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|                 |                                       |   | ~                                |              |                                       |          |                |                |           |          |          |                         |              |
|-----------------|---------------------------------------|---|----------------------------------|--------------|---------------------------------------|----------|----------------|----------------|-----------|----------|----------|-------------------------|--------------|
|                 |                                       | _   |                                  |              |                                       |          |                | 298            | 8 9 3     | 27       | 50       | 320                     | 5 1          |
|                 |                                       |   | Evampt Organiz                   | atio         | n Business                            | Ina      | ~ m -          |                |           |          |          | MB No 1545              |              |
| ر پر            | 990-T                                 | •   | Exempt Organiza                  |              |                                       |          |                |                | turn      | ٠,       |          |                         |              |
| Form •          | <b>550</b> .                          |   | (and pro                         | ty ta        | ax under sect                         | tion (   | 0033           | s(e)) /        | 71)(}     | 7        |          | 201                     | ٥            |
|                 |                                       | For cale  | ndar year 2019 or other tax y    | ear be       | gınning 09/01 ,                       | 2019, a  | and end        | ding 08/30/    | , 20      | 20 .     |          |                         | 9            |
| •               | ent of the Treasury                   |   | ► Go to www.irs.gov/f            | orm9         | 90T for instruction                   | s and    | the lat        | test informati | on.       |          | Open (   | to Public Ins           | nection for  |
|                 | Revenue Service                       | ▶ Do i  | not enter SSN numbers on ti      | ns for       | m as it may be made                   | public   | ıf your        | organization i | s a 501(c | )(3).    | 501(c)   | (3) Organiza            | tions Only   |
| A $\square$ a   | heck box if<br>iddress changed        |   | Name of organization (           | Check        | box if name changed                   | and see  | ınstruc        | tions)         | [         |          |          | dentification           |              |
|                 | pt under eetion                       | Print-  | NATIONAL WILD TURKE              | Y FE         | DERATION, INC                         |          |                |                |           | (Empi    | loyees   | trust, see ins          | itructions ) |
| <b>I</b> 50     | 01( C ) (3)                           | Number, street, and room or suite no. If a P.O. box, see instructions |                                  |              |                                       |          |                |                |           |          |          | <u>-0564993</u>         |              |
| □ 40            | )8(e) 🗌 220(e)                        | Туре  | 770 AUGUSTA ROAD                 |              |                                       |          |                |                |           |          |          | usiness activ<br>tions) | vity code    |
| <b>40</b>       | 08A 🔲 530(a)                          |   | City or town, state or province  | e, cou       | ntry, and ZIP or foreigi              | n postal | code           |                |           | (566     | 11131140 | uons j                  |              |
|                 | ?9(a)                                 |   | EDGEFIELD, SC 29824              |              |                                       |          |                |                |           |          |          | 453000                  |              |
| C Book<br>at en | value of all assets<br>d of year      |   | oup exemption number             |              | · · · · · · · · · · · · · · · · · · · |          |                |                |           |          |          |                         |              |
|                 | 27,378,603                            |   | neck organization type           |              |                                       |          | <u> </u>       | 501(c) trust   |           | 401(a)   | trust    | Oti                     | her trust    |
| <b>H</b> En     | ter the number                        | of the o  | organization's unrelated         | trade        |                                       |          | 2              |                |           |          |          | r first) unre           |              |
|                 |                                       |   | SEE STATEMENT 1                  |              |                                       |          |                | mplete Parts   |           |          |          |                         |              |
|                 |                                       | -   | at the end of the previous       | us se        | ntence, complete                      | Parts    | land           | d II, complet  | e a Sch   | nedule   | e M f    | or each a               | dditional    |
|                 |                                       |   | omplete Parts III-V.             |              |                                       |          |                |                |           |          |          |                         |              |
| I Du            | ring the tax year                     | , was th  | e corporation a subsidiary       | ın an        | affiliated group or                   | a pare   | nt-sub         | sidiary contro | olled gro | up? .    | . ▶      | Yes                     | ✓ No         |
| If "            | 'Yes," enter the                      | name  | and identifying number o         | of the       | parent corporation                    | on. 🕨    |                |                |           |          |          |                         |              |
| <b>J</b> Th     | e books are in e                      | care of   | KURT W DYROFF                    |              |                                       |          |                | Telephone n    | umber     | <u> </u> |          | 803-637-3               | 106          |
| Part            | Unrelate                              | d Trad  | e or Business Incom              | ıe           |                                       | ,        | (4             | \) Income      | (B) E     | xpense   | es       | (C)T                    | let          |
| 1a              | Gross receipts                        | s or sale   | es8                              | 8,787        |                                       |          |                |                |           |          | _        |                         | ,            |
| b               | Less returns a                        | nd allo   | wances                           |              | c Balance ►                           | 1c       |                | 88,787         |           |          |          |                         |              |
| 2               | Cost of goods                         | sold (S   | Schedule A, line 7)              |              |                                       | 2        |                | 50,901         |           | <u> </u> |          |                         |              |
| 3               | Gross profit S                        | Subtrac   | t line 2 from line 1c            |              |                                       | 3        |                | 37,886         | _/        |          |          |                         | 37,886       |
| 4a              |                                       |   | ne (attach Schedule D)           |              |                                       | 4a       |                |                |           |          |          |                         |              |
| b               | Net gain (loss)                       | (Form   | 4797, Part II, line 17) (at      | tach I       | Form 4797) .                          | 4b       |                |                |           |          |          |                         |              |
| С               | •                                     |   | n for trusts                     |              |                                       | 4c       |                |                |           |          |          |                         |              |
| 5               | · · · · · · · · · · · · · · · · · · · |   | a partnership or an S            | corp         | poration (attach                      |          | ,              |                |           |          | ĺ        |                         |              |
|                 | statement)                            |   |                                  |              |                                       | 5        | $\angle$       |                |           |          |          |                         |              |
| 6               | Rent income (                         | Schedu  | ıle C)                           |              |                                       | 6/       |                |                |           |          |          |                         |              |
| 7               | Unrelated deb                         | t-financ  | ced income (Schedule E           | )            | /                                     | 7        |                |                |           |          |          |                         |              |
| 8               |                                       |   | s, and rents from a controlled   |              |                                       | 8        |                |                |           |          |          |                         |              |
| 9               | Investment incor                      | ne of a s   | ection 501(c)(7), (9), or (17) o | rganız       | ation (Schedule G)                    | 9        |                |                |           |          |          |                         |              |
| 10              | Exploited exer                        | mpt act   | ivity income (Schedule I         | )            | /                                     | 10       |                | 139,637        |           | 13       | 9,637    |                         |              |
| 11              | Advertising inc                       | come (S   | Schedule J)                      |              |                                       | 11       |                | 547,954        |           | 42       | 4,114    |                         | 123,840      |
| 12              | Other income                          | (See in   | structions, attach sched         | ule) .       | <i>[</i>                              | 12       |                |                |           |          |          |                         |              |
| 13              | Total. Combin                         |   |                                  | . ,          | <u> </u>                              | 13       |                | 725,477        |           |          | 3,751    |                         | 161,726      |
| Part            |                                       |   | Taken Elsewhere (Se              |              |                                       |          | s on c         | deductions.)   | (Deduc    | ctions   | s mus    | st be dire              | ctly         |
|                 |                                       |   | he unrelated business            |              |                                       | ED.      |                | _              |           |          |          |                         |              |
| 14              | Compensation                          | of offi   | cers, directors, and trust       | tees (       | Schedule K)                           |          | ᄀ있             |                |           |          | 14       |                         |              |
| 15              | Salaries and w                        | vages   | / .                              | 5            |                                       |          | -181           |                |           | -        | 15       |                         | 37,886       |
| 16              | Repairs and m                         | naintena  | ance/                            | 26           | ].APR <b>0 5</b> .2                   | .021     | المرا.         |                |           |          | 16       |                         |              |
| 17              | Bad debts                             |   | /                                | 17           |                                       |          | ايزا           |                |           | .        | 17       |                         |              |
| 18              | Interest (attac                       | h sched   | dule) (see instructions) .       | - <b> </b> - | OGDEN,                                | ·IFT     | . <del>-</del> |                |           | .        | 18       |                         |              |
| 19              | Taxes and lice                        |   | 8                                | <u>_</u>     | OGDEN,                                | U        |                |                |           |          | 19       |                         |              |
| 20              | Depreciation (                        |   |                                  |              |                                       |          |                | 20             |           |          |          |                         |              |
| 21              | Less deprecia                         | tion cla  | imed on Schedule A and           | else         | where on return                       |          |                | 21a            |           |          | 21b      |                         |              |
| 22              | Depletion                             |   |                                  |              |                                       |          |                |                |           | . ]      | 22       |                         |              |
| 23              | Contributions                         | to defe   | rred compensation plan           | s.           |                                       |          |                |                |           | . [      | 23       |                         |              |
| 24              | Employee ben                          | efit pro  | grams                            |              |                                       |          |                |                |           | . [      | 24       |                         |              |

For Paperwork Reduction Act Notice, see instructions.

Excess exempt expenses (Schedule I)

Excess readership costs (Schedule J) . . . Other deductions (attach schedule) . . .

Unrelated business taxable income. Subtract line 30 from line 29

Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13

Cat No 11291J

Form **990-T** (2019)

123,840

161,726

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| Р | 'age | 4 |
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| Form 99              | 0-1 (2019) |   |                            |                            |                         |          |                                       |          | Page ∠                                  |
|----------------------|------------|---|----------------------------|----------------------------|-------------------------|----------|---------------------------------------|----------|---|
|                      |            | otal Unrelated Business Taxable   |                            |                            |                         |          |                                       |          |   |
| 32 (                 | Total o    | f unrelated business taxable income   | e computed from a          | all unrelated trades       | s or businesses (       | see      |                                       |          |   |
|                      | instruct   | ions)   |                            |                            |                         | •        | 32                                    |          |   |
| 33                   | Amoun      | ts paid for disallowed fringes  |                            |                            |                         |          | 33                                    |          |   |
| 34                   | Charita    | ble contributions (see instructions for   | r limitation rules) .      |                            |                         |          | 34                                    |          |   |
| 35                   | Total u    | nrelated business taxable income be   | fore pre-2018 NOL          | s and specific dec         | luction. Subtract       | lıne     |                                       |          |   |
|                      | 34 from    | the sum of lines 32 and 33  |                            |                            |                         |          | 35                                    |          |   |
| 36                   | Deduct     | ion for net operating loss arising  | in tax years beg           | jinning before Ja          | nuary 1, 2018 (         | see      |                                       |          |   |
|                      | instruct   | ions)   |                            |                            |                         |          | 36                                    |          |   |
| 37                   | Total of   | unrelated business taxable income l   | pefore specific ded        | uction. Subtract lin       | e 36 from line 35       | £        | 37                                    |          |   |
| 38                   |            | deduction (Generally \$1,000, but se  |                            |                            |                         |          | 38                                    |          | 1,000                                   |
| 39                   |            | ted business taxable income. Subt   |                            |                            |                         |          |                                       |          | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
|                      |            | e smaller of zero or line 37  |                            |                            |                         |          | 39                                    |          | C                                       |
| Part                 |            | ax Computation  |                            |                            |                         |          |                                       | ~        |   |
| 40                   |            | zations Taxable as Corporations. N  | Aultiply line 39 by 2      | 1% (0.21)                  |                         | <b></b>  | 40                                    |          |   |
| 41                   |            | Taxable at Trust Rates. See   |                            |                            |                         |          |                                       |          |   |
| ••                   |            | ount on line 39 from Tax rate sch   |                            |                            |                         |          |                                       |          |   |
| 42                   |            | <del>_</del>  |                            | ·                          | •                       |          | 42                                    |          |   |
| 43                   |            | tive minimum tax (trusts only)  |                            |                            |                         |          | 43                                    |          |   |
| 44                   |            | Noncompliant Facility Income. See   |                            |                            |                         |          | 44                                    |          |   |
| 4 <del>4</del><br>45 |            | Add lines 42, 43, and 44 to line 40 or  |                            |                            |                         |          | 45                                    |          |   |
|                      |            | ax and Payments   | 41, Whichever appr         |                            | <u> </u>                | <u> </u> | 1 40                                  |          |   |
|                      |            | tax credit (corporations attach Form  | 1119: truete attach        | Form 1116)                 | 46a                     |          | <del></del>                           |          |   |
| 46a                  | _          | redits (see instructions)   |                            |                            | 46b                     |          | Ⅎʹ 丨                                  |          |   |
| b                    |            | I business credit. Attach Form 3800 (   |                            | )-                         | 46c                     |          | -                                     |          |   |
| C                    |            |   |                            | J-                         | 46d                     |          | ᅴ ㅣ                                   |          |   |
| d                    |            | or prior year minimum tax (attach Fo  |                            | <u>-</u>                   |                         |          | 46e                                   |          |   |
| e                    |            | redits. Add lines 46a through 46d   |                            |                            |                         |          | 47                                    |          |   |
| 47                   |            | et line 46e from line 45  |                            |                            |                         |          | 48                                    |          |   |
| 48                   |            | kes Check if from Form 4255 Form  |                            |                            |                         |          | 49                                    |          |   |
| 49<br>50             |            | ax. Add lines 47 and 48 (see instruction  |                            |                            |                         |          | 50                                    |          |   |
| 50                   |            | et 965 tax liability paid from Form 965   |                            |                            | 51a                     | •        | 30                                    |          |   |
| 51a                  |            | nts A 2018 overpayment credited to  |                            |                            | 51b                     |          | -                                     |          |   |
| b                    |            | stimated tax payments   |                            |                            | 51c                     |          | -                                     |          |   |
| C                    |            | posited with Form 8868  |                            |                            |                         |          | -                                     |          |   |
| d                    |            | organizations Tax paid or withheld  |                            |                            | 51d                     |          | <b>- </b>                             |          |   |
| e                    |            | withholding (see instructions)  |                            |                            | 51e 51f                 | —        | -                                     |          |   |
| f                    |            | or small employer health insurance p  |                            | orin 6941)                 | 311                     |          | -                                     |          |   |
| g                    |            | redits, adjustments, and payments   |                            | Tota! ▶                    | 51g                     |          |                                       |          |   |
|                      |            | n 4136 Oth  |                            |                            | 31g                     | —        | 52                                    |          |   |
| 52                   | -          | ayments. Add lines 51a through 51g  |                            |                            |                         | i.       |                                       |          | _                                       |
| 53                   |            | ed tax penalty (see instructions). Che  |                            |                            |                         |          | 53                                    |          |   |
| 54                   |            | e. If line 52 is less than the total of lin   |                            |                            |                         |          | 54<br>55                              |          | 0                                       |
| 55                   |            | syment. If line 52 is larger than the to  |                            |                            |                         |          | 56                                    |          |   |
| 56                   |            | e amount of line 55 you want Credited   |                            |                            | Refunde                 | 1 -      |                                       |          |   |
| Part \               |            | tatements Regarding Certain A   |                            |                            |                         |          |                                       | Yes      | No                                      |
| 57                   | At any     | time during the 2019 calendar year, o   | did the organization       | nave an interest ii        | n or a signature o      | rou      | ner authority                         |          |   |
|                      |            | financial account (bank, securities, or<br>I Form 114, Report of Foreign Bank a                             |                            |                            |                         |          |                                       |          |   |
|                      | here ▶     | romi 114, Report of Foreign Bank a  | and Financial Accou        | units. II Tes, ente        | i the name of the       | : 101    | eigh country                          |          |   |
|                      |            | 4 1 41  |                            |                            |                         |          |                                       | -        | V                                       |
| 58                   | •          | he tax year, did the organization receive   |                            |                            | , or transferor to, a   | iore     | ign trust .                           | $\vdash$ | -                                       |
|                      |            | " see instructions for other forms the  |                            |                            | • •                     |          |                                       |          |   |
| _59                  | Enter th   | ne amount of tax-exempt interest recipenalties of perjury, I declare that I have examined                   | eived or accrued du        | uring the tax year I       | d statements and to the | e her    | t of my knowledge                     | and he   | lef itie                                |
| Qian.                | 1 .        | penalties of perjury, I declare that I have examined<br>orrect, and complete Declaration of preparer (other | than taxpayer) is based on | all information of which p | reparer has any knowle  | dge I    | r"                                    |          |   |
| Sign                 | k +        |   |                            |                            |                         |          | May the IRS disc<br>with the preparer |          |   |
| Here                 |            |   | 4/5/2021                   | CEO                        |                         | 4        | (see instructions)?                   |          |   |
|                      | Signati    | ure of officer  | Date                       | Title                      | 15.                     |          |                                       | TIN      |   |
| Paid                 |            | Print/Type preparer's name  | Preparer's signature       |                            | Date ·                  |          | eck 🗀 if                              | TIN      |   |
| Prepa                | arer       |   | L                          | <u> </u>                   |                         | self     | -employed                             |          |   |
| Use (                |            | Firm's name ▶   |                            |                            |                         | Firm     | n's EIN ►                             |          |   |
| ,                    | y          | Firm's address  |                            |                            |                         | Pho      | ne no                                 |          |   |

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| -Onn 990-1 (2019)  |                      |   |            |                                    |   |  | raye          |  |
|--|----------------------|---|------------|------------------------------------|---|--|---------------|--|
| Schedule A—Cost of Goo   | <b>ds Sold.</b> En   | ter method of 11  | nventory   | valuation >                        | Cost Method   |  |               |  |
| 1 Inventory at beginning of  | of year              | 1 50  | ),901 €    | Inventory a                        | at end of year  | 6  |               |  |
| 2 Purchases  |                      | 2   | 7          | Cost of g                          | oods sold. Subtract line  |  |               |  |
| 3 Cost of labor  | 🗔                    | 3   |            | 6 from line                        | 5. Enter here and in Part   | <u>  </u>                                  |               |  |
| 4a Additional section 263  | 3A costs             |   |            | I, line 2                          |   | 7  | 50,90         |  |
| (attach schedule)  | 4                    | la  | ε          | Do the ru                          | les of section 263A (with   | respect to                                 | Yes No        |  |
| b Other costs (attach sch-   | edule) 4             | lb  |            | property p                         | roduced or acquired for r   | esale) apply                               |               |  |
| 5 Total. Add lines 1 throu   |                      | 5 50  | 0.901      | to the orga                        | anization?  |  | ~             |  |
| Schedule C-Rent Income   |                      |   |            |                                    |   |  |               |  |
| (see instructions)   | •                    |   |            |                                    |   |  |               |  |
| I. Description of property   |                      |   |            |                                    |   |  |               |  |
| 1) N/A   |                      |   |            |                                    | -   |  |               |  |
| 2)   |                      |   | •          |                                    | -   |  |               |  |
| 3)   |                      |   |            |                                    |   |  |               |  |
| 4)   |                      |   |            |                                    |   |  |               |  |
| •  | 2 Rent receive       | ed or accrued   |            |                                    |   |  |               |  |
| (a) From personal property (if the perconal property is more than 50%)                                     |                      | (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) |            |                                    | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) |  |               |  |
| 1)   |                      |   |            | _                                  |   |  |               |  |
| 2)   |                      |   |            |                                    |   |  |               |  |
| 3)   |                      |   |            |                                    |   |  |               |  |
| 4)   |                      | ***   |            |                                    |   |  |               |  |
| rotal  | İ                    | Total   |            |                                    |   |  |               |  |
| c) Total income. Add totals of conere and on page 1, Part I, line 6, o                                     |                      | d 2(b). Enter   | -          |                                    | (b) Total deductions.  Enter here and on page 1  Part I, line 6, column (B)                   |  |               |  |
| Schedule F—Unrelated De  | eht-Finance          | ed Income (see  | instructio | ns)                                | T ditti, mic c, column (B)  |  |               |  |
| Schedule E—Unrelated Debt-Financed Income (see  1. Description of debt-financed property                   |                      |   |            | income from or<br>to debt-financed | Deductions directly connected with or allocable to debt-financed property                     |  |               |  |
| 1. Description of dec  | ot-manoca prop       | property  |            |                                    | (a) Straight line depreciation (attach schedule)  | eductions<br>hedule)                       |               |  |
| 1) N/A   |                      |   |            |                                    |   |  |               |  |
| 2)   |                      |   |            |                                    |   |  |               |  |
| 3)   |                      |   |            |                                    |   |  |               |  |
| 4)   |                      |   |            |                                    |   |  |               |  |
| Amount of average     acquisition debt on or     allocable to debt-financed     property (attach schedule) | of or a<br>debt-fina | e adjusted basis<br>allocable to<br>inced property<br>h schedule)   | 4          | . Column<br>divided<br>column 5    | 7. Gross income reportable (column 2 x column 6)  | 8. Allocable of (column 6 × total 3(a) and | al of columns |  |
| 1)   |                      |   |            | %                                  |   |  |               |  |
| 2)   |                      |   |            | %                                  |   |  |               |  |
| 3)   |                      |   |            | %                                  |   |  |               |  |
| 4)   | _                    |   |            | %                                  |   |  |               |  |
|  |                      |   |            |                                    | Enter here and on page 1,<br>Part I, line 7, column (A)                                       | Enter here and<br>Part I, line 7,          |               |  |
| Fotals<br>Fotal dividends-received deduct  | <br>ions included i  | n column 8  |            | . •                                |   |  |               |  |
|  |                      |   |            |                                    |   | - (  | 200 T (2010   |  |

| Schedule F-Interest, Annu           | uilles   | , noyalles,   |                       |                                   | Organizations  | jailizations (Se   | e instruc                            |   |  |
|-------------------------------------|----------|---|-----------------------|-----------------------------------|--|--|--------------------------------------|---|--|
|                                     |          | . Employer<br>fication number                                       |                       | related income<br>e instructions) | 4. Total of specified payments made  | 5. Part of column included in the corganization's great transfer in the corganization of the column included in th | controlling                          | conne   | eductions directly<br>ected with income<br>in column 5   |
| (1) N/A                             |          |   |                       |                                   |  |  |                                      |   |  |
| (2)                                 |          |   |                       |                                   |  |  |                                      |   |  |
| (3)                                 |          |   |                       |                                   |  |  |                                      |   |  |
| (4)                                 |          |   |                       |                                   | <u></u>  |  |                                      |   |  |
| Nonexempt Controlled Organiz        | ations   | S   |                       |                                   | <u>.                                    </u>   |  |                                      |   |  |
| 7 Tavable Income                    |          | . Net unrelated ind<br>loss) (see instruct                          |                       |                                   | otal of specified<br>yments made   | 10. Part of column included in the coorganization's great the coorganization of the column includes the co | controlling                          | connec  | eductions directly<br>sted with income in<br>column 10   |
| (1)                                 |          | -   |                       |                                   |  |  |                                      |   |  |
| (2)                                 |          |   |                       | •                                 |  |  |                                      |   |  |
| (3)                                 |          |   |                       |                                   |  |  |                                      |   |  |
| (4)                                 |          | ·   |                       |                                   |  |  |                                      |   |  |
| Totale                              |          |   |                       |                                   | _  | Add columns 5<br>Enter here and c<br>Part I, line 8, co  | on page 1,                           | Enter h   | eolumns 6 and 11<br>ere and on page 1,<br>line 8, column (B)                                   |
| Totals Schedule G—Investment I      | ncon     | ne of a Sect  | ion 501               | (c)(7), (9),                      | or (17) Organi   | zation (see ins  | tructions                            | <br>s)  | <del> </del>   |
| 1. Description of income            |          | 2. Amount of  |                       | 3.<br>dire                        | 3. Deductions directly connected (attach schedule)   |  | 4. Set-asides<br>(attach schedule)   |   | otal deductions<br>et-asides (col. 3<br>olus col. 4)   |
| (1) N/A                             |          |   |                       |                                   |  |  |                                      |   |  |
| (2)                                 |          |   |                       |                                   |  |  |                                      |   |  |
| (3)                                 |          |   |                       |                                   |  |  |                                      |   |  |
| (4)                                 |          |   |                       |                                   |  |  |                                      |   |  |
|                                     |          | Enter here and<br>Part I, line 9, o                                 |                       |                                   | ***  |  |                                      | Enter here and on page<br>Part I, line 9, column (E |  |
| Schedule I-Exploited Exe            | mpt      | Activity Inc  | ome, O                | ther Than                         | Advertising In   | come (see inst   | tructions                            | 5)  |  |
| Description of exploited activity   |          | 2. Gross<br>unrelated<br>business inco<br>from trade of<br>business | connected w           |                                   | 4. Net income (loss)<br>from unrelated trade<br>or business (column<br>2 minus column 3)<br>If a gain, compute<br>cols 5 through 7 | 5. Gross income<br>from activity that<br>is not unrelated<br>business income   | 6. Expenses attributable to column 5 |   | 7. Excess exempt<br>expenses<br>(column 6 minus<br>column 5, but not<br>more than<br>column 4) |
| (1) Sponsorships                    | •        | 139   | 9,637 139,6           |                                   | 0  | 0  | )                                    | 0   | C  |
| (2)                                 |          |   |                       |                                   |  |  |                                      |   |  |
| (3)                                 |          |   |                       |                                   |  |  |                                      |   |  |
| (4)                                 |          | Enter here and page 1, Part   | rt I, page 1, Part I, |                                   | s spin mar nathi   | Contains a Contract of the Con |                                      | , eto jets  | Enter here and<br>on page 1,   |
| Totals                              | <b>•</b> | line 10, col (/   |                       | 10, col (B)<br>139,637            |  |  |                                      |   | Part II, line 25   |
| Schedule J-Advertising I            | ncom     |   |                       | 137,037                           | I  |  |                                      |   |  |
| Part I Income From P                |          |   |                       | a Consoli                         | dated Basis  |  |                                      |   |  |
| 1. Name of periodical               |          | 2. Gross<br>advertising<br>income                                   | 3. Direct             |                                   | 4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7  | 5. Circulation income  | 1                                    | dership<br>sts                                      | 7. Excess readership<br>costs (column 6<br>minus column 5, but<br>not more than<br>column 4)   |
| (1) Turkey Country/JAKES Mag        | gazıne   | 476,  | 683                   | 352,843                           |  |  |                                      | 666,722   |  |
| (2) TV Shows                        |          | 71,   | 271                   | 71,271                            |  |  |                                      |   |  |
| (3)                                 |          |   |                       |                                   |  |  |                                      |   |  |
| (4)                                 |          |   |                       |                                   |  |  | ļ                                    |   |  |
| Totals (carry to Part II, line (5)) | <b>•</b> | 547,  | 954                   | 424,114                           | 123,840  |  |                                      | 666,722   | 123,840<br>orm <b>990-T</b> (2019  |

| Part II Income From Periodi                   | cals Reported                                      | on a Separat   | e Basis (For ea   | ach periodical l      | isted in Part II,                 | fill in columns  |
|---|--|--|---|-----------------------|-----------------------------------|--|
| 2 through 7 on a line-b                       | y-line basis.)                                     | -  |   |                       |                                   |  |
| 1. Name of periodical                         | 2. Gross<br>advertising<br>income                  | 3. Direct advertising costs                              | 4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 | 5. Circulation income | 6. Readership costs -             | 7. Excess readership<br>costs (column 6<br>minus column 5, but<br>not more than<br>column 4) |
| (1) N/A                                       |  |  |   |                       |                                   |  |
| (2)   |  |  |   |                       |                                   |  |
| (3)   |  |  |   |                       |                                   |  |
| (4)   |  |  |   |                       |                                   |  |
| Totals from Part I ▶                          | 547,954  | 424,114  |   |                       |                                   | 123,840  |
|   | Enter here and on page 1, Part I, line 11, col (A) | Enter here and on<br>page 1, Part I,<br>line 11, col (B) | and and an and an and   | , millio 17 radiana   | encethe eventual act              | Enter here and<br>on page 1,<br>Part II, line 26   |
| Totals, Part II (lines 1–5) .                 | 547,954  |  |   |                       |                                   | 123,840  |
| Schedule K—Compensation of                    | Officers, Direc                                    | tors, and Trus   | <b>stees</b> (see instr   |                       |                                   |  |
| 1. Name                                       | 2  | 2. Title   | 3. Percent of<br>time devoted t<br>business   | _   4. Compensar      | ion attributable to<br>d business |  |
| (1) N/A                                       |  |  |   | 9                     | 6                                 |  |
| (2)   |  |  |   | 9                     | 6                                 |  |
| (3)   |  |  |   | 9                     | 6                                 |  |
| (4)   |  |  |   | _ 9                   | 6                                 |  |
| Total. Enter here and on page 1, Part II, lir | ne 14  |  |   | 🕨                     |                                   |  |
|   |  |  |   |                       |                                   | 000 T  |

Form **990-T** (2019)

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

## **Unrelated Business Taxable Income from an Unrelated Trade or Business**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

For calendar year 2019 or other tax year beginning 09/01 , 2019, and ending 08/31 , 20 20 ▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

| Name o | f the organization  | Employer identi | identification number . |                |      |                 |    |
|--------|---|-----------------|-------------------------|----------------|------|-----------------|----|
| NATIC  | NAL WILD TURKEY FEDERATION, INC   | 57-0564993      |                         |                |      |                 |    |
|        | nrelated Business Activity Code (see instructions) ▶ 90009  | 9               |                         |                |      |                 |    |
|        | escribe the unrelated trade or business > TURKEY COUNTRY/JA   | KES M           | -<br>1AGAZINE           |                |      |                 |    |
| Par    |   | es              | (C) Net                 |                |      |                 |    |
| 1a     | Gross receipts or sales   |                 |                         |                |      |                 | 1  |
| b      | Less returns and allowances   | 1c              |                         |                |      |                 | Į  |
| 2      | Cost of goods sold (Schedule A, line 7)   | 2               | <u> </u>                |                | ·    |                 | ٦  |
| 3      | Gross profit. Subtract line 2 from line 1c  | 3               |                         |                |      |                 |    |
| 4a     | Capital gain net income (attach Schedule D)   | 4a              |                         |                |      |                 |    |
| b      | Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)                                    | 4b              |                         |                |      |                 |    |
| С      | Capital loss deduction for trusts   | 4c              |                         |                |      |                 |    |
| 5      | Income (loss) from a partnership or an S corporation (attach  |                 |                         |                |      |                 |    |
|        | statement)  | 5               |                         |                |      |                 |    |
| 6      | Rent income (Schedule C)  | 6               |                         |                |      |                 |    |
| 7      | Unrelated debt-financed income (Schedule E)   | 7               |                         |                |      |                 |    |
| 8      | Interest, annuities, royalties, and rents from a controlled   |                 |                         |                |      |                 |    |
|        | organization (Schedule F)   | 8               |                         |                |      |                 |    |
| 9      | Investment income of a section 501(c)(7), (9), or (17)  |                 |                         |                |      |                 |    |
|        | organization (Schedule G)   | 9               |                         |                |      |                 |    |
| 10     | Exploited exempt activity income (Schedule I)   |                 |                         |                |      |                 |    |
| 11     | Advertising income (Schedule J)   |                 |                         |                |      |                 |    |
| 12     | Other income (See instructions, attach schedule)  |                 |                         |                |      |                 |    |
| 13     | Total. Combine lines 3 through 12   | 0               |                         | 0              |      |                 |    |
| Part   | Deductions Not Taken Elsewhere (See instructions for connected with the unrelated business income.) | r lımıta        | itions on deductio      | ns.) (Deductio | ns m | ust be directly |    |
|        | connected with the unrelated business income.   |                 | ·                       |                | , ,  |                 |    |
| 14     | Compensation of officers, directors, and trustees (Schedule K)                                      |                 |                         |                | 14   |                 | ٠. |
| 15     | Salaries and wages  |                 |                         |                | 15   |                 |    |
| 16     | Repairs and maintenance   |                 |                         |                | 16   |                 |    |
| 17     | Bad debts   |                 |                         |                | 17   |                 |    |
| 18     | Interest (attach schedule) (see instructions)   |                 |                         |                | 18   |                 |    |
| 19     | Taxes and licenses  |                 | 1 1                     |                | 19   |                 |    |
| 20     | Depreciation (attach Form 4562)   |                 |                         |                |      |                 |    |
| 21     | Less depreciation claimed on Schedule A and elsewhere on re-  |                 |                         |                | 21b  |                 |    |
| 22     | Depletion   |                 |                         |                | 22   |                 |    |
| 23     | Contributions to deferred compensation plans  |                 | 23                      |                | _    |                 |    |
| 24     | Employee benefit programs   |                 | 24                      |                |      |                 |    |
| 25     | Excess exempt expenses (Schedule I)   |                 | 25                      | _              | _    |                 |    |
| 26     | Excess readership costs (Schedule J)  | <br>:= e+       |                         |                | 26   |                 |    |
| 27     | Other deductions (attach schedule)  |                 |                         |                | 27   | 123,840         |    |
| 28     | Total deductions. Add lines 14 through 27   |                 |                         |                | 28   | 123,840         | _  |
| 29     | Unrelated business taxable income before net operating loss d                                       |                 |                         |                | 29   | -123,840        | _  |
| 30     | Deduction for net operating loss arising in tax years beginn  | -               | _                       |                |      |                 |    |
|        | instructions)   |                 |                         |                | 30   |                 |    |
| 31     | Unrelated business taxable income. Subtract line 30 from line 2                                     | 29 .            |                         |                | 31   | -123,840        |    |

57-0564993

# **Federal Statements**

## Statement 1 - Form 990-T - Primary Unrelated Business Activity

### Description

The NWTF publishes a national magazine for its members from which it receives advertising and circulation income. NWTF also receives income from the following: sale of misc items from PSC Pro Shop, and revenue from NWTF television show advertisements.