(Rev. January 2020)

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

A For the 2019 calendar year, or tax year beginning

▶ Do not enter social security numbers on this form as it may be made public.

and ending

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

Open to Public Inspection

В	Check if applicab	BISBEE'S FISH & WILDLIFE CONSERVATION	D Employer identification	on number
	Addre chanç Name	ge FUND, INC	45 4000460	
	chang	pe Doing business as	45-4908468	
	returr Final	Number and street (or P.O. box if mail is not delivered to street address) Room/sui	· ·	E011
	returr terminated		(562) 927-	
	ated Amer	1	G Gross receipts \$	183,600.
	returr Appli	FLANO, IX /5025	H(a) Is this a group return	
	tion pendi	F Name and address of principal officer: ATCHARD W. BIBBLE	for subordinates?	
-	T	SAME AS C ABOVE SAME SO1(c)(3) SO1(c)(1)	H(b) Are all subordinates include	
		tempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 5 te: ► WWW • BISBEESCONSERVATIONFUND • ORG	If "No," attach a list. H(c) Group exemption nu	
			ar of formation: 2012 M St	
	art I	Summary	ai oi ioiiiiatioii. 2012 Wi St	ate of legal doffficile, 12
-	1	Briefly describe the organization's mission or most significant activities: CONSERVE,	RESTORE AND I	MANAGE
Governance		FISH, WILDLIFE AND THEIR ASSOCIATED HABITATS	THROUGH SCIENCE	<i>I</i>
r.	2	Check this box if the organization discontinued its operations or disposed of mo	1 1	
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3
ø	4	Number of independent voting members of the governing body (Part VI, line 1b)		2
Activities &	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	I I	0
.₹	6	Total number of volunteers (estimate if necessary)		2
Δ	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		0.
	<u> </u>	Net unrelated business taxable income from Form 990-T, line 39		0.
		_	Prior Year	Current Year
Revenue	8 3	Contributions and grants (Part VIII, line 1h)	25,000.	183,600.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	105,148.	-26,512.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	130,148.	157,088.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	48,000.	32,100.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
ď	3 15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	8,500.	4,000.
Fynansas	2 16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
Ž	<u>د</u> ا	Total fundraising expenses (Part IX, column (D), line 25) 1,438.	115 052	150 040
ш	1 17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	115,073.	179,248.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	171,573.	215,348.
		Revenue less expenses. Subtract line 18 from line 12	-41,425.	-58,260.
S Or	DC E		Beginning of Current Year	End of Year
Net Assets o	ਕੂ 20	Total assets (Part X, line 16)	55,281.	12,659.
et A	21	Total liabilities (Part X, line 26)	148,500.	164,138.
	∄ 22 art II	Net assets or fund balances. Subtract line 21 from line 20	-93,219.	-151,479.
		Signature Block		
		alties of perjury, I declare that I have examined this return, including accompanying schedules and state		wledge and belief, it is
true	e, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which prepar T.	er nas any knowledge.	Sign her
		Signature of officer	I Date	
Sig		' · · · ·	Date	•
He	re	RICHARD W. BISBEE, PRESIDENT Type or print name and title		
			Date Check	PTIN
n - '	i.al	Print/Type preparer's name Proparer's signature	1 1 1 1 5 10 0 0 1 if	
Pai		KEVIN WARNEKE WW Varnet	John employed	P01294950
	parer	Firm's name LANE GORMAN TRUBITT, LLC	Firm's EIN ► 75	-1044330
US	Only	Firm's address 2626 HOWELL ST, SUITE 700 DALLAS, TX 75204	Phone no. 214-	971_7500
N 4 ·	ا - حالج بی	BS discuss this return with the preparer shown above? (see instructions)	Phone no. 214-	
IVI2	ıv tne l	B5 discuss this return with the preparer snown above? (see instructions)		X Yes No

	rt III Statement of Program Service Accomplishments	rage –
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	SEE SCHEDULE O	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by experiments for each of its three largest program services.	xpenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exp	enses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$)
	RHINO PROJECT- A PROJECT TO EDUCATE, PREVENT THE EXTINCTION OF T	
	RHINOCEROS, INCLUDING AIDING IN THE CONSERVATION AND MANAGEMENT	
	THREATENED SPECIES. THE RHINO PROJECT INCLUDES TWO MAJOR PROGRAM	
	NKWE ANTI-POACHING TACTICAL TRAINING ACADEMY AND RHINO BREEDING	
	IN LIMPOPO, SOUTH AFRICA. THE ACADEMY IS A PHENOMENAL EFFORT THA	
	TRAINS LOCAL ANTI-POACHING RECRUITS AND CERTIFIES THEM AS GOVERN	
	CERTIFIED FIELD RANGERS. OVER TWO DOZEN RECRUITS HAVE GRADUATED	
	OPERATION WITH CLASSES CURRENTLY RUNNING. THE RHINO BREEDING PRO	
	CONSISTS OF A BREEDING PAIR OF RHINOS THAT THE BE&WCF ACQUIRED A	
	SUBSEQUENT RECENT SUCCESSFUL BREEDING OF A RHINO CALF INTENTIONS	ARE TO
	CONTINUE GROWING THIS YOUNG HERD.	
41.	(Code:) (Expenses \$ 30 , 000 • including grants of \$ 30 , 000 •) (Revenue \$	
4b	(Code:) (Expenses \$)
	EFFORTS OF THE GREEN SCHOLARSHIP PROGRAM, AND LA PAZ UNIVERSITY	
	MEXICO HAVE INSTITUTED THE "BISBEE'S MARINE BIOLOGY SCHOLARSHIP	<u> </u>
		FUND
	PRESIDENT) BELIEVES THAT STUDENTS BLESSED WITH THE DESIRE AND	1 0 1 1 1
	PROPENSITY TOWARD THE ENVIRONMENT AND SCIENCE, SHOULD HAVE THE	
	OPPORTUNITY TO ACHIEVE HIGHER EDUCATION IN ORDER TO GO FORTH ANI	MAKE A
	DIFFERENCE IN THIS WORLD, IRRESPECTIVE OF THEIR FINANCIAL STATUS	
	ETHIC DIVERSITY.	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)	
-t u	(Expenses \$ including grants of \$) (Revenue \$)
4 _P	Total program service expenses 188,468.	,
		Form 990 (2019)

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Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			. v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		х
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			х
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	Х	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	Δ	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		X
20-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_^
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21	Х	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	41	22	

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Pai	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L. Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	Х	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
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, key employee, creator or founder, or substantial contributor? <i>If</i>			
-	"Yes," complete Schedule L, Part IV	28a	Х	
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
Ŭ	"Yes," complete Schedule L. Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
-	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
-	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	-00		
٠.	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
30		36		х
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
31		37		х
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	31		
30		38	х	
Pai		30	22	
. •	Charle if Cabadula O contains a recommon ar note to any line in this Dort V			X
	Check it Schedule O contains a response or note to any line in this Part v		Vac	
4	Enter the number reported in Pay 3 of Form 1006. Enter 0, if not applicable	0	Yes	No
_		5		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	4		
С	(gambling) winnings to prize winners?	1c		
	TOGETHORING WITH HIGG TO DITEC WITHOUT:	1 IC		

Form **990** (2019)

FUND. INC 45-4908468 Page 5 Statements Regarding Other IRS Filings and Tax Compliance Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) **3a** Did the organization have unrelated business gross income of \$1,000 or more during the year? X За **b** If "Yes," has it filed a Form 990-T for this year? *If* "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Х **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5_b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? d If "Yes." indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans

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14b

X

Х

X

Enter the amount of reserves on hand

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O

excess parachute payment(s) during the year?

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," complete Form 4720, Schedule O.

If "Yes," see instructions and file Form 4720, Schedule N.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line oa, ob, or rob below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management		l	l
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 3	4		
	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 on Schedule 0.			
b	Enter the number of voting members included on line 1a, above, who are independent	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			37
_	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			- v
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			x
	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7a		Α_
D		76		x
0	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		
8		00	Х	
a b		8a 8b	X	
9	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	OD	21	
3	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	1 3	<u> </u>	
	(This Section B requests information about policies not required by the internal nevertue code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
_	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a		11a		Х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a		12a		Х
b	and the second of the second o	12b		
С				
	in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)	s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	SUSAN BAKER - (562) 927-5944 2300 MCDERMOTT ROAD, SUITE 200-382, PLANO, TX 75025			
	4300 MCDERMOII ROAD, SUIIE 400-304, FLANU, TA /3043			

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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organiza (A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				l than o	one n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) RICHARD WAYNE BISBEE	45.00							4 000		
PRESIDENT	0.00	X		Х		_		4,000.	0.	0
(2) JEFFREY KOGA TREASURER	0.00	X		х				0.	0.	0
(3) TODD LEE	0.00	^		^				0.	0.	0
SECRETARY		х		Х				0.	0.	0
		-								
		1								
		-								
		1								
		1								
		-								
		_								
		-								
		-								
		\vdash	\vdash			\vdash				
		1								

Form **990** (2019)

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Section A. Officers, Directors, Trus		oloy	ees,	anc	l Hiç	ghes	t C	ompensated Employee	s (continued)			
(A)	(B) (C)							(D)	(E)		(F)	
Name and title	Average	(do		Posi		<mark>າ</mark> than d	one	Reportable	Reportable	Estimated		
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	a	ımount	of
	week		Jer an	u a di	recto	r/trus	ree)	from	from related		other	
	(list any hours for	Individual trustee or director						the	organizations	- 1	mpensa	
	related	or di	99			sated		organization	(W-2/1099-MISC)		from th	
	organizations	rustee	trust		e e	n pens		(W-2/1099-MISC)		- 1	ganiza nd rela	
	below	dual t	rtio na	_	nploy	st cor	-				ganizat	
	line)	ndivic	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			"	Jan .	
		_			_							
										+		
		1										
			Н							+		
		1										
			\vdash							+		
1b Subtotal	1				<u> </u>			4,000.	0			0.
c Total from continuation sheets to Part VI								0.				0.
								4,000.				0.
d Total (add lines 1b and 1c)							0 10			•		•
	ot iimitea to tri	ose	iiste	u ab	ove	e) WII	o re	eceived more than \$100,	ooo or reportable			0
compensation from the organization											Yes	No
2 Did the organization list any former officer	director tructs	00 1		mnl	01/0	۰ ۵۲	hia	host componented amp	ovoc on		103	140
3 Did the organization list any former officer,	Ť	-	•	•	•	-	•		•	3		х
line 1a? If "Yes," complete Schedule J for so 4 For any individual listed on line 1a, is the su												- 25
	•							•	0	4		Х
and related organizations greater than \$150										4		
5 Did any person listed on line 1a receive or a	•				•			•		_		Х
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedule	e <i>J t</i> o	or su	ich ŗ	oers	on .				. 5		Λ
·		lori	n d - ·			t - ·	رم با .	act received	100,000 of	ootiee 1	×0.000	
1 Complete this table for your five highest con										เรลแบท T	10111	
the organization. Report compensation for	irie caiendar ye	ear e	nain	ig W	itr) C	or Wi	ının T		ear.		(C)	
(A) Name and business	address	M	ONE	7.				(B) Description of s	ervices	Comp	(C) ensatic	n
Traine and publicas		TAC	\T\				\dashv	2000111011011011	5			
							\dashv					
							\dashv					
							\dashv					
							\dashv					
2 Total number of independent contractors (in		ot lin	nited	i to i	_		ted	above) who received mo	ore than			
\$100,000 of compensation from the organiz	zation				(J					000	,
										Forn	990	(2019)

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Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Revenue excluded Total revenue Related or exempt Unrelated from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 1b **b** Membership dues 183,600. c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 1f g Noncash contributions included in lines 1a-1f 183,600. h Total. Add lines 1a-1f **Business Code** 2 a Program Service f All other program service revenue g Total. Add lines 2a-2f . Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a b Less: cost or other basis and sales expenses 7b Other Revenue c Gain or (loss) ______7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 183,600. of contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses -26,512. -26,512. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 10a and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d 157,088. -26,512. **12 Total revenue.** See instructions Form **990** (2019)

Form 990 (2019) FUND , INC Part IX Statement of Functional Expenses

Do n	Check if Schedule O contains a respons ot include amounts reported on lines 6b,	(A)	(B)	(C)	(D) Fundraising
	b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	32,100.	32,100.		
0	and domestic governments. See Part IV, line 21	32,100.	32,100.		
2	Grants and other assistance to domestic				
•	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
4	individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members		-		
5	Compensation of current officers, directors,	4,000.		4,000.	
	trustees, and key employees	4,000.		4,000.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)				
	Other salaries and wages				
8	Pension plan accruals and contributions (include				
0	section 401(k) and 403(b) employer contributions)				
	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
	Management				
	Legal	1,875.		1,875.	
	Accounting	1,075.		1,075.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
40	column (A) amount, list line 11g expenses on Sch O.)	500.	500.		
	Advertising and promotion	19,076.	268.	18,808.	
13	Office expenses	25,892.	25,892.	10,000.	
14	Information technology	23,092.	23,092.		
	Royalties	4,596.	4,596.		
16	Occupancy	43,151.	41,591.	122.	1,438
	Travel	43,131.	41,391.	122.	1,430
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization		+		
23	Insurance				
_	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
_	amount, list line 24e expenses on Schedule 0.) RHINO PROJECT FUNDING	82,521.	82,521.		
a b	TRADE SHOWS	1,000.	1,000.		
		±,000.	±,000.		
c d					
	All other expenses	637.		637.	
	Total functional expenses. Add lines 1 through 24e	215,348.	188,468.	25,442.	1,438
25 26	Joint costs. Complete this line only if the organization	213,310.	100,400.	20, 112.	1,430
10					
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.	1			

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		Check if Schedule O contains a response or note	to arry I	O III UIIG I GILA	(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			31,559.	1	-11,064
	2	Savings and temporary cash investments			2		
	3	Pledges and grants receivable, net		3			
		Accounts receivable, net			4		
		Loans and other receivables from any current or t					
		trustee, key employee, creator or founder, substa					
		controlled entity or family member of any of these		5			
	6	Loans and other receivables from other disqualifie					
		under section 4958(f)(1)), and persons described		6			
s l	7	Notes and loans receivable, net				7	
Assets		Inventories for sale or use				8	
AS		Prepaid expenses and deferred charges				9	
1		Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	67,435.			
	b	Less: accumulated depreciation		43,712.	23,722.	10c	23,723
1	11	Investments - publicly traded securities		11			
1	12	Investments - other securities. See Part IV, line 11			12		
1	13	Investments - program-related. See Part IV, line 1			13		
1	14	Intangible assets		14			
1	15	Other assets. See Part IV, line 11		15			
1	16	Total assets. Add lines 1 through 15 (must equa		I	55,281.	16	12,659
1	17	Accounts payable and accrued expenses			0.	17	138
1	18	Grants payable		18			
1	19	Deferred revenue		19			
2	20	Tax-exempt bond liabilities				20	
2	21	Escrow or custodial account liability. Complete P				21	
ທ 2	22	Loans and other payables to any current or former					
		trustee, key employee, creator or founder, substa	ntial cor	tributor, or 35%			
		controlled entity or family member of any of these	e person		148,500.	22	164,000
2 ٿ	23	Secured mortgages and notes payable to unrelat	ed third	parties		23	
2	24	Unsecured notes and loans payable to unrelated	third pa			24	
2	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24). (omplete Part X			
		of Schedule D		L		25	
2	26	Total liabilities. Add lines 17 through 25			148,500.	26	164,138
		Organizations that follow FASB ASC 958, chec					
Ses		and complete lines 27, 28, 32, and 33.					
ğ 2	27	Net assets without donor restrictions		L	-93,219.	27	-151,479
2 2	28	Net assets with donor restrictions				28	
⊒		Organizations that do not follow FASB ASC 95					
2		and complete lines 29 through 33.					
5 2	29	Capital stock or trust principal, or current funds				29	
) Ser	30	Paid-in or capital surplus, or land, building, or equ				30	
ž 3	31	Retained earnings, endowment, accumulated inc				31	
Net Assets or Fund balances	32	Total net assets or fund balances			-93,219.	32	-151,479
					55,281.	33	12,659

Form	1 990 (2019) FUND, INC	45-4908	8468	Pad	ge 12
Pa	rt XI Reconciliation of Net Assets			,	-
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		7,08	
2	Total expenses (must equal Part IX, column (A), line 25)	2		5,3	
3	Revenue less expenses. Subtract line 2 from line 1	3		3,2	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-9:	3,2	<u> 19.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
_	column (B))	10	-151	L,4'	<u>79.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	<u></u>		oxdot
				Yes	No
1	Accounting method used to prepare the Form 990:				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			

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

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 on Schedule O and describe any steps taken to undergo such audits

Act and OMB Circular A-133?

Form 990 (2019)

За

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

► Go to www.irs.gov/Form990 for instructions and the latest information. BISBEE'S FISH & WILDLIFE CONSERVATION

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

FUND INC 45-4908468 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 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 hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 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.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% 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 33 1/3% 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. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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 I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed in your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Total

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

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

Sec	ction A. Public Support		· · · · · · · · · · · · · · · · · · ·	•			
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and	,	,	,	, ,	, ,	,
	membership fees received. (Do not						
	include any "unusual grants.")	912,498.	455,565.	40,200.	169,990.	183,600.	1761853.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	912,498.	455,565.	40,200.	169,990.	183,600.	1761853.
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,						1060505
	column (f)						1262737.
	Public support. Subtract line 5 from line 4.						499,116.
	ction B. Total Support	() 0045	(1) 0040	() 0047	(1) 0040	() 0040	(c) T
	ndar year (or fiscal year beginning in)	(a) 2015 912, 498.	(b) 2016 455, 565.	(c) 2017 40, 200.	(d) 2018 169, 990.	(e) 2019 183,600.	(f) Total 1761853.
	Amounts from line 4	912,490.	455,565.	40,200.	109,990.	103,000.	1/01033.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
0	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the		46,945.	54,341.			101,286.
10	business is regularly carried on Other income. Do not include gain		40,545.	34,341.			101,200.
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						1863139.
	Gross receipts from related activities,	etc. (see instructio	ns)			12	
	First five years. If the Form 990 is for						
	organization, check this box and stop				-		
Sec	ction C. Computation of Public		centage				
14	Public support percentage for 2019 (li	ne 6, column (f) div	vided by line 11, co	olumn (f))		14	26.79 %
	Public support percentage from 2018					15	30.31 %
	33 1/3% support test - 2019. If the o					ore, check this box	and
	stop here. The organization qualifies	as a publicly suppo	orted organization				>
b	33 1/3% support test - 2018. If the o						
	and stop here. The organization quali	fies as a publicly s	upported organiza	tion			
17a	10% -facts-and-circumstances test	- 2019. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the "fact	ts-and-circumstand	es" test, check thi	s box and stop h	ere. Explain in Par	t VI how the organ	
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	ublicly supported	organization		▶ X
b	10% -facts-and-circumstances test	- 2018. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	e "facts-and-circur	nstances" test, ch	eck this box and	stop here. Explain	in Part VI how the	
	organization meets the "facts-and-circ	umstances" test. 7	The organization qu	ualifies as a public	ly supported orgar	nization	▶∐
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	<u>, 16b, 17a, or 17b</u>	, check this box ar	nd see instructions	·

Schedule A (Form 990 or 990-EZ) 2019

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support	ow, please com	piete Fart II.)				
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
alendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6	(4) 2010	(6) 2010	(6) 2011	(4) 2010	(6) 2013	(i) rotai
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						+
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for t	•			•	. , . ,	
check this box and stop here						>
Section C. Computation of Public					T T	
15 Public support percentage for 2019 (lin					15	%
Public support percentage from 2018 S					16	%
Section D. Computation of Invest					T .= T	
17 Investment income percentage for 201					17	9/
18 Investment income percentage from 20					18	9/
19a 33 1/3% support tests - 2019. If the o	•		•			
more than 33 1/3%, check this box and b 33 1/3% support tests - 2018. If the c	-	-				
line 18 is not more than 33 1/3%, check	k this box and s	top here. The orga	nization qualifies	as a publicly suppo	orted organization	>
20 Private foundation. If the organization						

932023 09-25-19

Schedule A (Form 990 or 990-EZ) 2019

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	4		
	1		
	2		
	3a		
	- Oa		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	Oc		
	9a		
	9b		
	9с		
	10a		
	10b		
, a	90 or 99	0-F7	2010
. •			

Pai	t IV Supporting Organizations (continued)			J
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	uctions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes" describe in Part VI the role played by the organization in this regard	3b	 	

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	ov. 20, 1970 (explain in F	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must of	omplete Sec	tions A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
_3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
_7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations _(continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	·	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
с	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
_	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2010			

Schedule A (Form 990 or 990-EZ) 2019

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
PART II, SECTION C, LINE 17A
10% FACTS-AND-CIRCUMSTANCES TEST 2019
BISBEE'S FISH AND WILDLIFE CONSERVATION FUND, INC. (BFWCF) IS A TEXAS
NONPROFIT CORPORATION INCORPORATED IN 2012. ITS MISSION IS TO CONSERVE,
RESTORE AND MANAGE FISH, WILDLIFE AND THEIR ASSOCIATED HABITATS THROUGH
SCIENCE, EDUCATION AND TECHNOLOGY. THE INTERNAL REVENUE SERVICE ISSUED
A RULING FINDING THAT THE BFWCF IS A CHARITABLE ORGANIZATION EXEMPT
FROM FEDERAL INCOME TAX UNDER IRC 501(C)(3), AND IS A
PUBLICLY-SUPPORTED ORGANIZATION DESCRIBED IN SECTIONS 170(B)(1)(A)(VI)
AND 509(A)(1).

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2019

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
MARK PAUL TERK - CHARITABLE TRUST	1,300,000.	1,262,737.
Total Excess Contributions to Schedule A. Part II. Line 5		1,262,737.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

0040

2019

OMB No. 1545-0047

Name of the organization

BISBEE'S FISH & WILDLIFE CONSERVATION

Employer identification number

45-4908468

Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization
BISBEE'S FISH & WILDLIFE CONSERVATION
FUND, INC

Employer identification number

45-4908468

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BRIAN WALLEY 3702 MARINE AVE BELCARRA, BRITISH COLUMBIA, CANADA V3H-4R8	\$12,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	LUIS ZUMAETA 7035 WASHITA WAY SAN ANTONIO, TX 78256	\$12,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
NO.	Name, address, and ZIF + 4	- \$	Person Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
BISBEE'S FISH & WILDLIFE CONSERVATION
FUND, INC

Employer identification number

45-4908468

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				

Name of organization **Employer identification number** BISBEE'S FISH & WILDLIFE CONSERVATION 45-4908468 FUND, Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

BISBEE'S FISH & WILDLIFE CONSERVATION FUND,

Employer identification number 45-4908468

Schedule D (Form 990) 2019

71043-71

Par			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		(b) Funds and other accounts
_	Total number at and of year	(a) Donor advised funds	(b) Furius and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4 5	Aggregate value at end of year	witing that the assets hold in donor advis	and funds
3	are the organization's property, subject to the organization's e	_	
6	Did the organization inform all grantees, donors, and donor ac		
Ū	for charitable purposes and not for the benefit of the donor or		-
Par			
1	Purpose(s) of conservation easements held by the organizatio		,
	Preservation of land for public use (for example, recreat	ion or education) Preservation of	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			-
С	Number of conservation easements on a certified historic stru	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired at	fter 7/25/06, and not on a historic structu	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the period		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing cons	servation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing conserva	tion easements during the year
	\$		6 1/ 1/ 77 / 6
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	·	
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial statem	ents that describes the
Par	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art Historical Treasures or Of	ther Similar Assets
ı aı	Complete if the organization answered "Yes" on Form		and diffinal Addetsi
	If the organization elected, as permitted under FASB ASC 958		and halance sheet works
Iu	of art, historical treasures, or other similar assets held for publi	•	
	service, provide in Part XIII the text of the footnote to its finance	,	•
h	If the organization elected, as permitted under FASB ASC 958		
D	art, historical treasures, or other similar assets held for public	•	
	provide the following amounts relating to these items:	oxination, caacation, or research in fact	ioranoe or public service,
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(m) 4		.
2	If the organization received or held works of art, historical trea		
~	the following amounts required to be reported under FASB AS		ga, provide
а	Revenue included on Form 990, Part VIII, line 1	-	> \$
	Assets included in Form 990, Part X		

932051 10-02-19

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

Scho	edule D (Form 990) 2019 FUND, II	NC S FISH & W	- חעוד	LFE COI	'ADEK VAI	TON	,	45-49	08468	3 p.	2
	rt III Organizations Maintaining C		t. Histo	orical Tre	asures. or	Other	Similar	Assets	(contin	, F	age 🗲
3	Using the organization's acquisition, accession								COILLI	uea)	
	collection items (check all that apply):	511, 4114 541151 155515	.0, 0,1001	arry or arror	onowing that	mano oigi	innoant c	100 01 110			
а	Public exhibition		d \square	I oan or exc	hange progra	ım					
b	Scholarly research										
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and explai	n how th	ev further th	ne organizatio	n's exemr	ot purpos	se in Part	XIII.		
5	During the year, did the organization solicit or										
	to be sold to raise funds rather than to be ma								Yes		No
Pai	rt IV Escrow and Custodial Arrang								ine 9, or		
	reported an amount on Form 990, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for d	contributions	s or other ass	ets not in	cluded				
	on Form 990, Part X?							\square	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able:							
									Amount	:	
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
	Ending balance						1f				
2 a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for e	escrow or cu	ıstodial accou	unt liability	/?	<u> </u>	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Pai	rt V Endowment Funds. Complete i										
		(a) Current year	(b) P	rior year	(c) Two year	s back (d	d) Three y	ears back	(e) Four	years	back
	Beginning of year balance										
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
g	End of year balance				\						
2	Board designated or quasi-endowment	•		j, column (a)	neid as.						
a	Permanent endowment		—70								
·	The percentages on lines 2a, 2b, and 2c shou	, •									
За	Are there endowment funds not in the posses		ation tha	t are held ar	nd administer	ed for the	organiza	ation			
ou	by:	oolon or the organiza	ation tha	t are ricia ar	ia aarriiriiotor	00 101 1110	organiza	111011	ſ	Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the										
Pai	rt VI Land, Buildings, and Equipm										
	Complete if the organization answered	d "Yes" on Form 990	0, Part IV	, line 11a. S	ee Form 990	, Part X, lir	ne 10.				
	Description of property	(a) Cost or o			or other		cumulate	ed	(d) Bool	c valu	<u> </u>
		basis (investi	ment)	basis	(other)		reciation				
1a	Land										
	Buildings										
	Leasehold improvements										
d	Equipment										
		1			P 40F		40 00	10 1	~ ~ ~		\sim

Schedule D (Form 990) 2019

23,723.

e Other

67,435.

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

43,712.

	SH & MILDLILE		1000160 - 3
Schedule D (Form 990) 2019 FUND, INC Part VII Investments - Other Securities.		45	-4908468 Page 3
	on Forms 000 Dort IV lines	11b Cas Farms 000 Bart V line 10	
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	of year market value
	(b) BOOK Value	(c) Method of Valuation. Cost of end	1-01-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H) Total (Col. (h) must equal Form 000 Part V col. (P) line 10 \			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.			
	on Form 000 Dort IV line:	11a Cas Farm 000 Dark V line 12	
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-vear market value
	(b) Book value	(e) meaned of valuation: eggs of one	or your market value
<u>(1)</u> (2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11d. See Form 990. Part X. line 15.	
	Description		(b) Book value
(1)	•		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15)	>	
Part X Other Liabilities.	<i>5 10.)</i>		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability		· · · · · · · · · · · · · · · · · · ·	(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2019

(7) (8) (9)

	t XI Reconciliation of Revenue per Audited Financial Statem	nents With Reven	ue per Return.	uge -
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.		
1	Total and a second all a secon		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		5	
Pa	t XII Reconciliation of Expenses per Audited Financial Stater	ments With Exper	nses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С				
5 D 2	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) † XIII Supplemental Information.		5	
			D	
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa		Part V, line 4; Part X, line 2; Part XI,	
imes	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ac	uditional information.		

Schedule D (Form 990) 2019

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

BISBEE'S FISH & WILDLIFE CONSERVATION

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

FUND, I	NC				45-4908	468
Part I Fundraising Activities.	Complete if the organization answer	ered "Y	'es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	Ifilers are not
required to complete this part						
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P. b If "Yes," list the 10 highest paid individual compensated at least \$5,000 by the 	e Solicita f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p	tion of tion of fundra (includ	non-g gover aising ding of	rovernment grants roment grants events fficers, directors, trus undraising services?	etees, or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	I have c	Did raiser sustody ntrol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total			•			
List all states in which the organization or licensing.	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is exempt from re	gistration

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

Schedule G (Form 990 or 990-EZ) 2019

Schedule G (Form 990 or 990-EZ) 2019 FUND, INC

Part II Fundraising Events Complete (1997)

45-4908468 Page 2

Pá	ırt ı	of fundraising events. Complete if the	-		· · · · · · · · · · · · · · · · · · ·	
		or randraising event contributions and gre	(a) Event #1	(b) Event #2	(c) Other events	1
			CABO	(b) Event #E	NONE	(d) Total events
			FUNDRAISER		NONE	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
e			(event type)	(event type)	(total flumber)	
Revenue	1	Gross receipts	183,600.			183,600.
<u>m</u>						
	2	Less: Contributions	183,600.			183,600.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses						
ens	6	Rent/facility costs				
Ä						
ģ	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	26,512.			26,512.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)		>	26,512.
	11	Net income summary. Subtract line 10 from li				-26,512.
Pa	ırt I		answered "Yes" on Form	990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.				
d)			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(a) Birigo	bingo/progressive bingo	(o) other garning	col. (a) through col. (c))
eve						
	1	Gross revenue				
S	2	Cash prizes				
Direct Expenses						
kpe	3	Noncash prizes				
Ê						
iec	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No	No No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
9	En	ter the state(s) in which the organization condu	cts gaming activities:			
а	ls t	he organization licensed to conduct gaming a	ctivities in each of these s	states?		Yes No
b	If "	No," explain:				
	_					
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or te	rminated during the tax	year?	Yes No
		Yes," explain:				
	_					
						rm 990 or 990-F7\ 2019
		L11_1Q				

BISBEE'S FISH & WILDLIFE CONSERVATION

Sch	nedule G (Form 990 or 990-EZ) 2019 FUND, INC	45-4	908	468	Page 3
11	Does the organization conduct gaming activities with nonmembers?			Yes	No No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed				
	to administer charitable gaming?			Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:				
	The organization's facility		13a		%
	An outside facility		13b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and record				
	Name				
	Address				
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?			Yes	☐ No
ŀ	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amo	ount			
	of gaming revenue retained by the third party > \$				
(If "Yes," enter name and address of the third party:				
	Name				
	Address >				
16	Gaming manager information:				
	Name				
	Gaming manager compensation > \$				
	Description of services provided				
	☐ Director/officer ☐ Employee ☐ Independent contractor				
17	Mandatory distributions:				
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?			Yes	☐ No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent i				
	organization's own exempt activities during the tax year > \$				
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v);	and Pari	t III, lin	es 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.				
_					
_					
_					

BISBEE'S FISH & WILDLIFE CONSERVATION

Schedule G (Form 990 or 990-EZ) FUND, INC	45-4908468	Page 4
Schedule G (Form 990 or 990-EZ) FUND , INC Part IV Supplemental Information (continued)		

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

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

BISBEE'S FISH & WILDLIFE CONSERVATION

FUND,

Name of the organization

OMB No. 1545-0047

Open to Public

Employer identification number

Inspection

45-4908468

Part	Part I General Information on Grants and Assistance	nd Assistance							
1 Doe.	Does the organization maintain records to substantiate the amount of	to substantiate the	amount of the grants	or assistance, the (grantees' eligibility	for the grants or assis	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection		
crite 2 Desc	criteria used to award the grants of assistance ? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	stance?	oring the use of grant f	funds in the United	States.				oN ₹
ᆲ	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	Domestic Organi:	zations and Domestic	: Governments. C	complete if the orga	inization answered "Y	es" on Form 990, Part I	V, line 21, for any	
	recipient that received more than \$5,000. Part II can be duplicat	\$5,000. Part II can	be duplicated if additic	ted if additional space is needed.	ed.				
1 (a) h	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	rant
CHARITY D 3945 GREE STAFFORD,	CHARITY DEVELOPMENT OF LOS CABOS 3945 GREENBRIAR DRIVE STAFFORD, TX 77477	20-1967901	501(C)(3)	30,000.	.0		<u> </u>	GREEN SCHOLARSHIP PROGRAM	PROGRAM
2 Ente	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	nd government or	ganizations listed in the	e line 1 table				A	1
3 Ente	Enter total number of other organizations listed in the line 1 table	s listed in the line	1 table					•	
LHA For	For Paperwork Reduction Act Notice, see the Instructions for For	see the Instructi	ions for Form 990.					Schedule I (Form 990) (2019)	990) (2019)

BISBEE'S FISH & WILDLIFE CONSERVATION

FUND, INC

Schedule I (Form 990) (2019) FUND, INC

Part III 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.

Page 2

45-4908468

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	luired in Part I, lin	e 2; Part III, column	(b); and any other ad	ditional information.	
932102 10-26-19		I (Schedule I (Form 990) (2019)

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Transactions With Interested Persons

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019
Open To Public Inspection

Name of the organization BISBEI

BISBEE'S FISH & WILDLIFE CONSERVATION

Employer identification number

Ľ.	UND, IN									084	68		
Part I Excess Bene	fit Transac	ctions (section 50)1(c)(3	3), secti	ion 501(c)(4), and sec	ction	n 501(c)(29) orgai	nizatio	ns on	ly).			
Complete if the o	rganization ar	nswered "Yes" on F	orm 9	990, Pa	art IV, line 25a or 25b	, or	Form 990-EZ, Pa	art V, I	ine 40	b.			
1 , ,	(k) Relationship betv	veen o	disqual	ified ,						(d)	Corre	cted?
(a) Name of disqualified p	erson	person and or	ganiza	ation	(0	;) D	escription of tran	sactio	n		Ye	es	No
											1		
											+	-	
											+	-	
2 Enter the amount of tax in section 49583 Enter the amount of tax,					·				▶ \$ ▶ \$				
Part II Loans to and	/or From I	nterested Pers	ons										
					D-+1/ 15 00		- 000 D-+ N/ I'-	- 00-					
·	•				, Part V, line 38a or F	orm	1 990, Part IV, line	e 26; d	or if th	e orga	nizatio	n	
· · · · · · · · · · · · · · · · · · ·		90, Part X, line 5, 6	 	2. oan to or	(-) Ovininal			()	. I.a	(h) Ap	proved	(:) \A/	ritton
(a) Name of interested person	(b) Relationsh with organizati		fror	m the	(e) Original principal amount	(1	f) Balance due) In ault?	I hy ho	ard or		ritten ment?
interested person	With organizati	0110011		ization?	principal arricant				г	comm			
RICHARD WAYNE B	OFFICER	OPERATIN	To X	From	164,000.		164,000.	Yes	No X	Yes	No	Yes X	No
KICHARD WAINE D	OFFICER	OPERATIN		-	104,000.		104,000.						
				1									
			-										
			-	-									<u> </u>
				-									
							164 000						
^{[otal} Grants or As	cictanaa B	enefiting Inter	octo	d Dor	\$		164,000.						
		•											
•		nswered "Yes" on F					I						
(a) Name of interested p	erson	(b) Relationship			(c) Amount of assistance		(d) Type assistan			•) Purp assista		
		interested pers the organiza		a	assistance		assistarii	- -		•	2001016	ii ice	
									_				
									_				
									_				
									\dashv				
									_				
									\dashv				
							-		_				

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

Schedule L (Form 990 or 990-EZ) 2019

SEE PART V FOR CONTINUATIONS

BISBEE	'S FISH &	WILDLIE	E CONSE	RVATIO	N							
Schedule L (Form 990 or 990-EZ) 2019 FUND,	INC				45-4908	468	Page 2					
Part IV Business Transactions Involv	ing Interested	Persons.										
Complete if the organization answered	"Yes" on Form 990), Part IV, line 2	8a, 28b, or 28c		T	1 (-) Cla	uiaa af					
(a) Name of interested person	(b) Relationship to person and the	oetween interes he organization	, , ,	mount of saction	(d) Description of transaction		aring of cation's lues?					
						Yes	No					
RICHARD WAYNE BISBEE	OWNER OF	R.W. BIS	SBE	4,000.	MANAGEMENT		Х					
						-						
						+						
						+						
Part V Supplemental Information. Provide additional information for responses to questions on Schedule L (see instructions).												
SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:												
(A) NAME OF PERSON: RICHAR	D WAYNE BI	SBEE										
(C) PURPOSE OF LOAN: OPERA	ring expen	ISES										
COLL DADE IN DIGINIZA E		10 TM70T	17TNO TNO		ID DEDGONG.							
SCH L, PART IV, BUSINESS T	RANSACTION	12 INVOL	VING INI	EKESTE	D PERSONS:							
(A) NAME OF PERSON: RICHAR	D WAYNE BI	SBEE										
(B) RELATIONSHIP BETWEEN I	NTERESTED	PERSON	AND ORGA	NIZATI	ON:							
OWNER OF R.W. BISBEE INTER	NATIONAL,	LLC										

OWNER OF R.W. BISBEE INTERNATIONAL, I

(C) AMOUNT OF TRANSACTION \$ 4,000.

- (D) DESCRIPTION OF TRANSACTION: MANAGEMENT FEES
- (E) SHARING OF ORGANIZATION REVENUES? = NO

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

BISBEE'S FISH & WILDLIFE CONSERVATION FUND, INC

Employer identification number 45-4908468

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: EDUCATION, AND TECHNOLOGY. FORM 990, PART III, LINE 1 ORGANIZATION'S MISSION BISBEE'S FISH & WILDLIFE CONSERVATION FUND CONSERVES, RESTORES, AND MANAGES FISH, WILDLIFE AND THEIR ASSOCIATED HABITATS THROUGH SCIENCE EDUCATION, AND TECHNOLOGY THE CONSERVATION FUND WORKS HAND-IN-HAND WITH OTHER CONSERVATION GROUPS TO ADVANCE CONSERVATION RESEARCH. THE FUND ALSO SUPPORTS ENVIRONMENTAL CAUSES AND HELPS TEACH TRADES ANO SKILLS TO PEOPLE IN SUBJECTS RELATED TO THE ENVIRONMENT AND ANIMAL CONSERVATION SO THEY CAN DEVELOP MARKETABLE SKILLS TO EARN A LIVING. ORGANIZATION ENGAGES IN THE FOLLOWING (1) ANIMAL CAUSES, INCLUDING, WITHOUT LIMITATION, EDUCATION, THE PREVENTION OF THE EXTINCTION OF SPECIES OF ANIMALS, THE CONSERVATION AND MANAGEMENT OF THREATENED SPECIES (BOTH BIOLOGICALLY ANO SOCIO-ECONOMICALLY), THE ASSISTANCE OF ABUSED ANIMALS, AND THE ADVOCACY FOR ANIMAL RIGHTS (AS PERMITTED BY SECTION 501(H) OF THE CODE, (2) ENVIRONMENTAL CAUSES, INCLUDING WITHOUT LIMITATION, EDUCATION, REPARATION AND PROTECTION OF THE ENVIRONMENT AND THE ADVOCACY FOR THE ENVIRONMENT FORM 990, PART VI, SECTION B, LINE 11B: FORM 990 REVIEW PROCESS THE ORGANIZATION DOES NOT HAVE A FORMAL REVIEW PROCESS FOR ITS FORM 990.

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

Schedule O (Form 990 or 990-EZ) (2019)

<u>o</u>	BISBEE'S FISH & WILDLIFE CONSERVATION FUND, INC	Employer identification number 45-4908468
FORM 990, PART	V, LINE 2A	
EMPLOYEES		
THE ORGANIZATION	ON LEASES AN EMPLOYEE FROM R.W. BISBEE INTER	NATIONAL,
LLC. PER FORM	990 INSTRUCTIONS. THE ORGANIZATION SHOULD TR	EAT A LEASED
EMPLOYEE AS TH	E ORGANIZATION'S OWN EMPLOYEE.	
FORM 990, PART	VI, SECTION C, LINE 19:	
AVAILABILITY O	F DOCUMENTS	
DOCUMENTS AVAI	LABLE ON THE ORGANIZATION'S WEBSITE AND UPON	REQUEST.
FORM 990, PART	VI, SECTION B, LINE 12 TO LINE 14	
POLICIES AND P	ROCEDURES	
THERE IS CURRE	NTLY NOT ANY CONFLICT OF INTEREST POLICY, DO	CUMENT
RETENTION AND	DESTRUCTION POLICY OR WHISTLEBLOWER POLICY	IN PLACE AT
THIS TIME. HOW	EVER, THERE ARE PLANS TO ADOPT THESE POLICIE	S IN THE
FUTURE.		

SCHEDULE R (Form 990)

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

Open to Public Inspection 2019

OMB No. 1545-0047

► Attach to Form 990.

Employer identification number 45-4908468 Œ **e** 9 ■ Go to www.irs.gov/Form990 for instructions and the latest information. BISBEE'S FISH & WILDLIFE CONSERVATION Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. <u>ပ</u> 9 FUND, INC <u>a</u> Name of the organization Department of the Treasury Internal Revenue Service PartI

Schedule R (Form 990) 2019

45-4908468

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Schedule R (Form 990) 2019 FUND, INC

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

(k)	General or Percentage managing ownership partner?										
(i)	General or managing partner?	200			×						
(!)	Code V-UBI amount in box 20 of Schedule				N/A						
(h)	rtionate ions?	2			X						
_	Dispropo allocat	2									
(6)	Share of end-of-year assets										
(f)	Share of total income										
(e)	Predominant income (related, unrelated, excluded from tax under sections 512-514)				0						
(p)	Direct controlling entity		R.W. BISBEE	INTENRATIONAL,	rrc						
(၁)	Legal domicile (state or foreign	country)			ΤX						
(q)	Primary activity		CONDUCTS	FISHING	TOURNAMENT						
(a)	Name, address, and EIN of related organization	R.W. BISBEE INTERNATIONAL,	LLC - 27-2512774, 2300	MCDERMOTT ROAD, STE. 200-382,	PLANO, TX 75025						

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

	<u> </u>	(13) (13) (14/2	Yes No								
		512(b)(13) controlled	Yes								
Γ	Ē	Percentage ownership									
		Share of end-of-year	assets								
	Đ	Share of total income									
	(e)	ling Type of entity Sha	or trust)								
	(p)	Direct control entity									
	(၁)	Legal domicile (state or	country)								
ווט נוזס נמא אכמו :	(q)	Primary activity									
סיטשוויבמוסוט וויכמוסט מס מ סטיסטים וויס ומסן ממווויט וויס ומא זכמו.	(a)	Name, address, and EIN of related organization									

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Yes No

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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 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.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ns with one or more re	lated organizations listed i	n Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	ty)		<u>1</u>		×
b Gift, grant, or capital contribution to related organization(s)				9		×
c Gift, grant, or capital contribution from related organization(s)				10	_	×
				19		×
e Loans or loan quarantees by related organization(s)				<u>-</u>		×
				:		N
Lividends from related organization(s)				=	1	اه
g Sale of assets to related organization(s)				19	_	×
σ				1h	_	×
				÷		×
i Lease of facilities, equipment, or other assets to related organization(s)				÷		×
(÷		I √
	anization(s)			=		:l×
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			= =		×
Sharing of facilities, equipment, mailing lists, or other assets with relat	tion(s)			-	×	
Sharing of paid employees with related organization(s)				6	×	
					:	
p Reimbursement paid to related organization(s) for expenses				1	×	
q Reimbursement paid by related organization(s) for expenses				19		×
r Other transfer of cash or property to related organization(s)				+		×
s Other transfer of cash or property from related organization(s)				1s		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	who must complete th	s line, including covered r	elationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	nvolved		
(1) N/A		0				
(2)						
(3)						
(4)						
(5)						
(9)						
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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.

(k) Percentage ownership		
General or Rearrest No		
(h) (i) (j) (k) Disproportionate tonate tonate tonate allocations? Code V-UBI General or Percentage mount in box 20 managing ownership of Schedule K-1 partner? Of Schedule K-1 partner? Yes No (Form 1065) Yes		
(h) Disproportionate allocations? Yes No		
Share of tend-of-year assets		
Share of total income		
(e) Are all Are all Are all Outs: \$0.05.5 Are all Are		
Predominant income prelated, unrelated, excluded from tax undersections 512-514)		
(c) Legal domicile (state or foreign country)		
(b) Primary activity		
(a) Name, address, and EIN of entity		