,87							
	14		, ,	X, column (A), line 4)	<u> </u>	,	0	· · ·							
	15			ee benefits (Part IX, column (A), line		12,917	883	14,055,79							
Expenses		5-10	•			12,517									
9	16a		, ,	, column (A), line 11e)	•		0								
ă	b		fundraising expenses (Part IX, column (D		.		706								
	17		, , , , , , , , , , , , , , , , , , , ,	lines 11a-11d, 11f-24e)	<u> </u>	24,991		24,931,93							
	18 19		·	st equal Part IX, column (A), line 25 18 from line 12	· -	39,081		40,275,60							
× %		veve	nad 1000 expendes oubtract fille	TO HOME MICELE 1 1 1 1 1		<u> </u>									
Net Assets or Fund Balances					Beginn	ing of Curren	Year	End of Year							
Bate	20	Total	assets (Part X, line 16)			35,197	,920	34,359,43							
물	21				·	8,406		7,447,96							
	22			line 21 from line 20		26,791	,012	26,911,46							
	r t II r penal		nature Block Eperjury, I declare that I have exa	amined this return, including accomp	anvina sch	edules and s	ateme	nts, and to the best of							
ny ki	nowled	ge and	belief, it is true, correct, and con	nplete Declaration of preparer (other											
orepa	rer ha	s any k	knowledge												
		\				2016-12-14									
Sign	1	Sign	nature of officer Date												
Here			EN LINTAL CHIEF FINANCIAL OFFICER												
		7	e or print name and title	Preparer's signature	Date		1								
			Print/Type preparer's name	Check f if PTIN											
Paid		}	Firm's name	1	<u> </u>	self-employed Firm's EIN ▶									
	pare	r -	Firm's address			Phone no									
Jse	Onl	у													

May the IRS discuss this return with the preparer shown above? (see instructions)

. Tyes No

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

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Par	t IV Checklist of Required Schedules (continued)			_
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24 c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Pait I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28 c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	

Yes

Yes

Yes

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Νo

Νo

Νo

Νo

Νo

Νo

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35a

35b

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30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

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

31

37

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I

34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV,

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2 . . .* **36 Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Pai	t V	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this		V			_
		effect if Schedule o contains a response of flote to any line in this	arc	<u> </u>	•	Yes	No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	342		103	110
		the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
		L ne organization comply with backup withholding rules for reportable payments to	vend	lors and reportable			
·		g (gambling) winnings to prize winners?		· · · · · ·	1 c	Yes	
2a	Enter	the number of employees reported on Form W-3, Transmittal of Wage and					
		tatements, filed for the calendar year ending with or within the year covered	30	333			
L	,	s return	2a		2b	Yes	
U		If the sum of lines 1a and 2a is greater than 250, you may be required to e-file				103	
3a	Did th	ne organization have unrelated business gross income of \$1,000 or more during	the y	year [?]	3a	Yes	
b	If "Ye	s," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanatic</i>	n in S	Schedule O	3b	Yes	
4a	Atany	y time during the calendar year, did the organization have an interest in, or a sig	gnatu	re or other authority			
		a financial account in a foreign country (such as a bank account, securities acc	ount,	, or other financial	4a		
	accou	int)?			70		No
Ь		s," enter the name of the foreign country					
	(FBAF	nstructions for filing requirements for FinCEN Form 114, Report of Foreign Bank R)	and	Financial Accounts			
5a	•	' he organization a party to a prohibited tax shelter transaction at any time durin	a the	tax vear?	5a		No
		ny taxable party notify the organization that it was or is a party to a prohibited t			5b		No
		s," to line 5a or 5b, did the organization file Form 8886-T?			20		
٠	11 16	s, to fine 3a of 3b, did the organization mer of the 6000-17			5c		
6a		the organization have annual gross receipts that are normally greater than \$10			6a		No
_	_	ization solicit any contributions that were not tax deductible as charitable cont					
D		s," did the organization include with every solicitation an express statement th not tax deductible?	at su-	cn contributions or gifts	6b		
7	Organ	nizations that may receive deductible contributions under section 170(c).					
а		ne organization receive a payment in excess of \$75 made partly as a contribution	on an	d partly for goods and	7a		No
		es provided to the payor?					
		s," did the organization notify the donor of the value of the goods or services pi			7b		
C		ne organization sell, exchange, or otherwise dispose of tangible personal proper orm 8282?	ty 101		7 c	Yes	
d	If"Ye	s," indicate the number of Forms 8282 filed during the year \ldots .	7d	1			
_	Did th	ne organization receive any funds, directly or indirectly, to pay premiums on a p	arcon	aal henefit contract?			
Č	Dia tii	ie organization receive any lands, directly of munectly, to pay premiums on a p	CISON	iai benene contract.	7e		No
f	Did th	ne organization, during the year, pay premiums, directly or indirectly, on a perso	nal b	enefit contract?	7 f		No
g		organization received a contribution of qualified intellectual property, did the or	rganız	zation file Form 8899 as	7 g		
h	requir If the	organization received a contribution of cars, boats, airplanes, or other vehicles	· ·	the organization file a	79		
		1098-C?	•		7h		
8	•	oring organizations maintaining donor advised funds.					
		donor advised fund maintained by the sponsoring organization have excess bus the year?	ines:	s noidings at any time	8		
00	Dud th	e sponsoring organization make any taxable distributions under section 49667	,		9a		
		le sponsoring organization make any taxable distributions under section 4300, ne sponsoring organization make a distribution to a donor, donor advisor, or rela		orcon?	9a 9b		
10		on 501(c)(7) organizations. Enter	iteu p		90		
		tion fees and capital contributions included on Part VIII, line 12	10a				
		receipts, included on Form 990, Part VIII, line 12, for public use of club	10b				
	facılıt	ies					
		on 501(c)(12) organizations. Enter		I			
		income from members or shareholders	11a				
Ь		s income from other sources (Do not net amounts due or paid to other sources st amounts due or received from them)	11b				
17-	Section	ے on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990	ın lıc	ou of Form 10/12	12a		
		s," enter the amount of tax-exempt interest received or accrued during the			G		
_	year	2, 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	12 b				
13	Section	on 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the	organization licensed to issue qualified health plans in more than one state? N o	ote. S	See the instructions for			
		onal information the organization must report on Schedule O		1	13a		
b		the amount of reserves the organization is required to maintain by the states chithe organization is licensed to issue qualified health plans	13b				
r		the amount of reserves on hand	13c				
		le organization receive any payments for indoor tanning services during the tax		7	14a		No
		s," has it filed a Form 720 to report these payments? If "No," provide an explana	•		14b		110
		,, p		=	_		

orm 990 (2015)		Ρá
Part VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10	ob belo	w,
	describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI		
Section	A. Governing Body and Management		
			Ι.

					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	18			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	18			
2	Did any officer, director, trustee, or key employee have a family relationship or a bu other officer, director, trustee, or key employee?	siness	relationship with any	2		No
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co			3		No
4	Did the organization make any significant changes to its governing documents sinc filed?	e the p	rior Form 990 was	4		No
5	Did the organization become aware during the year of a significant diversion of the c	rganız	ation's assets? .	5		No
6	Did the organization have members or stockholders?			6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power more members of the governing body?		elect or appoint one or	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approve or persons other than the governing body?		members, stockholders,	7b		No
8	Did the organization contemporaneously document the meetings held or written act year by the following $% \left\{ 1,2,\ldots,n\right\}$	ions ur	ndertaken during the			
а	The governing body?			8a	Yes	
b	Each committee with authority to act on behalf of the governing body?			8 b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A organization's mailing address? If "Yes," provide the names and addresses in Schedule			9		No
Se	ection B. Policies (This Section B requests information about policies not	requi	red by the Internal R	eveni	ue Cod	e.)
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10 a	Yes	
b	If "Yes," did the organization have written policies and procedures governing the acaffiliates, and branches to ensure their operations are consistent with the organizat			10 b	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of ithe form?	ts gov	erning body before filing	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this	Form 9	90			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12 a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annua rise to conflicts?	lly inte	rests that could give	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done	the p	olicy? <i>If "Yes," des cribe</i>	12 c	Yes	
13	Did the organization have a written whistleblower policy?			13	Yes	
14	Did the organization have a written document retention and destruction policy? $\ \ .$			14	Yes	
15	Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the					
а	The organization's CEO, Executive Director, or top management official			15 a	Yes	
b		15b	Yes			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture taxable entity during the year?			16 a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organ participation in joint venture arrangements under applicable federal tax law, and tak organization's exempt status with respect to such arrangements?	e step	s to safeguard the			
_	<u> </u>	•		16 b		
	ection C. Disclosure					
17	List the States with which a copy of this Form 990 is required to be filed▶					

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

State the name, address, and telephone number of the person who possesses the organization's books and records ►ELLEN LINTAL CFO 770 AUGUSTA ROAD EDGEFIELD, SC 298241573 (803) 637-3106

Part VII

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

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0 - in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A) Name and Title	(B) Average hours per week (list any hours for related	verage Position (do not check purs per more than one box, unless person is both an officer and a director/trustee) Reportable compensation from the organization (W- 2/1099-								(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
(1) SHERRY CRUMLEY	3 25									
BOARD MEMBER	0	X						0	0	0
(2) DR ROBERT DETTMER MD BOARD MEMBER	3 25	х						0	0	0
(3) MIKE EVANS	3 25									
BOARD MEMBER	0	X						0	0	0
(4) ROBERT HIGGINBOTHAM BOARD MEMBER	3 25	х						0	0	0
(5) JIM HINKLE BOARD MEMBER	3 25 0	х						0	0	0
(6) SCOTT HILL BOARD MEMBER	3 25 0	х						0	0	0
(7) JERE D PEAK BOARD MEMBER	3 25 0	х						0	0	0
(8) BRYAN PERRY BOARD MEMBER	3 25 0	x						0	0	0
(9) RONNIE REAGIN BOARD MEMBER	3 25 0	×						0	0	0
(10) PARKS SHACKELFORD BOARD MEMBER	3 25 0	×						0	0	0
(11) HARLAN STARR	3 25	x						0	0	0
BOARD MEMBER	0	^								
(12) PEGGY ANNE VALLERY BOARD MEMBER	3 25 0	x						0	0	0
(13) A LOUIS YOUNT BOARD MEMBER	3 25 0	х						0	0	0
	3 25			t	t					

(A) Name and Title	(B) A verage hours per week (list any hours for related	unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099-		(F) Estimated amount of other compensation from the	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)		organization and related organizations
(15) VERN ROSS	3 25	×		x					0		0	0
PRESIDENT	2	^		_^					U		U	0
(16) MARVIN HARTLEY VICE PRESIDENT	3 25 1	Х		х					0		0	0
(17) BILL BUCKNER	3 25											
SECRETARY	0	X		X					0		0	0
(18) VINCENT M ROSDAHL	3 25	.,							_			
TREASURER	2	Х		Х					0		0	0
(19) GEORGE THORNTON	37 5			x				1	37,188		0	38,694
CHIEF EXECUTIVE OFFICER	0			L^				4	37,100			36,094
(20) ELLEN LINTAL	37 5			×				2	57,122		0	31,756
CHIEF FINANCIAL OFFICER	0			L^					37,122			31,730
(21) REBECCA HUMPHRIES CHIEF CONSERVATION OFFICER	37 5 0					×		2	77,016		0	25,128
(22) WILLIAM SAUNDERS	37 5					×		2	17,229		0	29,285
VP OF MARKETING AND DEVELOPMENT	0					<u> </u>						23,200
(23) DAVE MAHLKE	37 5					l _x		2	06,196		0	26,542
SR VP FIELD OPERATIONS/VOLUNTEER RELATIONS	0							2	00,190			20,342
(24) THOMAS STUCKEY	37 5							4	C1 F7C		0	6 001
SENIOR VP OF DEVELOPMENT	0					X		1	61,576		U	6,981
(25) KEN DURHAM	37 5					, ,			47.000			44.420
DIRECTOR OF FACILITIES	0					X		1	47,822		0	11,128
1b Sub-Total				>		•						
c Total from continuation sheets to Part VI	I, Section A .			▶[
d Total (add lines 1b and 1c)				▶				04,149		0		169,514

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule I for such individual	_		
	marvidual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	_		No

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of

(A) Name and business address	(B) Description of services	(C) Compensation
SCMC	CONSTRUCTION SERVICES	3,117,326
CONFERENCE CENTER		
STE 100		
CHANTILLY, VA 20151		
XS INC	CONSULTING SOFTWARE SERVICES	480,951
1500 PERIMETER PARK DRIVE		
SUITE 300		
MORRISVILLE, NC 27560		
WGP INC	PAVING SERVICES	475,319
PO BOX 186		
EDGEFIELD, SC 29824		
DAVIS & FLOYD	ENGINEERING & DESIGN SERVICES	260,505
PO DRAWER 428		
GREENWOOD, SC 29648		
ULDRICK BUILDERS LLC	CONSTRUCTION SERVICES	230,331
		•
2104 HWY 72 W		
GREENWOOD, SC 29649		

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 7

orm 99)15)						Page S
Part V	Ш	Statement o						_
		Check if Schedi	ule O contains a respon	se or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s s	1 a	Federated cam	paigns 1a	0				
Grants	ь	Membership du	es 1b	12,765,853				
5 E	С	Fundraising eve	ents 1c	0				
sifts lar ,	d	Related organiz	zations 1d	0				
ons, Gifts, Grants Similar Amounts	e	Government grants	s (contributions) 1e	0				
tion er S	f	All other contribution	ons, gifts, grants, and 1f ot included above	25,895,195	İ			
tributio Other	g		ons included in lines	2,165,000				
Contributions, Gifts, and Other Similar A	h	Total. Add lines	s 1a-1f		38,661,048			
				Business Code				
าย	2a							
áž	b							
Program Service Revenue	C							
3.	d e							
Iranı	f	All other progra	am service revenue					
Ψoς	g	Total Add lines	s 2a–2f	•	0			
	3		ome (including dividend					
	_	and other similar	•	F	39,446	0	0	/
	4 5		tment of tax-exempt bond p	broceeds	0	0	0	
		,	(ı) Real	(II) Personal				
	6a	Gross rents						
	ь	Less rental expenses						
	С	Rental income or (loss)	0	0				
	d	Net rental inco						
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(II) O ther 129,673				
	b	Less cost or other basis and sales expenses	0	110,753				
	с	Gain or (loss)	0	18,920				
	d		s)		18,920	0	18,920	C
Other Revenue	8a	Gross income f events (not inc \$ of contributions See Part IV, lin	luding 0 s reported on line 1c)					
her	ı.	100	a					
ŏ	С		penses b [(loss) from fundraising e	events ▶				
		Gross income f	rom gaming activities	,				
	ь	Less directex	penses b					
			(loss) from gaming activ	rities				
	10a	Gross sales of	inventory, less	-				
		returns and allo	owances .	10 112 505				
	h	Less cost of g	a oods sold b	18,113,505				
		_	(loss) from sales of inve		545,370	408,211	137,159	(
		Miscellaneous		Business Code				
	11a	ADVERTISING	REVENUE	900004	1,035,059	0	1,035,059	C
	b							
	C	All other rays			0	0	0	ſ
	d e	All other revenue Total. Add lines	L	▶	-	0	0	
	12		See Instructions	.	1,035,059			
		. Star revenue.	Section in a	· · · •	40,299,843	408,211	1,191,138	39,446

Part IX Statement of Functional Expenses

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

	Г				
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,072,223	1,072,223		
2	Grants and other assistance to domestic individuals See Part IV, line 22	215,650	215,650		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	1,928,111	1,118,304	616,996	192,811
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0	0	0	0
7	Other salaries and wages	9,636,509	8,013,721	1,367,421	255,367
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	390,387	324,646	55,396	10,345
9	Other employee benefits	1,266,600	1,053,304	179,731	33,565
10	Payroll taxes	834,190	693,712	118,372	22,106
11	Fees for services (non-employees)				
а	Management	0	0	0	0
b	Legal	151,945	0	151,945	0
c	Accounting	51,572	0	51,572	0
d	Lobbying	0	0	0	0
е	Professional fundraising services See Part IV, line 17	0			0
f	Investment management fees	0	0	0	0
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	41,258	0	41,258	0
12	Advertising and promotion	104,641	61,447	22,709	20,485
13	Office expenses	1,485,647	1,279,515	120,976	85,156
14	Information technology	513,843	411,067	77,084	25,692
15	Royalties	0	0	0	0
16	Occupancy	0	0	0	0
17	Travel	498,321	321,239	101,425	75,657
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	321,189	192,733	64,228	64,228
20	Interest	93,519	70,139	23,380	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	1,655,169	1,241,368	331,043	82,758
23 24	Insurance	445,206	357,610	69,066	18,530
а	BANQUET SUPPORT	17,049,056	17,049,056	0	0
b	ADMINISTRATIVE	896,023	541,970	333,197	20,856
c	MEMBERSHIP	1,563,015	1,563,015	0	0
d					
e	All other expenses	61,534	61,534	0	0
25	Total functional expenses. Add lines 1 through 24e	40,275,608	35,642,253	3,725,799	907,556
26	Joint costs.Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				·

Par	t X	Balance Sheet				
		Check if Schedule O contains a response or note to any l	ine in this Part X	(A)	· ·	· · · · · · · · · · · · · · · · · · ·
	١.	Cook non interest heaving		Beginning of year 5,302,121		End of year 3,896,198
Assets	1	Cash-non-interest-bearing		5,302,121	1	3,896,198
	3	Savings and temporary cash investments		0	2	0
	4	Pledges and grants receivable, net		4,252,669	4	2,834,179
	5	Accounts receivable, net		4,202,009	-	2,034,179
	3	key employees, and highest compensated employees (Schedule L	Complete Part II of			
	6	Loans and other receivables from other disqualified persection 4958(f)(1)), persons described in section 4958 contributing employers and sponsoring organizations of voluntary employees' beneficiary organizations (see ins	3(c)(3)(B), and section 501(c)(9)	0	5	0
				0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		3,776,814	8	3,510,988
	9	Prepaid expenses and deferred charges		2,002,820	9	1,463,223
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 36,438,256			
	b	Less accumulated depreciation	10b 13,783,413	19,863,496	10 c	22,654,843
	11	Investments—publicly traded securities		0	11	0
	12	Investments—other securities See Part IV, line 11 .	0	12	0	
	13	Investments—program-related See Part IV, line 11 .		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34	1)	35,197,920	16	34,359,431
	17	Accounts payable and accrued expenses		4,698,545	17	4,788,520
	18	Grants payable		0	18	0
	19	Deferred revenue	3,708,363	19	2,659,448	
	20	Tax-exempt bond liabilities		0	20	0
(Δ	21	Escrow or custodial account liability Complete Part IV	of Schedule D	0	21	0
litie	22	Loans and other payables to current and former officers key employees, highest compensated employees, and o	disqualified			
Liabilities		persons Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated thir	d parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third p	arties	0	24	0
	25	Other liabilities (including federal income tax, payables and other liabilities not included on lines 17-24) Complete Part X of Schedule D	to related third parties,		25	
	26	Total liabilities. Add lines 17 through 25		8,406,908	26	7,447,968
es		Organizations that follow SFAS 117 (ASC 958), check h lines 27 through 29, and lines 33 and 34.	ere > 🗸 and complete	3,123,023		.,,
ılanc	27	Unrestricted net assets		20,744,280	27	20,768,515
ä	28	Temporarily restricted net assets		6,046,732	28	6,142,948
<u> </u>	29	Permanently restricted net assets		0	29	0
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), complete lines 30 through 34.	check here ▶ ☐ and			
Ş	30	Capital stock or trust principal, or current funds			30	
sse	31	Paid-in or capital surplus, or land, building or equipmen			31	
Ă	32	Retained earnings, endowment, accumulated income, or			32	
Net	33	Total net assets or fund balances		26,791,012	33	26,911,463
_	34	Total liabilities and net assets/fund balances		35,197,920	34	34,359,431
	1					Form 990 (2015)

8 Other changes in net assets or fund balances (explain in Schedule O) . 9 96,216

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, 10 column (B)) 26,911,463 Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII

If the organization changed its method of accounting from a prior year or checked "Other," explain in

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If the organization changed either its oversight process or selection process during the tax year, explain in

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

✓ Consolidated basis

Cash ✓ Accrual COther

Both consolidated and separate basis

Both consolidated and separate basis

1 Accounting method used to prepare the Form 990

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

Schedule O

Schedule O

Separate basis

Separate basis

basis, consolidated basis, or both

Yes

Yes

Yes

Yes

Yes Form 990 (2015)

2a

2b

2c

3a

3b

No

Νo

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

hospital's name, city, and state

170(b)(1)(A)(iv). (Complete Part II)

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.

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

Open to Public Inspection

DLN: 93493011007177 OMB No 1545-004

Department of the Treasury Internal Revenue Service Name of the organization

Part I

1

2

3

Total

990EZ)

SCHEDULE A

(Form 990 or

NATIONAL WILD TURKEY FEDERATION INC

Employer identification number 57-0564993 **Reason for Public Charity Status** (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)

An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 Seesection 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of

one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You

must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is

not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally

integrated, or Type III non-functionally integrated supporting organization

Provide the following information about the supported organization(s)

(i) (ii)EIN (iii) (iv) (v) (vi) Name of supported organization Type of Is the organization A mount of A mount of other listed in your governing organization monetary support support (see (described on lines document? (see instructions) instructions) 1-9 above (see instructions)) Yes No

	edule A (Form 990 of 990-EZ) 2013						Page Z
Pā	Support Schedule fo						
	(Complete only if you of Part III. If the organization						
S	ection A. Public Support	acion falls to qu	iamy under the	tests listed bei	ow, piedse con	ipiete Fait III.)
	Calendar year						1
(or	fiscal year beginning in)	(a)2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f) Total
•	Gifts, grants, contributions, and						
	membership fees received (Do						
	not include any unusual grants)						
2	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities						
•	furnished by a governmental unit						
	to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	Public support. Subtract line 5						
	from line 4						
5	ection B. Total Support		Τ	Т	ı	T	
/or	Calendar year fiscal year beginning in) ▶	(a)2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f) ⊤otal
7	Amounts from line 4						
8	Gross income from interest,						
•	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated						
	business activities, whether or						
	not the business is regularly carried on						
10	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	VI)						
L1	Total support. Add lines 7						
12	through 10 [Gross receipts from related activiti	es etc (see inst	ructions)			12	
13	First five years.If the Form 990 is		•	thurd fourth or t	fifth tay year ac a		3) organization
	check this box and stop here	3	•		•	``	5) organización,
S	ection C. Computation of Pul	olic Support F	Percentage				
14	Public support percentage for 2015			11, column (f))		14	
15	Public support percentage for 2014	1 Schedule A , Pa	rt II, line 14			15	
L6a	33 1/3% support test—2015. If the	organization did	not check the box	on line 13, and l	line 14 is 33 1/3%		this box
	and stop here. The organization qua	-		•	•	•	▶□
b	33 1/3% support test—2014. If the				, and line 15 is 3	3 1/3% or more, o	heck this
	box and stop here. The organizatio						▶┌
L7a	10%-facts-and-circumstances test	_				•	
	is 10% or more, and if the organiza						
	in Part VI how the organization mee	eis the "facts-an	u-circumstances	test The organi	ızatıon qualifies a	s a publicly supp	- -
L	organization 10%-facts-and-circumstances test		anization did nat	shock a how on his	0 12 16 3 16 4	or 17a and line	▶
U	15 is 10% or more, and if the organ						
	Explain in Part VI how the organiza				,	•	clv
	supported organization						▶ [
18	Private foundation. If the organizat	ion did not check	a box on line 13	, 16a, 16b, 17a, c	or 17b, check thi	s box and see	
	instructions				•		▶┌
							'

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part

II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	•						
	Calendar year	(a)2011	(b) 2012	(c) 2013	(d)2014	(e) 20	15	(f)Total
•	iscal year beginning in)	(-)	(-)	(-)	(-)	(-)		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	33,680,879	35,099,037	34,077,445	39,297,534	38,	679,968	180,834,863
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	20,203,884	19,241,744	18,375,569	19,383,247	18,	.113,505	95,317,949
3	purpose Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0			0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0			0
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0			0
6	Total. Add lines 1 through 5	53,884,763	54,340,781	52,453,014	58,680,781	56,	793,473	276,152,812
7a	A mounts included on lines 1, 2, and 3 received from disqualified persons	8,092	4,836	8,260	6,540		9,279	37,007
b	A mounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	0	0	0	0		0	0
С	Add lines 7a and 7b	8,092	4,836	8,260	6,540		9,279	37,007
8	Public support. (Subtract line 7c		·	·				276,115,805
	from line 6)							270,113,003
Se	ction B. Total Support							
(or f	Calendar year iscal year beginning in) ▶	(a) 2011	(b) 2012	(c)2013	(d) 2014	(e) 20	15	(f) ⊤otal
9	A mounts from line 6	53,884,763	54,340,781	52,453,014	58,680,781	56,	793,473	276,152,812
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	23,814	25,596	19,871	24,458		39,446	133,185
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0		0	0
c	Add lines 10a and 10b	23,814	25,596	19,871	24,458		39,446	133,185
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0		0	0
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	0	0	0	0		0	0
13	Total support. (Add lines 9,	53,908,577	54,366,377	52,472,885	58,705,239	56.	832,919	276,285,997
14	10c, 11, and 12) First five years. If the Form 990 is	, ,		' '	* *		<u> </u>	
14	check this box and stop here	ioi tile organizati	ion's mst, second	i, tillia, lourtii, oi	ilitii tax year as a	i Section :	01(0)(3	o) organization, ► □
Se	ection C. Computation of Pu	blic Support F	Percentage					
15	Public support percentage for 201			13. column (f))		15		99 938 %
16	Public support percentage from 20			2 10,0014 (1,)		16		
	ction D. Computation of Inv			0.0		1 10		99 936 %
17	Investment income percentage for				nn (f))	1-1-		0.040.00
18	Investment income percentage for	,	* '	,	(17)	17		0 048 %
					lling 15 to mare	18	20/ 55	0 049 %
тэа	33 1/3% support tests—2015. If th	ie organization die		ox on line 14, and		uiaii 33 1/	and, and	l line 1 / is not

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

b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

▶ 🗸

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and D, and complete Part V.)

	I, complete Sections A and D, and complete Part V)			
Se	ction A. All Supporting Organizations			
	Averally of the community of community of community of community of the community of community o		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section	2		
	509(a)(1) or (2)			<u> </u>
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?	3 c		
4a	If "Yes," explain in Part VI what controls the organization put in place to ensure such use Was any supported organization not organized in the United States ("foreign supported organization")?			l
	If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?	4b		
	If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations			
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or (2) ? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported	4c		
	organization was used exclusively for section 170(c)(2)(B) purposes			l
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in	5b		
c	the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	J.		
	anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9 c		
0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10 b		
1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11 a		
	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11 c		

Part IV	Supporting	Organizations	(continued

I GIC IV		аррог	9	Oi guilleu	LIOIIS	(continue	ч,
Section	n R	Tyne	T Si	innorting	Orga	nization	_

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		

Section C. Type II Supporting Organization	Section	C.	Type	II	Supporting	Organization	s
--	---------	----	------	----	------------	--------------	---

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or			
	trustees of each of the organization's supported organization(s)?			
	If "No," describe in Part VI how contiol or management of the supporting organization was vested in the same persons			
	that controlled or managed the supported organization(s)	1		

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes." describe in Part VI the role the organization's supported organizations played in this regard	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satis	fy the Integral Part Test during the year (see instructions)

- The organization satisfied the Activities Test Complete line 2 below
- The organization is the parent of each of its supported organizations. Complete line 3 below

С		i ne orga instructi	nization supported a governmental entity. Describe in Part VI now you supported a government entity (see ons)	эe
2	<u>A ctivit</u>	ies Test	_Answer (a) and (b) below.	Y
а			all of the organization's activities during the tax year directly further the exempt purposes of the	

	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a	
	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b	
3	Parent of Supported Organizations Answer (a) and (b) below.		

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of 3a each of the supported organizations? Provide details in Part VI
- **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

3b

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S			ructions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
	Net short-term capital gain	1		
	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
i	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
,	Other expenses (see instructions)	7		
;	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
	Aggregate fair market value of all non-exempt-use assets (see	1		
_	instructions for short tax year or assets held for part of year)	—		
a L	A verage monthly value of securities	1a 1b		
b	A verage monthly cash balances			
C	Fair market value of other non-exempt-use assets	1c 1d		+
d	Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors	10		
e	(explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting	organization (see

Part V Type III Non-Functionally Integra	ated 509(a)(3) Suppo	rting Organizations (co	ontinuea)
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 A mounts paid to perform activity that directly furthe excess of income from activity	ers exempt purposes of supp	ported organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	quired)		
6 Other distributions (describe in Part VI) See instru	ictions		
·	20010115		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		T	I
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
<u>c</u>			
d From 2013			
e From 2014			
f Total of lines 3a through e g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 31 and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013			
d From 2014			
e From 2015			
			(F 000 000 F7) /2.01 F

DLN: 93493011007177

Employer identification number

57-0564993

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue

Name of the organization

NATIONAL WILD TÜRKEY FEDERATION INC

Service

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.

▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

2015
Open to Public Inspection

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

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

Provide a description of the organization's direct and indirect political campaign activities in Part IV

Section 527 organizations Complete Part I-A only

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

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

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

3	Political expenditures			•	\$
	V olunteer hours				
Par	t I-B Complete if the or	ganization is exempt under	section 501(c)(3).	
1	Enter the amount of any excise	e tax incurred by the organization un	der section 4955	>	\$
2	Enter the amount of any excise	e tax incurred by organization manag	jers under sectio	n 4955 >	\$
3	If the organization incurred a s	ection 4955 tax, did it file Form 472	20 for this year?		☐ Yes ☐ No
4 a	Was a correction made?				☐ Yes ☐ No
b	If "Yes," describe in Part IV				
Par	-	ganization is exempt under			1(c)(3).
1	, ,	ended by the filing organization for se			\$
2	Enter the amount of the filing of exempt function activities	organization's funds contributed to of	ther organization	s for section 527 ►	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here	and on Form 112	0-POL, line 17b ►	\$
4	Did the filing organization file F	orm 1120-POL for this year?			Yes No
5	organization made payments I amount of political contribution	nd employer identification number (E For each organization listed, enter th ns received that were promptly and o political action committee (PAC) If	e amount paid fro Irrectly delivered	om the filing organization's f to a separate political orga	unds Also enter the nization, such as a
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2					
3					
4					
5					
6					
For F	Paperwork Reduction Act Notice, se	ee the instructions for Form 990 or 990)-EZ.	Cat No 50084S Schedule C (F	Form 990 or 990-EZ) 2015

Subtract line 1g from line 1a If zero or less, enter -0-Subtract line 1f from line 1c If zero or less, enter -0-

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

Α	Check	>	Γ	- if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN,
				expenses, and share of excess lobbying expenditures)

		oying Expenditures means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public lobbying)	opinion (grass roots	0	
b	Total lobbying expenditures to influence a legi	slative body (direct lobbying)	198,618	
c	Total lobbying expenditures (add lines 1a and	1b)	198,618	
d	Other exempt purpose expenditures		57,645,125	
e	Total exempt purpose expenditures (add lines	1c and 1d)	57,843,743	
f	Lobbying nontaxable amount Enter the amoun	t from the following table in both columns	1,000,000	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		

If there is an amount other than zero on either line 1h or line 1i, did t reporting section 4911 tax for this year?	he organization file Form 4720
	∏ Yes ∏ No

				res No		
	4-Year Avera (Some organizations that made a sect columns below. See the s	ion 501(h) ele	ection do not	have to com		e five
	Lobbying Expendi	tures During	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a	Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
ь	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
_с	Total lobbying expenditures	223,752	204,407	184,046	198,618	810,823
d	Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000

Return Reference

	filed Form 5768 (election under section 501(h)).	,			/ b>
or e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a)		(b)
ctiv	ıty	Yes	No	An	nount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	163			
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total Add lines 1c through 1i				
а	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
ar	t III-A Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6).	01 (c)(5), c	or sec	ction
			_		Yes N
L	Were substantially all (90% or more) dues received nondeductible by members?		_	1	
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	
	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3	
3					
3	Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."				III-A,
ar	t III-B Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "				III-A,
ar 1	t III-B Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."	No" C			III-A
ar 1	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year	1 2a			III-A
a L 2	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	No" C			III-A
ar L a b	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total	1 2a 2b 2c			III-A
ar 1 2 a b c	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	1 2a 2b			111-A,
1 2 a	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	2a 2b 2c 3			111-A,
3 Par 1 2 a b c	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	1 2a 2b 2c			III-A,

Explanation

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

DLN: 93493011007177

OMB No 1545-0047

Open to Public

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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

Supplemental Financial Statements

Information about Schedule D (Form 990) and its instructions is at $\underline{www.irs.gov/form990}$.

Inspection

	ne of the organization IONAL WILD TURKEY FEDERATION INC			Section 10 (Section 10 (10 (10 (10 (10 (10 (10 (10 (10 (10	er
Pa		r Advised Funds or Other Similar F ed "Yes" on Form 990, Part IV, line 6.			
	Complete if the organization unswers	(a) Donor advised funds	(b)	Funds and other account	s
L	Total number at end of year		χ-,		<u>-</u>
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
1	Aggregate value at end of year				
5	Did the organization inform all donors and donor a funds are the organization's property, subject to		nor advi:	sed Yes	□No
5	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?			·	□ No
Par		ete if the organization answered "Yes" o	on Forn		140
	Purpose(s) of conservation easements held by th				
	▼ Preservation of land for public use (e g , recreducation)	eation or Preservation of a		rically important land are	a
	▼ Protection of natural habitat	Preservation of a	certifie	d historic structure	
	▼ Preservation of open space				
2	Complete lines 2a through 2d if the organization easement on the last day of the tax year	held a qualified conservation contribution in	the form	of a conservation	
	casement on the last day of the tax year			Held at the End of th	e Year
а	Total number of conservation easements		2a		28
b	Total acreage restricted by conservation easeme	ents	2b		17,084
c	Number of conservation easements on a certified	historic structure included in (a)	2c		(
d	Number of conservation easements included in (on historic structure listed in the National Register	c) acquired after 8/17/06, and not on a	2d		(
3	Number of conservation easements modified, tra tax year ▶0	nsferred, released, extinguished, or terminati	ed by th	e organization during the	
1	Number of states where property subject to cons	ervation easement is located >9			
5	Does the organization have a written policy regar violations, and enforcement of the conservation e		dling of	✓ Yes I	No
5	Staff and volunteer hours devoted to monitoring, year	inspecting, handling of violations, and enforc	ing cons	servation easements dur	ing the
	<u>174</u>				
7	A mount of expenses incurred in monitoring, insperior \$\) \$ 11,525	ecting, handling of violations, and enforcing c	onserva	ation easements during th	ne year
3	Does each conservation easement reported on Ii (B)(i) and section $170(h)(4)(B)(ii)$?	ne 2(d) above satisfy the requirements of sec	ction 17	0(h)(4)	No
9	In Part XIII, describe how the organization reporbalance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the organization's financia		· · · · · · · · · · · · · · · · · · ·	
ar	TIII Organizations Maintaining Collec		or Oth	ner Similar Assets.	
	<u> </u>	ed "Yes" on Form 990, Part IV, line 8.			
La	If the organization elected, as permitted under SI works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the foot	assets held for public exhibition, education,	or resea	arch in furtherance of pub	
b	If the organization elected, as permitted under SI works of art, historical treasures, or other similar service, provide the following amounts relating to	assets held for public exhibition, education,			olic
(i) Revenue included on Form 990, Part VIII, line :	1	> \$		
(i	i) Assets included in Form 990, Part X				
2	If the organization received or held works of art, I following amounts required to be reported under S		or financ		
а	Revenue included on Form 990, Part VIII, line 1			▶ \$	0

Assets included in Form 990, Part X

Par	3111	Organizations Maintaining (continued)	Collections of Ar	t, Historical	Trea	asures, or C	ther Similar A	ssets
3		y the organization's acquisition, acce ction items (check all that apply)	ession, and other reco	rds, check any c	fthe	following that	are a significant us	e of its
а	▽	Public exhibition		d Lo	an or	exchange prog	ırams	
b		Scholarly research		e	her			
c		Preservation for future generations						
4	Provi Part)	de a description of the organization's KIII	s collections and expla	ain how they furt	hert	he organization	ı's exempt purpose	ın
5	asset	g the year, did the organization solic s to be sold to raise funds rather the	an to be maintained as					s √ No
Par	t IV	Escrow and Custodial Arra Complete if the organization a Part X, line 21.		Form 990, Pari	t IV,	line 9, or re	oorted an amour	t on Form 990,
1a		e organization an agent, trustee, cus ded on Form 990, Part X?	todian or other interm	ediary for contri	butio	ons or other ass	ets not	s No
ь	If'	'Yes," explain the arrangement in Pa	art XIII and complete	the following tab	ole		Am	ount
c		ginning balance	·	,		1c		
d		ditions during the year				1d		
e	Dis	stributions during the year				1e		
f		ding balance				1f		
2 a		ne organization include an amount oi	n Form 990, Part X, Iır	ne 21, for escrov	vorc	ustodial accou	nt liability?	 s
							res	, NO
b	If"Y∈	es," explain the arrangement in Part	XIII Check here if the	e explanation ha	s be	en provided in	Part XIII	🗆
Pa	rt V	Endowment Funds. Comple						
			(a)Current year	(b)Pnor year	b (c	Two years back	(d)Three years back	(e)Four years back
1a	Begir	nning of year balance	1,236,319	894,856		896,493	798,161	798,367
b	Conti	ributions • • • • • • •	122,905	415,427		0	100,000	2,684
c	Net II losse	nvestment earnings, gains, and	1,772	2,387		2,012	2,612	4,847
d	Grant	ts or scholarships	0	0		0	0	0
e		r expenditures for facilities rrograms	69,546	76,351		3,649	4,280	7,737
f	A dmı	nistrative expenses	0	0		0	0	0
g	End o	of year balance	1,291,450	1,236,319		894,856	896,493	798,161
2	Provi	ء ، de the estimated percentage of the	current year end balan	ice (line 1g, colu	ımn (a)) held as		
а	Board	i designated or quasi-endowment >	100 %					
ь		anent endowment ► 0 %						
c	Temp	orarily restricted endowment >	0 %					
3a	A re ti	percentages on lines 2a, 2b, and 2c here endowment funds not in the pos	,	zation that are h	eld a	nd administere	d for the	
	-	irelated organizations						Yes No
		elated organizations				•		(ii) No
b 4		es" on 3a(II), are the related organiza Tibe in Part XIII the intended uses o			Κ',			8b
Dat	t VI	Land, Buildings, and Equip		idowinent idilds				
F(·	r AT	Complete if the organization a		orm 990, Part	IV, I	ine 11a.See	Form 990. Part X	, line 10.
		Description of property		(a) Cost or other b	asıs	(b) Cost or other bas (other)	Accumulated	(d)Book value
12	Land			(mivesument	0	8,634,2	73	8,634,273
	Buildin	ngs		-		0,034,2		0,034,273
-		·			0	18,557,4	51 7,309,85	11,247,593
c	Leasel	nold improvements			0		0	0
d	Equipn	nent			0	6,662,0	46 4,903,24	1,758,797
6	Other			1		I	1	1

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

1,014,180

22,654,843

	See Form 990, Part X, line 12.			
	(a) Description of security or categ (including name of security)	ory	(b)Book value	(c)Method of valuation Cost or end-of-year market valu
1) Financia	al derivatives			Cost of end-of-year market valu
2) Closely-	-held equity interests			
3) O ther				
otal. (Colun	nn (b) must equal Form 990, Part X, col (B) line 12	} ▶		
art VIII	Investments—Program Related	•		
	Complete if the organization answe	red 'Yes' on Form 9		
	(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market valu
otal. (Colum	nn (b) must equal Form 990, Part X, col (B) line 13)	•		
	onn (b) must equal Form 990, Part X, col (B) line 13) Other Assets. Complete if the organiz	-	n Form 990, Part IV, line	11d See Form 990, Part X, line 15
	Other Assets. Complete if the organiz	-	n Form 990, Part IV , line	11d See Form 990, Part X, line 15 (b) Book value
	Other Assets. Complete if the organiz	ation answered 'Yes' o	n Form 990, Part IV, line	
	Other Assets. Complete if the organiz	ation answered 'Yes' o	n Form 990, Part IV , line	
	Other Assets. Complete if the organiz	ation answered 'Yes' o	n Form 990, Part IV, line	
	Other Assets. Complete if the organiz	ation answered 'Yes' o	n Form 990, Part IV , line	
	Other Assets. Complete if the organiz	ation answered 'Yes' o	n Form 990, Part IV, line	
	Other Assets. Complete if the organiz	ation answered 'Yes' o	n Form 990, Part IV, line	
	Other Assets. Complete if the organiz	ation answered 'Yes' o	n Form 990, Part IV , line	
	Other Assets. Complete if the organiz	ation answered 'Yes' o	n Form 990, Part IV, line	
	Other Assets. Complete if the organiz	ation answered 'Yes' o	n Form 990, Part IV, line	
	Other Assets. Complete if the organiz	ation answered 'Yes' o	n Form 990, Part IV, line	
	Other Assets. Complete if the organiz	ation answered 'Yes' o	n Form 990, Part IV, line	
Part IX	Other Assets. Complete if the organiz (a) De	ation answered 'Yes' description		(b) Book value
otal. (Colu	Other Assets. Complete if the organiz (a) De	ne 15)		(b) Book value
otal. (Colu	Other Assets. Complete if the organiz (a) De (a) De (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the complete if the complete in the complet	ne 15)		(b) Book value
otal. (Colu	Other Assets. Complete if the organiz (a) De	ne 15)		(b) Book value
otal. (Colu	Timn (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the organization of the Complete in the organization.	ne 15) organization answer		(b) Book value
otal. (Colu	Timn (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the organization of the Complete in the organization.	ne 15) organization answer		(b) Book value
otal. (Colu	other Assets. Complete if the organiz (a) Decomplete if the organiz (a) Decomplete if the organiz (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the organiz See Form 990, Part X, line 25. (a) Description of liability	ne 15) organization answer		(b) Book value
otal. (Colu	other Assets. Complete if the organiz (a) Decomplete if the organiz (a) Decomplete if the organiz (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the organiz See Form 990, Part X, line 25. (a) Description of liability	ne 15) organization answer		(b) Book value
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otal. (Colu	other Assets. Complete if the organiz (a) Decomplete if the organiz (a) Decomplete if the organiz (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the organiz See Form 990, Part X, line 25. (a) Description of liability	ne 15) organization answer		(b) Book value
Part IX Otal. (Colu Part X	other Assets. Complete if the organiz (a) Decomplete if the organiz (a) Decomplete if the organiz (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the organiz See Form 990, Part X, line 25. (a) Description of liability	ne 15) organization answer		(b) Book value
otal. (Colu	other Assets. Complete if the organiz (a) Decomplete if the organiz (a) Decomplete if the organiz (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the organiz See Form 990, Part X, line 25. (a) Description of liability	ne 15) organization answer		(b) Book value
otal. (Colu	other Assets. Complete if the organiz (a) Decomplete if the organiz (a) Decomplete if the organiz (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the organiz See Form 990, Part X, line 25. (a) Description of liability	ne 15) organization answer		(b) Book value
otal. (Colu	other Assets. Complete if the organiz (a) Decomplete if the organiz (a) Decomplete if the organiz (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the organiz See Form 990, Part X, line 25. (a) Description of liability	ne 15) organization answer		(b) Book value
otal. (Colu	other Assets. Complete if the organiz (a) Decomplete if the organiz (a) Decomplete if the organiz (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the organiz See Form 990, Part X, line 25. (a) Description of liability	ne 15) organization answer		(b) Book value
otal. (Colu Part X	Other Assets. Complete if the organiz (a) De Imm (b) must equal Form 990, Part X, col (B) Ir Other Liabilities. Complete if the office See Form 990, Part X, line 25. (a) Description of liability ome taxes	ne 15)		(b) Book value
otal. (Colum	other Assets. Complete if the organiz (a) Decomplete if the organiz (a) Decomplete if the organiz (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the organiz See Form 990, Part X, line 25. (a) Description of liability	ne 15)	ed 'Yes' on Form 990,	(b) Book value Part IV, line 11e or 11f.

1

1

2	Amounts included on line 1 l	but not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of	ffacılıtıes	2b			
c	Recoveries of prior year gran	nts	2c			
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 9	90, Part VIII, line 12, but not on line 1				
а	Investment expenses not in	cluded on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII	.)	4b			
c	Add lines 4a and 4b				4c	
5		nd 4c. (This must equal Form 990, Part I, line			5	
Part		Expenses per Audited Financial St			s per	Return.
		anization answered 'Yes' on Form 990,				T
1		per audited financial statements			1	
2		but not on Form 990, Part IX, line 25	1 -	I		
a		ffacilities	2a			
b	Prior year adjustments .		2b		_	
C	Other losses		2c		_	
d	Other (Describe in Part XIII	•	. 2d			
e					2e	
3			•		3	
4	A mounts included on Form 9	90, Part IX, line 25, but not on line 1:				
а	Investment expenses not in	cluded 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, l	ine 18)	5	
Dari	XIII Supplemental Ir	oformation.				
	• •					
Part		or Part II, lines 3, 5, and 9, Part III, lines 1a II, lines 2d and 4b, and Part XII, lines 2d and				de any additional
	Return Reference	Explanation				
Sched	dule D, Part II, Line 5	PER AUDITED FINANCIAL STATEMENT POLICIES - CONSERVATION EASEMENT RIGHTS TO RESTRICT THE USE, ACCE FEDERATION IS OBLIGATED TO MONI RESTRICTIONS ARE MAINTAINED TH NORMAL COURSE OF ITS OPERATION INCURRED THE PROPERTY OWNERS COST AND THESE CONTRIBUTIONS A RESTRICTED NET ASSETS THE ESTIM COMBINED STATEMENT OF FINANCIA REPRESENT A FUTURE ECONOMIC BEI	NTS - SS, AN TORE E FED S AND ONTR RE HE ATED L POS	CONSERVATION EASE ND DEVELOPMENT OF (EASEMENTS TO ENSUR ERATION MONITORS T) ASSOCIATED COST A IBUTE FUNDS TO HELF LD IN THE ENDOWMEN VALUE OF EASEMENT: SITION BECAUSE THE (MENT: CERTA E THA HESE RE EX WITH T AS 1 S IS N	S REPRESENTS IN PROPERTIES THE T THE EASEMENTS IN THE PENSED AS THE MONITORING TEMPORARILY OT INCLUDED IN THE
					Sche	edule D (Form 990) 2015

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total revenue, gains, and other support per audited financial statements

efile GRAPHIC print - DO NOT PROCESS As Filed Data Schedule I
(Form 990)

Grants and C
Governments
Complete if the organize
Complete if the organize

Department of the
Treasury
Internal Revenue Service
Name of the organization
NATIONAL WILL DEPARTMENT AND THE COMPANY AND THE PROPERTMENT AND THE COMPANY AND THE COMPANY AND THE PROPERTMENT AND THE COMPANY AND

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

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

▶ Information about Schedule I (Form 990) and its instructions is at <u>www.irs.gov/form990</u>.

OMB No 1545-0047

DLN: 93493011007177

2015

Open to Public Inspection

Employer identification number

NATIONAL WILD TURKEY FEDERA	57-0564993	57-0564993					
Part I General Information	on on Grants an	d Assistance				•	
 Does the organization maintain the selection criteria used to a Describe in Part IV the organiz 	ward the grants or a	ssistance?				tance, and	√ Yes
Part II Grants and Other Assist that received more than				plete if the organization	answered "Yes" on F	orm 990, Part IV, line 2:	l , for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
See Additional Data Table							
2 Enter total number of section 53 Enter total number of other organization		=				_	48
For Paperwork Reduction Act Notice, se				Cat No 50055P			le I (Form 990) 2015

Schedule I (Form 990) 2015

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed

PERIOD AND ITEMIZED BUDGET, AND GIVE PLANS FOR PUBLICATION OF RESULTS

(a)Type of grant or assi	stance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book FMV, appraisal, other)	(f)Description of non-cash assistance
(1) SCHOLARSHIPS		484	215,650	0	N/A	N/A
Part IV Supplement	al Informat	ion. Provide the info	rmation required in P	art I, line 2, Part III,	column (b), and any other	additional information.
Return Reference	Explanation	on				
Schedule I, Part I, Line 2	THENATI	ONAL WILD TURKEY F	EDERATION AWARDS F	RESEARCH GRANTS TO	COLLEGES, UNIVERSITIES	, STATE GAME AGENCIES AND

OTHERS ENGAGED IN WILD TURKEY RESEARCH PROJECTS ARE SUPPORTED ON A ONE-YEAR BASIS, AS DETERMINED BY THE

AVAILABILITY OF FUNDS AND BY THE RECOMMENDATION OF THE 65-MEMBER NWTF TECHNICAL COMMITTEE PREFERENCES ARE GIVEN TO PROJECTS WHICH ARE COOPERATIVE EFFORTS AND/OR WHERE THE NWTF GRANTS-IN-AID WILL BE USED AS MATCHING MONIES $\,$ A PROJECT PROPOSAL MUST BE SUBMITTED BY 12/31 APPROVALS WILL BE MADE BY 10/1 OF THE FOLLOWING YEAR EACH PROPOSAL MUST HAVE A TITLE, STATE PROBLEMS AND OBJECTIVES, DESCRIBE PROCEDURES AND PERSONNEL TO BE USED, PROVIDE STUDY

Additional Data

MADISON, WI 537077921

Software ID: 15000352 **Software Version:** v1.00

EIN: 57-0564993

Name: NATIONAL WILD TURKEY FEDERATION INC

Form 990,Schedule I, Pai	rt II, Grants and	Other Assistanc	e to Domestic Org	anizations and D	omestic Governme	nts.	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
US FOREST SERVICE C/O CITIBANK PO BOX 301550 LOS ANGELES,CA 90030	000000000		77,133				Habitat Enhancement
WEST VIRGINIA DIV OF NATURAL RESOURCES C/O PAUL JOHANSEN 324 FOURTH AVE SOUTH CHARLESTON, WV 25303	000000000		50,000				Land Purchase
WISCONSIN DNR C/O JANE RILEY 101 SOUTH WEBSTER	00000000		45,990				Timber stand improvement

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) ALABAMA WILDLIFF & 000000000 43,026 Habitat equipment FRESHWATER FISHERIES C/O KEITH GAULDIN 64 NORTH UNION ST MONTCOMEDV AL 26120 urchase

MUNIGOMERY, AL 36130					
IOWA NATURAL HERITAGE FOUNDATION 505 5TH AVE STE 444 DES MOINES,IA 503092321	00000000		42,500		Land Pur
303092321					

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

2070 US HWY 278 SE SOCIAL CIRCLE, GA 30025

39,555 GA DNR-WRD 000000000 Timber stand C/O SONJA DANIELS Improvement

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) TEXAS PARKS & WILDLIFE 000000000 30.794 Wildlife Openings/Brood Habitat DEPARTMENT **TPWD** Openings/Brood

AUSTIN,TX 78737				
NEVADA DEPT OF WILDLIFE 1100 VALLEY RD RENO,NV 89512	00000000	26,250		Wildlife Openings/Brood Habitat
ALABAMA WILDLIFE FEDERATION	000000000	25,088		Wildlife Openings/Brood Habitat

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

FEDERALION 64 N UNION STREET MONTGOMERY, AL

361301457

(a) Name and address of **(b)** EIN (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant (c) IRC section organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant or government assistance other) NEBRASKA GAME & PARKS 000000000 24,950 4-H Shtg/Timber stnd COMMISSION improv/Land Purch 2200 N 33RD STREET LINCOLN, NE 68503 THE NATURE 000000000 22,380 Timber stand CONSERVANCY Improvement C/O PETRA ROYSTON 2700 SCRUB JAY TRAIL KISSIMMEE, FL 34756

LA DEPT OF WILDLIFE & 000000000 21,866 Prescribed burns FISHERIES C/O ACCOUNTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

RECEIVABLE/RM 260 PO BOX 98000

BATON ROUGE, LA 70898

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) OKLAHOMA DEPARTMENT 000000000 21,489 Habitat Enhancement OF WILDLIFE CONSERVA C/O HEATHER DEL MORAL PO BOX 53465 OKLAHOMA CITY, OK

73152				
SOUTH CAROLINA DNR C/O GARY BURGER PO BOX 167 COLUMBIA,SC 29202	00000000	20,525		Timber stand improvement
MS WILDLIFE FISHERIES &	000000000	20,000		Prescribed burns

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PARKS FOUNDATION C/O BILLY REDD

PO BOX 14194 JACKSON, MS 39236

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant or aovernment assistance other) INDIANA DNR 000000000 17,000 Land Purch/Hab Eq. DFW C/O JAMES KERSHAW INDIANAPOLIS, IN 46204 FLORIDA FISH & WILDLIFE 000000000 16,000 Turkev manage act CONSERVATION 3911 HWY 2321 PANAMA CITY, FL 32409

NORTH DAKOTA GAME & 000000000 15,495 State Access Prg/Dep FISH DEPARTMENT A batement

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

100 N BISMARCK EXPRESSWAY

BISMARCK, ND 58501

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance BUREAU OF LAND 000000000 15,000 Timber stand MANAGEMENT ımprovement WY HIGH PLAINS DIST 2016011520 2987 PROSPECTOR DR CASPER, WY 82604 OKIAHOMA DEPARTMENT 000000000 15,000 Archery in the OF WILDLIFE CONS Schools/Rip Restoration C/O LANCE MEEK PO BOX 53465 OKLAHOMA CITY, OK 73152 OKLAHOMA DEPT OF 000000000 11,400 Riparian WILDLIFF CONSERVATION restoration/Contr Lab

C/O HEATHER DEL MORAL PO BOX 53465

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

OKLAHOMA CITY, OK

73152

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) US FISH & WILDLIFE 000000000 10,553 Habitat Enhancement SERVICE 1875 CENTURY BOULEVARD ATLANTA, GA 30345 CONSERVATION 000000000 10,319 Youth Education FEDERATION OF MISSOURI C/O MICAELA HAYMAKER 728 W MAIN ST JEFFERSON CITY, MO 65101 CHISAGO COUNTY 000000000 10,000 Land Purchase PHEASANTS FOREVER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO BOX 23 STACY MN 55079 STACY, MN 55079

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) FAO USAED LOUISVILLE 000000000 10,000 Habitat equipment DISTRICT C/O ROXANNE KEELING 600 DR ML KING JR PLAZA RM 851 LOUISVILLE, KY 40202 10,000 ILLINOIS CONSERVATION 000000000 Outdoor Education Area 1 NATURAL RESOURCES WAY 000000000 10,000 Land Purchase

FOUNDATION SPRINGFIELD, IL 62702 IOWA DNR

C/O KARA BRYANT 502 E 9TH STREET DES MOINES, IA

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

503190034

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) METROPARK OF THE 000000000 10,000 Other TOLEDO AREA 5100 W CENTRAL AVE TOLEDO, OH 43615

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

OKLAHOMA DEPARTMENT OF WILDLIFE CONSERV C/O MICAH HOLMES PO BOX 53465 OKLAHOMA CITY,OK 73152	00000000	10,000		Other
SCDNR	00000000	10,000		Land Purchase

SCUNK C/O KEN PROSSER PO BOX 167

COLUMBIA, SC 29202

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) TENNESSEE WILDLIFE 000000000 10,000 Research equip RESOURCES FOUNDATION TWRF PO BOX 41729 ribed burns

NASHVILLE,TN 37204				
TWRA FOUNDATION PO BOX 41729 NASHVILLE,TN 37204	00000000	10,000		Prescribed bur
GA DNR LAW	00000000	9,600		Management

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SOCIAL CIRCLE, GA 30025

ENFORCEMENT 2070 HWY 278 SE

(a) Name and address of **(b)** EIN (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant (c) IRC section (d) A mount of cash organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant or government assistance other) DECATUR COUNTY 000000000 9.500 Timber stand CONSERVATION BOARD Improvement 20401 NW LITTLE RIVER ROAD LEON, IA 50144 MINNESOTA DEPT OF 000000000 9.000 Tree planting NATURAL RESOURCES **500 LAFAYETTE ROAD N** SAINT PAUL, MN 55155 AUTAUGA COUNTY SOIL 000000000 8,995 Habitat equipment

AND WATER CONSERVATION DISTRICT 2226 HIGHWAY 14 WEST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SUITE A

AUTAUGAVILLE, AL 36003

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) CONGRESSIONAL 000000000 7,850 Education SPORTMEN'S FOUNDATION 110 NORTH CAROLINA AVENUE SE MACHINCTON DC 20002 boor

WASHINGTON, DC 20003				
LITTLE ROCK FARMERS'ASSOCIATION 4816 STAGECOACH RD SSOCIATION LITTLEROCK,AR 72204	00000000	7,769		Wildlife Openings/Broo Habitat

7,500 NATIONAL ARCHERY IN THE 000000000 SCHOOLS PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

JASPER, IN 47547

Archery in the Schools NASP PO BOX 917

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) SOUTH DAKOTA GAME 000000000 7,500 State research FISH & PARKS C/O CHAD SWITZER inting

523 EAST CAPITAL AVE PIERRE,SD 57501				
PHEASANTS FOREVER 704 SURREY LANE MERRILL, WI 54452	000000000	7,000		Tree planting
TUSCALOOSA COUNTY	000000000	7,000		Archery in the Schools

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

NRPC

C/O NEAL HARGLE 2513 7TH STREET TUSCALOOSA, AL 35401

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) STEPHEN FAUSTIN 000000000 6.550 State research UNIVERSITY C/O LETITIA HAMILTON PO BOX 13035 SFA STATION NACOGDOCHES,TX 75962 Lesueur County 000000000 6,315 Land Purchase PHEASANTS FOREVER 30519 181ST AVE

C/O TONY FERRAZZO NEW PRAGUE, MN 56071 INDIANA DEPARTMENT OF 000000000 6,000 Equipment Rental NATURAL RESOURCES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

MISSISSINEWA LAKE C/O ARON SHOWALTER PERU, IN 46970

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) MISSISSIPPI FORESTRY 000000000 6,000 Prescribed burns ASSOCIATION 620 N STATE ST SUITE 201 JACKSON, MS 39202 GA DEPT OF NATURAL 000000000 5,544 Timber stand Improvement 2070 US HWY 278 SE

RESOURCES ATTN SONIA DANIELS SOCIAL CIRCLE, GA 30025 ISU FOUNDATION 000000000 5,300 Temp labor

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

C/O DR BRETT COLLIER RM 227 RNR BUILDING BATON ROUGE, LA 70803 For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Compensation Information

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

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

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

DLN: 93493011007177 OMB No 1545-0047

2015 Open to Public Inspection

Schedule J (Form 990) 2015

Cat No 50053T

Department of the Treasury

Schedule J (Form 990)

Name of the organization **Employer identification number**

INAI	IONAL WILD TORKET FEDERATION INC		57-0564993			
Pa	rt I Questions Regarding Compensation		<u> </u>			
					Yes	No
1 a	Check the appropriate box(es) if the organization provide 990, Part VII, Section A, line 1a Complete Part III to					
	First-class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions		Payments for business use of personal residence			
	Tax idemnification and gross-up payments		Health or social club dues or initiation fees	ļ		
	Discretionary spending account		Personal services (e g , maid, chauffeur, chef)		 	
b	If any of the boxes in line 1a are checked, did the organ reimbursement or provision of all of the expenses descr		1 , 3 31 ,	1b		
2	Did the organization require substantiation prior to reim directors, trustees, officers, including the CEO/Executive			2		
3	Indicate which, if any, of the following the filing organization's CEO/Executive Director Check all that a used by a related organization to establish compensation	apply	Do not check any boxes for methods			
	▼ Compensation committee	~	Written employment contract			
	Independent compensation consultant	~	Compensation survey or study			
	Form 990 of other organizations	√	Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Par or a related organization	t VII	, Section A, line 1a with respect to the filing organization	1		
а	Receive a severance payment or change-of-control pay	men	t?	4a		Νo
b	Participate in, or receive payment from, a supplemental	none	qualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-base	d cor	npensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide	de th	e applicable amounts for each item in Part III			
5	Only 501(c)(3), 501(c)(4), and 501(c)(29) organization For persons listed on Form 990, Part VII, Section A, lir compensation contingent on the revenues of					
	•					NI -
a	The organization?			5a 5b		No
b	Any related organization? If "Yes," on line 5a or 5b, describe in Part III			50		Νo
6	For persons listed on Form 990, Part VII, Section A, lir compensation contingent on the net earnings of	ne 1a	, did the organization pay or accrue any			
а	The organization?			6 a		Νo
b	Any related organization?			6b		Νo
	If "Yes," on line 6a or 6b, describe in Part III					
7	For persons listed on Form 990, Part VII, Section A, lir payments not described in lines 5 and 6? If "Yes," described in lines 6 and 6			7		Νo
8	Were any amounts reported on Form 990, Part VII, paid subject to the initial contract exception described in Re					
	ın Part III			8		Νo
9	If "Yes" on line 8, did the organization also follow the resection $534958-6(c)$?	butta	able presumption procedure described in Regulations	9		

(ii)

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

(A) Name and Title		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of	(F) Compensation in
		Base (i) compensation	(ii) Bonus & incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	columns (B)(ı)-(D)	column(B) reported as deferred on prior Form 990
1 GEORGE THORNTON CHIEF EXECUTIVE OFFICER	(i)	437,188	0	0	0	38,694	475,882	0
	(ii)	0	0	0	0	0	0	0
2 ELLEN LINTAL CHIEF FINANCIAL OFFICER	(i)	257,122	0	0	0	31,756	288,878	0
	(ii)	0	0	0	0	0	0	0
3 REBECCA HUMPHRIES CHIEF CONSERVATION	(i)	277,016	0	0	0	25,128	302,144	0
OFFICER	(ii)	0	0	0	0	0	0	0
4 WILLIAM SAUNDERS VP OF MARKETING AND	(i)	217,229	0	0	0	29,285	246,514	0
DEVELOPMENT	(ii)	0	0	0	0	0	0	0
5 DAVE MAHLKE SR VP FIELD	(i)	206,196	0	0	0	26,542	232,738	0
OPERATIONS/VOLUNTEER RELATIONS	(ii)	0	0	0	0	0	0	0
6 THOMAS STUCKEY SENIOR VP OF DEVELOPMENT	(i)	161,576	0	0	0	6,981	168,557	0
	1							

Return Reference	Explanation								
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information									
Part IIII Supplemental Inform	nation								
Schedule J (Form 990) 2015	Page 3								

Schedule J (Form 990) 2015

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

Noncash Contributions

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

► Attach to Form 990.

(Form 990)

Department of the

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

DLN: 93493011007177 OMB No 1545-0047

2015

Open to Public

ı reas Interr	ury ial Revenue Service					TUS DE	CUIO	
Nam	e of the organization				Employer identificat	ion nu	mber	
NATIO	DNAL WILD TURKEY FEDERATION INC				57-0564993			
Pa	rt I Types of Property							
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d Method of d noncash contrib	etermı	_	ts
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .							
10	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other	Х	6	1,945,000	FMV			
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
PRO	Other►(DUCT FOR QUET)	X	11,000	220,000	SALE VALUE AT A	UCTIC	N	
26	O ther ▶ ()							
	Other ▶ ()							
28	Other ▶ ()							
29	Number of Forms 8283 received for which the organization comple				29			
30a	During the year, did the organiza	ition receiv	e by contribution any prope	erty reported in Part I, line:	s 1 through 28, that		Yes	No
	it must hold for at least three ye	ars from th	e date of the initial contribu	ition, and which is not requ	ured to be used			l
	for exempt purposes for the enti			·		30a		l No
b	If "Yes," describe the arrangeme					30a		INU
31	Does the organization have a gif			review of any non-standard	d contributions?	31	Yes	L
32a	Does the organization hire or us	·	. ,	•		32a		No
b	If "Yes," describe in Part II							
	If the organization did not report	an amount	: in column (c) for a type of	property for which column	(a) is checked,			l

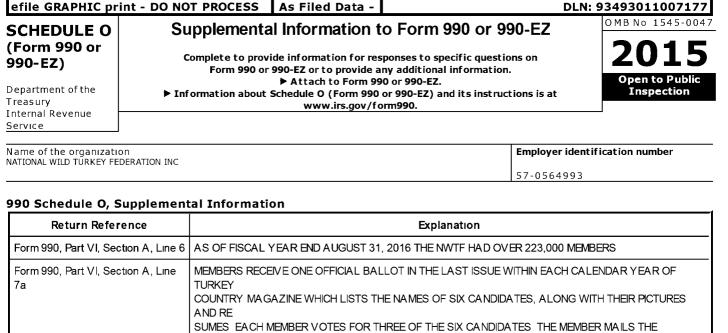
describe in Part II

Return Reference Explanation

Schedule M. Part I. Line 14 INUMBER OF QUALIFIED CONSERVATION CONTRIBUTIONS ARE BASED ON NUMBER OF

PARCELS CONTRIBUTED

Schedule M (Form 990) (2015)



D BALLOT TO A CPA FIRM WHERE AN AUDITOR TABULATES THE VOTES

POSTAGE PAI

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, Line 11b	ONCE THE 990 FORM IS PREPARED IT IS REVIEWED BY THE CHIEF FINANCIAL OFFICER, CONTROLLER, CHIEF EXECUTIVE OFFICER AND SENT ELECTRONICALLY TO THE BOARD OF DIRECTORS FOR REVIEW
Form 990, Part VI, Section B, Line 12c	IT IS THE POLICY OF NWTF THAT NO DIRECTOR, OFFICER OR EMPLOYEE SHALL TAKE ANY ACTION, ENGA GE IN ANY ACTIVITY OR PLACE HERSELF OR HIMSELF IN A POSITION WHICH REASONABLY COULD BE CON STRUED TO BE IN CONFLICT WITH THE BEST INTERESTS OF THE NWTF EVERY DIRECTOR, OFFICER AND EMPLOYEE HAS A DUTY TO AVOID BUSINESS, FINANCIAL OR OTHER DIRECT OR INDIRECT INTERESTS OR RELATIONSHIPS WHICH CONFLICT WITH THE INTERESTS OF THE NWTF, WHICH DIVIDE ONE'S LOYALTY TO THE NWTF, OR WHICH DETRACT FROM PROVIDING FULL ATTENTION TO ONE'S EMPLOYMENT RESPONSIBILI TIES ANY ACTIVITIES WHICH EVEN APPEAR TO PRESENT SUCH A CONFLICT, SUCH AS RECEIPTS OF GIF TS FROM VENDORS, WORK WITH ORGANIZATIONS IN COMPETITION WITH THE NWTF, OR ACCEPTANCE OF MU TUAL EMPLOYMENT WITH ANY VENDOR, MEMBER-OWNED OR -OPERATED ORGANIZATION, OR COMPETING ORGA NIZATION MUST BE AVOIDED OR TERMINATED UNLESS, AFTER DISCLOSURE TO THE APPROPRIATE LEVEL O F MANAGEMENT (WHICH IS THE EMPLOYEE'S DIRECT SUPERVISOR - OR IF THE SUPERVISOR IS NOT AVAI LABLE OR IF THE SUPERVISOR IS PRESENT WITHIN THE CONFLICT - THE HUMAN RESOURCES DIRECTOR), IT IS DETERMINED THAT THE ACTIVITY IS NOT HARMFUL TO THE NWTF OR OTHERWISE IMPROPER EMPLOYEES FAILING TO REPORT SUCH CONFLICTS MAY BE SUBJECT TO IMMEDIATE TERMINATION

990 Schedule O, Supplemental Information

Return

Reference

' '	THE EXECUTIVE COMMITTEE SHALL COLLECTIVELY BE RESPONSIBLE FOR THE EVALUATION OF THE PERFORMANCE AND COMPENSATION, AND FOR REVIEWING THE ASSIGNED POWERS AND DUTIES, OF THE OFFICE OF THE EXECUTIVE VICE PRESIDENT/CHIEF EXECUTIVE OFFICER OF THE EXECUTIVE VICE PRESIDENT/CHIEF EXECUTIVE OFFICER OF THE NWTF SHALL HAVE RESPONSIBILITY FOR AND CONTROL OF ALL THE NWTF EMPLOYEES THE EXECUTIVE VICE PRESIDENT/CHIEF EXECUTIVE OFFICER SHALL HAVE THE RESPONSIBILITY FOR THE HIRING AND THE FIRING OF NWTF EMPLOYEES OFFICES FOR WHICH THIS PROCESS WAS USED AND YEAR POSITION WAS LAST UNDERTAKEN ARE AS FOLLOWS CHIEF EXECUTIVE OFFICER, 2008, CHIEF FINANCIAL OFFICER, 1995, CHIEF CONSERVATION OFFICER, 2008, VP OF OPERATIONAL SUPPORT, 2008, VP OF MARKETING, 2008, AND VP OF DEVELOPMENT, 2014
VI, Section C,	THE NWTF'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE MADE AVAILABLE UPON REQUEST. THE NWTF'S FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC THROUGH ITS WEBSITE WWW NWTF ORG

Explanation

990 Schedule O, Supplemental Information

Return Reference Explanation

Return Reference Explanation

Form 990. Part XI, Line 9 CHANGES IN TEMPORARILY RESTRICTED ASSETS

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SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

2015

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization NATIONAL WILD TURKEY FEDERATION INC

▶ Attach to Form 990.

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

Inspection **Employer identification number**

art I Identification of Disregarded Entities Co	mplete if the organization								
(a) Name, address, and EIN (ıf applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	End-of-y	(e) vear assets	Dir	(f) rect controlling entity		
Part II Identification of Related Tax-Exempt Org or more related tax-exempt organizations duri	anizations Complete if and the tax year.	the organization and	swered "Yes"	on Forn	n 990, Par	t IV, lır	ne 34 because it	had on	ıe
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code se	ection P	(e) Public charity st f section 501(c		(f) Direct controlling entity	Sectio (13) c	(g) n 512(b ontrolle ntity?
(1)THE NATIONAL WILD TURKEY ENDOWMENT FOUNDATION INCPO BOX 530 EDGEFIELD, SC 29824	DONOR DESIGNATED	SC	501 C 3	9		1	N/A	Yes	No No
57-0743853 (2)NWTF FOUNDATION PO BOX 530	DONOR DESIGNATED	SC	501 C 3	9			N/A		No
EDGEFIELD, SC 29824 80-0725904									<u> </u>

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)		(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end- of-year assets	alloca	rtionate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	aging mer?	(k) Percentage ownership
(1) AMERICAN UPLAND LAND TRUST LLC	FORESTRY SERVICES	SC	TURKEY	Related	2,148,648	6,227,931	Yes	No No		Yes	No	100 %
PO BOX 530 EDGEFIELD, SC 29824 30-0893571			FEDERATION INC									

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

Enedule R (Form 990) 2015					Ра	ge 3		
Part V Transactions With Related Organizations Complete if the organization answer	wered "Yes" on Form	n 990, Part IV, line	34, 35b, or 36.					
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No		
. During the tax year, did the orgranization engage in any of the following transactions with one or more	related organizations l	isted in Parts II-IV?						
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		No		
b Gift, grant, or capital contribution to related organization(s)				1b		No		
c Gift, grant, or capital contribution from related organization(s)				1 c		No		
d Loans or loan guarantees to or for related organization(s)				1d		No		
e Loans or loan guarantees by related organization(s)				1e		No		
f Dividends from related organization(s)				1f		No		
g Sale of assets to related organization(s)								
h Purchase of assets from related organization(s)								
i Exchange of assets with related organization(s)				1i		No		
j Lease of facilities, equipment, or other assets to related organization(s)				1j		No		
k Lease of facilities, equipment, or other assets from related organization(s)				1k		No		
Performance of services or membership or fundraising solicitations for related organization(s)				11	Yes			
m Performance of services or membership or fundraising solicitations by related organization(s) .				1m		No		
f n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Yes			
o Sharing of paid employees with related organization(s)				10	Yes			
p Reimbursement paid to related organization(s) for expenses				1 p		No		
q Reimbursement paid by related organization(s) for expenses								
r Other transfer of cash or property to related organization(s)				1r		No		
f s O ther transfer of cash or property from related organization(s)				1 s		No		
If the answer to any of the above is "Yes," see the instructions for information on who must comple				ls				
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining a	amount i	nvolved	i		

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

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

revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships																		
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		(e) Are all partners section 501(c)(3) organizations?		(e) Are all partners section 501(c)(3) organizations?		(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income (g) Share of end-of-year assets			(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No						
												l I						
						_												

