Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

Open to Public Inspection

OMB No. 1545-0047

Α	For the	2016 calendar year, or tax year beginning	and	ending	_	
В	Check if applicable	I DISDEE S LISH WIND MITHT	LIFE CONSERVATION	ON	D Employer identifi	cation number
	Addres change	FUND, INC				
	Name change	Doing business as			45-4	908468
	Initial return Final return/	Number and street (or P.O. box if mail is not delive 2300 MCDERMOTT ROAD SUI		Room/suite	E Telephone numbe	
	termin- ated				G Gross receipts \$	503,185.
	Amend		in or foreign postar oode		H(a) Is this a group re	-
	Application		HARD W. BISBEE		for subordinates	
	pendin	SAME AS C ABOVE			H(b) Are all subordinates in	
$\overline{}$	Tax-exe		(insert no.) 4947(a)(1)	or 527	1 ' '	list. (see instructions)
		e: ► WWW.BISBEESFISHWILDLIFE	CONSERVATIONFU	ND.COM		n number
			ociation Other			A State of legal domicile: TX
	_	Summary			011011111111111111111111111111111111111	Je otato or rogar dormono.
_		Briefly describe the organization's mission or most	significant activities: CONS	ERVE,	RESTORE, AN	D MANAGE
Activities & Governance	1 :	FISH, WILDLIFE AND THEIR A	ASSOCIATED HABI	TATS T	HROUGH SCIE	NCE,
'n	-	Check this box if the organization discon				
ĕ	1	Number of voting members of the governing body (3	3
Ğ		Number of independent voting members of the gov	. , , , , , , , , , , , , , , , , , , ,			2
တ္		Fotal number of individuals employed in calendar ye				1
iţie		Fotal number of volunteers (estimate if necessary)				2
휹		Fotal unrelated business revenue from Part VIII, col				0.
ď		Net unrelated business taxable income from Form 9				0.
	<u> </u>				Prior Year	Current Year
•	8 (Contributions and grants (Part VIII, line 1h)			912,498.	455,565.
Revenue					0.	0.
eve		nvestment income (Part VIII, column (A), lines 3, 4,			0.	0.
œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			0.	46,945.
		Fotal revenue - add lines 8 through 11 (must equal F			912,498.	502,510.
		Grants and similar amounts paid (Part IX, column (A			522,411.	136,325.
		Benefits paid to or for members (Part IX, column (A)			0.	0.
S	1	Salaries, other compensation, employee benefits (P			96,000.	24,000.
Expenses	16a I	Professional fundraising fees (Part IX, column (A), lir			0.	0.
ē	b -	Fotal fundraising expenses (Part IX, column (D), line	~ 4 👨	11.		
Ж	17 (Other expenses (Part IX, column (A), lines 11a-11d,	· · -		523,007.	292,413.
		Fotal expenses. Add lines 13-17 (must equal Part IX			1,141,418.	452,738.
	19 1	Revenue less expenses. Subtract line 18 from line 1			-228,920.	49,772.
Net Assets or Find Balances		·		Ве	ginning of Current Year	End of Year
sets	20	Fotal assets (Part X, line 16)			65,579.	45,629.
ASS	21	F 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			157,390.	87,668.
캺	22	Net assets or fund balances. Subtract line 21 from I	ine 20		-91,811.	-42,039.
P	art II	Signature Block		•		
Unc	ler penal	ties of perjury, I declare that I have examined this return, i	ncluding accompanying schedule	s and statem	ents, and to the best of m	y knowledge and belief, it is
true	, correct	, and complete. Declaration of preparer (other than officer) is based on all information of wl	hich preparer	has any knowledge.	
Sig	n	Signature of officer			Date	
He	I	RICHARD W. BISBEE, PRES	SIDENT			
		Type or print name and title				
			Preparer's signature		Date Check	PTIN
Pai	d	BRUCE LEVI			if self-employ	
Pre		Firm's name LANE GORMAN TRUB			Firm's EIN ▶	75-1044330
Use	Only	Firm's address 2626 HOWELL ST, S	SUITE 700			
		DALLAS, TX 75204			Phone no. 21	4-871-7500
Ma	v the IF	S discuss this return with the preparer shown above	ve? (see instructions)		•	X Yes No

Par	t III Statement of Program Service Accomplishments
	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?
	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 expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 252,176 • including grants of \$ 131,825 •) (Revenue \$
	RHINO PROJECT- A PROJECT TO EDUCATE, PREVENT THE EXTINCTION OF THE
	RHINOCEROS, INCLUDING AIDING IN THE CONSERVATION AND MANAGEMENT OF THIS
	THREATENED SPECIES. THE RHINO PROJECT INCLUDES TWO MAJOR PROGRAMS - THE
	NKWE ANTI-POACHING TACTICAL TRAINING ACADEMY AND RHINO BREEDING PROGRAM
	IN LIMPOPO, SOUTH AFRICA. THE ACADEMY IS A PHENOMENAL EFFORT THAT
	TRAINS LOCAL ANTI-POACHING RECRUITS AND CERTIFIES THEM AS GOVERNMENT
	CERTIFIED FIELD RANGERS. OVER TWO DOZEN RECRUITS HAVE GRADUATED SINCE
	OPERATION WITH CLASSES CURRENTLY RUNNING. THE RHINO BREEDING PROGRAM
	CONSISTS OF A BREEDING PAIR OF RHINOS THAT THE BF&WCF ACQUIRED AND THE
	SUBSEQUENT RECENT SUCCESSFUL BREEDING OF A RHINO CALF INTENTIONS ARE TO
	CONTINUE GROWING THIS YOUNG HERD.
4h	(Code:) (Expenses \$ 26,692 • including grants of \$ 1,000 •) (Revenue \$)
	THE BILLFISH PROJECT / IGFA PROJECT- CREATED TO HELP IMPROVE
	UNDERSTANDING OF DISTRIBUTION, POPULATION STRUCTURE AND BIOLOGY OF
	MARLIN WHILE ENGAGING ANGLERS AND THE GENERAL PUBLIC IN THE RESEARCH
	PROCESS BY LEARNING HOW THESE ANIMALS USE THE PELAGIC ECOSYSTEM. WE ARE
	PROVIDING VALUABLE INFORMATION TO THE RESOURCE MANAGERS AND POLICY
	MAKERS RESPONSIBLE FOR ENSURING THEIR LONG-TERM CONSERVATION. THIS
	INFORMATION WILL BE FREELY ACCESSED BY SCIENTISTS AND MANAGERS AROUND
	THE WORLD TO BETTER PROTECT BILLFISH.
4c	(Code:) (Expenses \$ 1,000 • including grants of \$ 1,000 •) (Revenue \$)
	DUCKS UNLIMITED WETLANDS- A PROJECT IN PARTNERSHIP WITH DUCKS UNLIMITED
	MEXICO THAT HELPS IN THE ASSEMBLING OF AND DISSEMINATION OF THE
	THIRTEEN YEARS OF RESEARCH THAT HAS BEEN COLLECTED ON MEXICO'S PACIFIC
	WETLANDS FOR THE CREATION AND IMPLEMENTATION OF A WETLANDS RESTORATION
	AND RECOVERY PROGRAM IN MEXICO.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 63,060 • including grants of \$ 2,500 •) (Revenue \$)
4e	Total program service expenses 342,928.
	Form 990 (2016)

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		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
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		Х
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		х
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		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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,		v	
	Part VI	11a	X	
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	446		х
^	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11b		
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
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	110		
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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		Х
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		Х
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		37	
	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	4.	Х	
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15	77	
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	15		 -
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
			~~~	(0040)

#### Form 990 (2016) Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	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			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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		X
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			
Ū	any tax-exempt bonds?	24c		
Ч	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			
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	230		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
		26		X
27	complete Schedule L, Part II  Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
27				
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		25
20				
_	instructions for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Х	
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	- 21	Х
	An entity of which a current or former officer, director, trustee, or key employee? It res, complete schedule L, Part W	200		
C	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	200		х
20		28c 29		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	00		x
24	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?			х
20	If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		1
32		32		x
22	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
24		33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	04	Х	
05-	Part V, line 1	34	Λ	х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	05:		
00	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?			X
c=	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			_v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

45-4908468

Page 5

# Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V				LX.
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a -	-		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b (	<u>'</u>		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re				
	(gambling) winnings to prize winners?	 I I	1c		
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		-		v
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns		2b		X
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions				v
3a			3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other				x
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		
b	If "Yes," enter the name of the foreign country:	. (50.4.0)			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A		_		₩.
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		Α.
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				x
	any contributions that were not tax deductible as charitable contributions?		6a		Α.
D	If "Yes," did the organization include with every solicitation an express statement that such contribut	_	C 15		
7	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	wices provided to the payor?	70		Х
a	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7a 7b		22
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w		10		
С	to file Form 8282?	•	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year		70		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri		7f		X
g g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		7		
•			8		
9	Sponsoring organizations maintaining donor advised funds.		_		
а			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
14a			14a	<u> </u>	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e O	14b		
			Form	1 <b>990</b>	(2016)

45-4908468

Page 6

71043__1

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

	Check if Schedule O contains a response or note to any line in this Part VI				X
Sec	tion A. Governing Body and Management				
		1 1		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	<u> </u>		
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		_		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any other			
	officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the	ne direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person? $\dots$		3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets?	5		Х
6	Did the organization have members or stockholders?		6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	appoint one or			
	more members of the governing body?		7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockholders, or			
	persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				
а	The governing body?		8a	Х	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F				
		,		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such				
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo		11a		Х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	,			
12a	Distable association because with a section of the find and the line of the li		12a		Х
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris		12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "				
	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		Х
15	Did the process for determining compensation of the following persons include a review and approx				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision'				
а	The organization's CEO, Executive Director, or top management official		15a		Х
	Other officers or key employees of the organization		15b		Х
	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 arrange	ement with a			
	taxable entity during the year?		16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation		100		
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization of the control of				
	exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure		1.0.0		
<u> 17</u>	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 (or 1024 if applicable), 990, and 990-	T (Section 501(c)(3)s only	availah	ole	
	for public inspection. Indicate how you made these available. Check all that apply.	()		-	
	T7 T7	n in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, or	,	nd finan	cial	
	statements available to the public during the tax year.		III I	J.41	
20	State the name, address, and telephone number of the person who possesses the organization's b	ooks and records:			
	SUSAN BAKER - (562) 927-5944				
	2300 MCDERMOTT ROAD, SUITE 200-382, PLANO, TX 750	025			

Page 7

# 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.

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

Check this box if neither the organizat		orga	anıza			npe	nsat			(F)
<b>(A)</b> Name and Title	(B) Average	<b> </b>		Pos	C) ition	١		( <b>D</b> ) Reportable	<b>(E)</b> Reportable	<b>(F)</b> Estimated
	hours per	box	, unle	ss pe	rson	than is bot or/trus	h an	compensation	compensation	amount of
	week	$\vdash$	Jer an	lu a u	recic	or/trus	lee)	from	from related	other
	(list any hours for	direct				D.		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	stee or	rustee			ensate		(W-2/1099-MISC)	,	organization
	organizations	nal trus	onal tr		ployee	comp				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) RICHARD WAYNE BISBEE	45.00		_		_					
PRESIDENT		Х		Х				24,000.	0.	0.
(2) JEFFREY KOGA	0.00							_		
TREASURER		Х		Х				0.	0.	0.
(3) TODD LEE	0.00	,,		\ \ \					0	0
SECRETARY		Х		Х				0.	0.	0.
		1								
	+									
		1								
		1								
		1								
				_			$\vdash$			
		-								
				$\vdash$						
		1								

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)			
(A) Name and title	(B) Average hours per	(do box	not c , unle	Pos heck ss pe	c) ition more erson	) than is bot	one h an	(D) Reportable	(E) Reportable compensation		(F) Estimated amount o	
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer Officer		Highest compensated carp.vo		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	c	other ompensati from the organization relater ganization ganization control of the control of th	on d
										+		
1b Sub-total							<b></b>	24,000.		•		0.
c Total from continuation sheets to Part V							ightharpoons	0.	C			0.
d Total (add lines 1b and 1c)							<u> </u>	24,000.	0	•		0.
2 Total number of individuals (including but r compensation from the organization ▶	ot limited to th	ose	liste	ed a	bov	e) wh	no r	received more than \$100	0,000 of reportable			0
compensation from the organization											Yes	No
3 Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for s								highest compensated e		3		X
4 For any individual listed on line 1a, is the su and related organizations greater than \$15	um of reportab	le co	omp	ensa	atior	n and	d otl	her compensation from	the organization			Х
5 Did any person listed on line 1a receive or	-				-		elat	ted organization or indivi	idual for services			v
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedul	e J f	or si	uch	pers	son .				. 5		X
Complete this table for your five highest countries the organization. Report compensation for										nsatio	n from	
(A) Name and business			ONI					( <b>B</b> ) Description of s			(C) pensation	
Total number of independent contractors (     \$100,000 of compensation from the organi	-	ot li	mite	d to		se li:	stec	d above) who received m	nore than			
										Eor	m <b>990</b> (2)	016)

Farm 000 (00	16)	FUND,	TN
Form 990 (20	Statemer		
	Otatomoi		

		Check if Schedule O cont	aine a reenonee	or note to any lin	e in this Part VIII			
		Check if Schedule O cont.	allis a response	or note to any iii	(A)	(B)	(C)	(D)
					Total revenue	Related or	Unrelated	Revenuè excluded
						exempt function	business	from tax under sections
						revenue	revenue	sections 512 - 514
nts	1 a	Federated campaigns	1a					
iz o	b	Membership dues	1b					
S, (		Fundraising events						
a it		Related organizations						
Contributions, Gifts, Grants and Other Similar Amounts		Government grants (contribut						
Sign		All other contributions, gifts, gran						
F E	·	similar amounts not included above		455,565.				
들		Noncash contributions included in lines						
ŞΈ	_				455,565.			
		Total. Add lines 1a-1f		1	433,303.			
	_			Business Code				
je	2 a							
le S	b							
n S	C	•						
Program Service Revenue	C	t						
rog	е	•						
₫	f	All other program service reve	nue					
	Q	Total. Add lines 2a-2f						
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		<b>&gt;</b>				
	4	Income from investment of tax						
	5	Royalties		1				
		•	(i) Real	(ii) Personal				
	6 a	Gross rents	(7 * * * 2 * * * * * * * * * * * * * * *	(.,,				
	b							
	c	<b>5</b>						
		Net rental income or (loss)						
		a Gross amount from sales of						
	1 a		(i) Securities	(ii) Other				
		assets other than inventory						
	D	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)						
		Net gain or (loss)		<b></b>				
e n	8 a	Gross income from fundraising	g events (not					
Ģ		including \$	of					
Other Reven		contributions reported on line	•	45 600				
e		Part IV, line 18	a	47,620.				
Ŧ	b	Less: direct expenses	b	675.				
	c	Net income or (loss) from fund	draising events	<u></u>	46,945.			46,945.
	9 a	a Gross income from gaming ac	tivities. See					
		Part IV, line 19	а					
	b	Less: direct expenses	b					
		Net income or (loss) from gam						
		Gross sales of inventory, less						
		and allowances						
	h	Less: cost of goods sold						
		Net income or (loss) from sale						
		Miscellaneous Revenu		Business Code				
	11 6			Dusilless Code				
	11 a							
	b			<del></del>				
	C							
	C							
		Total. Add lines 11a-11d			E00 E10	^	^	46 045
	12	Total revenue. See instructions.			502,510.	0.	0.	46,945.

45-4908468 Page 10

Part IX | Statement of Functional Expenses

	ion 501(c)(3) and 501(c)(4) organizations must com		ner organizations must co	molete column (A)	
0000	Check if Schedule O contains a respon				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	4,500.	4,500.		
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	121 225	101 005		
	individuals. See Part IV, lines 15 and 16	131,825.	131,825.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	24 000	20 400	2 600	
	trustees, and key employees	24,000.	20,400.	3,600.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				_
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal	00.610		22.512	
	Accounting	23,640.		23,640.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	116 500	01 550	22 200	11 (50
	column (A) amount, list line 11g expenses on Sch O.)	116,500. 35,395.	81,550.	23,300.	11,650. 7,307.
12	Advertising and promotion	23,811.	27,775. 12,327.	11,273.	211.
13	Office expenses	12,806.	8,264.	1,771.	2,771.
14	Information technology	12,000.	0,204.	1,//1•	۷,//۱۰
15	Royalties	18,000.	15,300.	2,700.	
16	Occupancy	31,158.	21,029.	2,700.	7,582.
17	Travel	31,130.	21,029.	2,34/•	1,304.
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest Payments to offiliates				
21	Payments to affiliates	19,494.	13,646.	5,848.	
22	Depreciation, depletion, and amortization	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	13,040•	3,040•	
23 24	Insurance Other expenses. Itemize expenses not covered				
<b>4</b>	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
_	amount, list line 24e expenses on Schedule 0.)  MISCELLANEOUS	4,084.	327.		3,757.
a b	TRAINING AND DEVELOPMEN	3,000.	3,000.		5,151•
D C	RHINO PROJECT FUNDING	2,985.	2,985.		
d	TRADE SHOWS	1,433.	2,505•		1,433.
	All other expenses	107.		107.	1,100
25	Total functional expenses. Add lines 1 through 24e	452,738.	342,928.	75,099.	34,711.
26	Joint costs. Complete this line only if the organization	102,700	0 - 2 , 5 - 2 0 •	,	
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	- In following out 30-2 (A00 300-720)				

Form 990 (2016)

Part X | Balance Sheet

art X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing	92.	1	20,607
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net	16,271.	3	0
4	Accounts receivable, net	8,000.	4	0
5	Loans and other receivables from current and former officers, directors.			
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	3,300
	a Land, buildings, and equipment: cost or other			•
	basis. Complete Part VI of Schedule D			
	b Less: accumulated depreciation 10b 43,712.	41,216.	10c	21,722
11	Investments - publicly traded securities	, -	11	,
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	65,579.	16	45,629
17	Accounts payable and accrued expenses	82,390.	17	668
18	Grants payable	, , , , , ,	18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	Loans and other payables to current and former officers, directors, trustees,			
22	key employees, highest compensated employees, and disqualified persons.			
	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties	75,000.	24	87,000
25	Other liabilities (including federal income tax, payables to related third	<u> </u>		·
	parties, and other liabilities not included on lines 17-24). Complete Part X of			
	Schedule D		25	
26	Total liabilities. Add lines 17 through 25	157,390.	26	87,668
	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
	complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	-91,811.	27	-42,039
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ▶□			
	and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
27 28 29 30 31 32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	-91,811.	33	-42,039
34	Total liabilities and net assets/fund balances	65,579.	34	45,629

Pa	rt XI Reconciliation of Net Assets				<del>5 -</del>
	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			10.
2	Total expenses (must equal Part IX, column (A), line 25)	2			38.
3	Revenue less expenses. Subtract line 2 from line 1	3			72.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-9	1,8	11.
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 in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	<b>-4</b>	2,0	39.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Ш
	<u> </u>			Yes	No
1	Accounting method used to prepare the Form 990:  Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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	e 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	e audit,			
	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 in Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	-			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

#### **SCHEDULE A**

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

Attach to Form 990 or Form 990-EZ.

2016

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

BISBEE'S FISH AND WILDLIFE CONSERVATION Employee

Employer identification number 45-4908468

		, INC						5-4908468
Part I	Reason for Public	Charity Status (	All organizations must co	omplete th	is part.) S	ee instructions	S.	
The orga	nization is not a private found	lation because it is: (	For lines 1 through 12, o	check only	one box.)			
1 🗔	A church, convention of ch	urches, or association	on of churches describe	d in <b>sectio</b>	n 170(b)(	1)(A)(i).		
2	A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E (Form 990 or 990-EZ).)							
3	A hospital or a cooperative	hospital service orga	anization described in <b>s</b> e	ection 170	(b)(1)(A)(i	ii).		
4	A medical research organiz	ation operated in co	njunction with a hospita	l described	d in <b>sectio</b>	n 170(b)(1)(A)	(iii). Enter	the hospital's name,
	city, and state:							
5	An organization operated for	or the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental u	ınit descrik	oed in
	section 170(b)(1)(A)(iv).	Complete Part II.)						
6	A federal, state, or local go	vernment or governn	nental unit described in	section 17	⁷ 0(b)(1)(A)	(v).		
7 X	An organization that norma	lly receives a substa	intial part of its support	from a gov	ernmental	unit or from t	he general	public described in
	section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8 🖳	A community trust describe	ed in <b>section 170(b)</b>	(1)(A)(vi). (Complete Par	t II.)				
9 📖	An agricultural research org	ganization described	in section 170(b)(1)(A)(	(ix) operate	ed in conju	unction with a	land-grant	college
	or university or a non-land-	grant college of agric	culture (see instructions)	. Enter the	name, city	y, and state of	the colleg	je or
	university:							
10	An organization that norma	Illy receives: (1) more	than 33 1/3% of its sup	port from	contributi	ons, members	hip fees, a	and gross receipts from
	activities related to its exen	npt functions - subje	ct to certain exceptions,	, and (2) no	more tha	ın 33 1/3% of	its suppor	t from gross investment
	income and unrelated busin	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	ired by the or	ganization	after June 30, 1975.
	See <b>section 509(a)(2).</b> (Co	mplete Part III.)						
11 🖳	An organization organized	•	•	•				
12	An organization organized	•	•	•		•	•	• •
	more publicly supported or	-						Check the box in
	lines 12a through 12d that				-		-	
a ∟	☐ Type I. A supporting organization.	•	•	•		-		
	the supported organization			a majority	of the dire	ctors or truste	es of the s	supporting
	organization. You must o							
b L		· ·				-	• • •	-
	control or management of			same perso	ons that co	ontrol or mana	ge the sup	ported
	organization(s). You mus							1 20
c L	☐ Type III functionally integrated in the second of						ly integrat	ed with,
	its supported organizatio						<b>.</b>	:+:(-)
d∟	☐ Type III non-functionally						-	
	that is not functionally int	-		•		· ·	an attent	iveness
	requirement (see instruct	•	· ·				II Tuno III	
e ∟	Check this box if the orga functionally integrated, or					а турет, туре	ii, Type iii	
<b>f</b> Ent	er the number of supported				Zation.			
	ovide the following information	•	ad organization(s)					
9 110	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of	monetary	(vi) Amount of other
	organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)
			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.)

Section A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	106,003.	836,050.	1,354,629.	912,498.	455,565.	3,664,745.	
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	106,003.	836,050.	1,354,629.	912,498.	455,565.	3,664,745.	
	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)						3,209,800.	
6	Public support. Subtract line 5 from line 4.						454,945.	
Sec	tion B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total	
7	Amounts from line 4	106,003.	836,050.	1,354,629.	912,498.	455,565.	3,664,745.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar sources							
9	Net income from unrelated business						_	
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)					47,620.	47,620.	
11	<b>Total support.</b> Add lines 7 through 10						3,712,365.	
12	Gross receipts from related activities,	etc. (see instruction	ons)			12		
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)		
~	organization, check this box and stor	here					<u></u> ▶□	
	ction C. Computation of Publ					<del> </del>	10 05	
	Public support percentage for 2016 (					14	12.25 %	
15	Public support percentage from 2015					15	%	
16a	33 1/3% support test - 2016. If the c							
	stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box							
D								
47-	and <b>stop here.</b> The organization qual							
17a	17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,							
	and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization							
<b>L</b>	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <b>X b</b> 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or							
O		-						
	more, and if the organization meets the		•					
10	organization meets the "facts-and-circ							
10	Private foundation. If the organization	in did not check a	DUX UITIIITIE 13, 168	a, 100, 17a, 0f 1/k	J, CHECK THIS DOX 2	ina see instruction:	<u> </u>	

Schedule A (Form 990 or 990-EZ) 2016

# 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, picase com	ipicie i art ii.j				
Calendar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(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 per-						
formed, 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 bus-						
iness 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					1	
<b>b</b> Amounts included on lines 2 and 3 received from other than disgualified 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						
Calendar year (or fiscal year beginning in) ▶ _	<b>(a)</b> 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties						
and income from similar sources						
<b>b</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						
12 Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part VI.)						
14 First five years. If the Form 990 is for t	he organization	'e firet second thir	d fourth or fifth t	av vear as a secti	n 501(c)(3) organi:	zation
	-			-		
Section C. Computation of Public						
15 Public support percentage for 2016 (lin			column (f))		15	%
16 Public support percentage from 2015 S					16	%
Section D. Computation of Invest						
17 Investment income percentage for 201	6 (line 10c, colu	ımn (f) divided by lir	ne 13, column (f))		17	%
. 18 Investment income percentage from 20					18	%
19a 33 1/3% support tests - 2016. If the o					33 1/3%, and line	17 is not
more than 33 1/3%, check this box and						
<b>b 33 1/3% support tests - 2015.</b> If the o						
line 18 is not more than 33 1/3%, chec	•			•		
20 Private foundation. If the organization						

# 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 (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.)

	163	No
	Yes	
1		
2		
3a		
26		
3b		
3c		
4a		
+d		
4b		
4c		
5a		
34		
5b		
5c		
6		
7		
,		
8		
9a		
9b		
9c		
10a		
.50		
10b		0040

		70010	<u> </u>	age <b>3</b>
ı u	rt IV   Supporting Organizations _(continued)		Vaa	Na
44	Lies the examination accepted a gift or contribution from any of the following nersons?		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
а	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
		11c		
	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.  tion B. Type I Supporting Organizations	110		
	tion of Type I capper ting organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		100	140
•	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 <b>Part VI</b> 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			
	and or type in eapperaing organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			110
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> 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 <b>Part VI</b> 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 yea(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 in	structions	).	
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? Provide details in Part VI.	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		

632025 09-21-16

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations	· ·
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust or	n Nov. 20, 1970 (explain in	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete S	ections 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		
Section 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-functional	ly integra	ted Type III supporting org	anization (see

Schedule A (Form 990 or 990-EZ) 2016

instructions).

Par	t V	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	ion D -	Distributions		,	Current Year
1	Amou				
2	Amou				
	organ				
3	Admir	nistrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4	Amou	nts paid to acquire exempt-use assets	•		
5		ied set-aside amounts (prior IRS approval required)			
6		distributions (describe in <b>Part VI</b> ). See instructions			
7	Total	annual distributions. Add lines 1 through 6			
8	Distrib	outions to attentive supported organizations to which the	ne organization is responsive	<del></del>	
		de details in <b>Part VI</b> ). See instructions	3		
9		outable amount for 2016 from Section C, line 6			
10		amount divided by Line 9 amount			
			(i)	(ii)	(iii)
			Excess Distributions	Underdistributions	Distributable
Secti	ion E -	Distribution Allocations (see instructions)	Pre-2016	Amount for 2016	
1	Distrib	outable amount for 2016 from Section C, line 6			
2		rdistributions, if any, for years prior to 2016 (reason-			
		cause required- explain in Part VI). See instructions			
3		s distributions carryover, if any, to 2016:			
a	LAGGE	o distributions sarry over, if any, to 2010.			
b					
	From	2013			
	From				
	From				
		of lines 3a through e			
		ed to underdistributions of prior years			
		ed to 2016 distributable amount			
		over from 2011 not applied (see instructions)			
÷		inder. Subtract lines 3g, 3h, and 3i from 3f.			
4		outions for 2016 from Section D,			
•	line 7:	·			
a		ed to underdistributions of prior years			
		ed to 2016 distributable amount			
		inder. Subtract lines 4a and 4b from 4			
5		ining underdistributions for years prior to 2016, if			
		Subtract lines 3g and 4a from line 2. For result greater			
		zero, explain in Part VI. See instructions			
6		ining underdistributions for 2016. Subtract lines 3h			
•		b from line 1. For result greater than zero, explain in			
		/I. See instructions			
7		ss distributions carryover to 2017. Add lines 3j			
•	and 4				
8		down of line 7:			
a	Dieak	GOWIT OF HITO 1.			
	Fxces	ss from 2013			
		ss from 2014			
		ss from 2015			
		ss from 2016			
_	レヘレビン	33 11 U111 EU 1U			

Schedule A (Form 990 or 990-EZ) 2016

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.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:
FUNDRAISING INCOME

2016 AMOUNT: \$ 47,620.

PART II, SECTION C, LINE 17A

10% FACTS-AND-CIRCUMSTANCES TEST 2016

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).

BFWCF IS FILING ITS SIXTH YEAR FORM 990 AND ITS PUBLIC SUPPORT

PERCENTAGE IS GREATER THAN 10%. THE ORGANIZATION MEETS THE

FACTS-AND-CIRCUMSTANCES TEST BASED ON ITS ACTIVITIES, WHICH CONTINUE TO

ATTRACT BROAD BASED PUBLIC SUPPORT BY MAINTAINING CONTINUOUS AND BONA

FIDE PROGRAMS FOR SOLICITATION OF FUNDS FROM THE GENERAL PUBLIC. AS

SHOWN IN FORM 990, PART III, LINE 4, BFWCF ACCOMPLISHES ITS PROGRAM

SERVICES AS OUTLINED ON ITS ORIGINAL FORM 1023 FILED WITH THE INTERNAL

REVENUE SERVICE. THE PROGRAM SERVICES ARE FOR THE BENEFIT OF THE PUBLIC

AND PROMOTES PUBLIC PARTICIPATION IN ITS EFFORTS TO CONSERVE, RESTORE

AND MANAGE FISH AND WILDLIFE HABITATS THROUGH SCIENCE, EDUCATION AND

Schedule A (Form 990 or 990-EZ) 2016

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.)					
TECHNOLOGY. BFWCF HAS AN ACTIVE FUNDRAISING AND SOLICITATION PROGRAM					
AND STRIVES TO ATTRACT PUBLIC SUPPORT TO FURTHER ITS EXEMPT PURPOSE FOR					
THE REASONS DESCRIBED. BFWCF QUALIFIES AS A PUBLICLY SUPPORT					
ORGANIZATION AND SATISFIES THE ALTERNATE 10% FACTS AND CIRCUMSTANCES					
TEST.					

#### 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.

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

OMB No. 1545-0047

Name of the organization

Organization type (check one):

BISBEE'S FISH AND WILDLIFE CONSERVATION FUND, INC

Employer identification number

45-4908468

Filers of:		Section:					
Form 990	or 990-EZ	$\overline{\mathbf{X}}$ 501(c)( $3$ ) (enter number) organization					
		4947(a)(1) nonexempt charitable trust <b>not</b> 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					
Ob a ale if a		s accounted by the Community Duda on a Commind Duda					
		s covered by the <b>General Rule</b> or a <b>Special Rule.</b> 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General l	Rule						
		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special F	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, du year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this 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 <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \bigsim \frac{1}{2} \							

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

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

Employer identification number

45-4908468

Part I	<b>Contributors</b> (See instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MARK PAUL TERK CHARITABLE TRUST  FOUNDATION SOURCE, 501 SILVERSIDE ROAD  WILMINGTON, DE 19809	\$ <u>455,000</u> .	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
		\$	Person Payroll Noncash (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.)
(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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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

Employer identification number

45-4908468

Part II	<b>Noncash Property</b> (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
		\$	

Employer identification number Name of organization BISBEE'S FISH AND WILDLIFE CONSERVATION 45-4908468 FUND, Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III 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 Part I (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (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.

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

BISBEE'S FISH AND WILDLIFE CONSERVATION Employees the second s

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

FUND, INC

**Employer identification number** 45-4908468

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds 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	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	•	
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor of		
	lana amala di la makata bana 1910		
Pa			
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	ducation) Preservation of a his	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied 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	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic struc	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		
	year >		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of	<u></u>
	violations, and enforcement of the conservation easements it	holds?	Yes
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	nservation easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserv	ation easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		Yes
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expens	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes	s the organization's accounting for
_	conservation easements.		
Pa	rt III Organizations Maintaining Collections of		Other Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh	libition, education, or research in further	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ec	ducation, or research in furtherance of p	ublic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		· · · · · · · · · · · · · · · · · · ·
2	If the organization received or held works of art, historical treat		al gain, provide
	the following amounts required to be reported under SFAS 1	` ,	
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		<b>▶</b> \$

632051 08-29-16

Schedule D (Form 990) 2016

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

	t III Organizations Maintaining C	collections of A	rt, Hist	torical Tr	easures, o	r Othe	r Simil	ar Asse	<b>ts</b> (continu	ued)	_
3	Using the organization's acquisition, accessi	on, and other record	ls, checl	k any of the	following that	are a si	gnificant	use of its	collection	items	
	(check all that apply):										
а	Public exhibition	d		Loan or exc	hange prograr	ns					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how th	ney further t	he organizatio	n's exer	npt purpo	ose in Par	t XIII.		
5	During the year, did the organization solicit of										
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran								line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	ns or other ass	ets not	included				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
	-	·							Amount		
С	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on F								Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	kplanatio	on has beer	provided on F	Part XIII					
Par							0.				
	•	(a) Current year	(b) P	rior year	(c) Two years	back (	d) Three y	ears back	(e) Four	ears ba	ıck
1a	Beginning of year balance	, ,		,			•				
	Contributions										
С	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										
_	and programs										
f	Administrative expenses										
g g	End of year balance										
2	Provide the estimated percentage of the curr	rent vear end haland	e (line 1	a column (	a)) held as:	L			l .		
<b>–</b> а	Board designated or quasi-endowment	Torre your orra balanc	%	g, colaiiii (	a)) Hold do.						
b	Permanent endowment	%	_′°								
	Temporarily restricted endowment										
·	The percentages on lines 2a, 2b, and 2c sho										
За	Are there endowment funds not in the posse		ation tha	at are held a	and administer	ed for th	ne organiz	ration			
ou	by:	oolon or the organiza	ation the	at are more t		00 101 11	io organiz	ation	Г	Yes N	No
	(i) unrelated organizations										••
	(ii) related organizations										
h	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	red on S	chedule R2	· · · · · · · · · · · · · · · · · · ·				3b		
4	Describe in Part XIII the intended uses of the										
	t VI Land, Buildings, and Equipm		WITIETIL	iulius.							
1 0	Complete if the organization answere		) Part I\	/ line 11a 9	See Form 990	Part X	line 10				
	Description of property	(a) Cost or o			t or other		cumulate	vd	(d) Book	value	
	Description of property	basis (investr			(other)		reciation	;u	(u) DOOK	value	
10	Land	,	,	54010	(50.101)	чер	. 50.000				
_	Land										
b	Buildings Leasehold improvements							-+			
					+						
d	Equipment			6	55,434.		43,7	12.	21	,722	2 .
	Other		V colur				, ,		21	72	<del>_</del> :

Schedule D (Form 990) 2016

TITE T110	SH AND WIL	DLIFE CONSERV		4009469 - 6
Schedule D (Form 990) 2016 FUND, INC			45	-4908468 _{Page} 3
Part VII Investments - Other Securities.			5	
Complete if the organization answered "Yes"				Laf year market value
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of V	aluation: Cost or end	l-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	on Form 990, Part IV	, line 11c. See Form 990,	Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of v	aluation: Cost or end	l-of-year market value
(1)				
(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	,	1	(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
• • •	0.15			
Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.				
Complete if the organization answered "Yes"	on Form 990, Part IV		n 990, Part X, line 25	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				

Schedule D (Form 990) 2016

(7) (8)

Pai	t XI Reconciliation of Revenue per Audited Financial St	atements With Rever	nue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
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.)			
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	rt XII Reconciliation of Expenses per Audited Financial S	tatements With Expe	nses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 12a.		
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			
С	Other losses			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b			
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	18.)	5	
	rt XIII Supplemental Information.			
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and		Part V, line 4; Part X, line 2; Part X	1,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	any additional information.		
-				

#### SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

#### Statement of Activities Outside the United States

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

BISBEE'S FISH AND WILDLIFE CONSERVATION

Form 990, Part IV, line 14b.

FUND, INC

**Employer identification number** 

45-4908468

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

1	For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes X No							
2	For grantmakers. Desc	ribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and other assistance outs	side the		
	United States.							
3	Activities per Region. (TI	he following Part	I, line 3 table ca	an be duplicated if additional space is i	needed.)			
	(a) Region	<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a program service,	(f) Total expenditures for and investments in the region		
SUB	-SAHARAN AFRICA	0	0	PROGRAM SERVICES	CONSERVATION SUPPORT	131,825.		
2.5	Cub total	0	0			131,825.		
	Sub-total	<u>-</u>	<del>                                     </del>			131,025.		
	Total from continuation sheets to Part I	0	0			0.		
С	Totals (add lines 3a					121 025		

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

Schedule F (Form 990) 2016

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
		sub-saharan	SAVE RHINO PROJECT	131,825.	WIRE TRANSFER	0.	N/A	N/A
			recognized as charities by the n 501(c)(3) equivalency letter	foreign country,	recognized as tax-e.	xempt by		

2	Enter total number of recipient organizations listed above that are recognized as charities by the	e foreign country, recognized as tax-exempt by
	the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	
^		

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2016

Schedule F (Form 990) 2016	FUND, INC			4	5-4908468		Page 3
			<b>ates.</b> Complete i	f the organization answered "Yes"	on Form 990, Par	t IV, line 16.	
Part III can be duplicate	ed if additional space is neede		1		_		1
(a) Type of grant or assistance	e <b>(b)</b> Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV	Foreign	<b>Forms</b>

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Yes	X No

Schedule F (Form 990) 2016

Part V Supplemental Information  Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
PART I, LINE 2:
MONITORING USE OF FOREIGN GRANT
THE ORGANIZATION DOES NOT HAVE A FORMAL PROCESS FOR MONITORING THE USE OF
ITS FOREIGN GRANTS BUT DOES RECEIVE UPDATES ON THE PROGRESS OF THE
PROJECTS THAT IT SUPPORTS. ALSO, BISBEE FISH AND WILDLIFE CONSERVATORY
THOROUGHLY RESEARCHES EACH ORGANIZATION BEFORE THEY RECEIVE A GRANT.

#### **SCHEDULE G**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. BISBEE'S FISH AND WILDLIFE CONSERVATION

Open to Public

OMB No. 1545-0047

Inspection

Employer identification number

FUND, 45-4908468 INC Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants h Internet and email solicitations Solicitation of government grants ☐ Phone solicitations ☐ Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or No Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid (iii) Did (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) have custody or control of contributions? (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990 or 990-EZ) 2016

45-4908468 Page 2

	ırt I	Fundraising Events. Complete if the of fundraising event contributions and gr	ne organization answered		art IV, line 18, or reported	
		or randraioning event contributions and gr	(a) Event #1 CABO FUNDRAISER	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
une			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts	47,620.			47,620.
	2	Less: Contributions				
						47.600
	3	Gross income (line 1 minus line 2)	47,620.			47,620.
	4	Cash prizes				
	5	Noncash prizes	685			675.
benses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	, , ,				675. 46,945.
Pa	11 	Net income summary. Subtract line 10 from lill Gaming. Complete if the organization	ine 3, column (d)		r reported more than	46,945.
		\$15,000 on Form 990-EZ, line 6a.	anovorca roc on rom	1000,1 41111, 1110 10, 0	reported more than	
			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			., ,	bingo/progressive bingo		col. (a) through col. (c))
-Be	1	Gross revenue				
ses	2	Cash prizes				
irect Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes %  No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		<b>&gt;</b>	
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)		<b>&gt;</b>	
а	ls t	ter the state(s) in which the organization condithe organization licensed to conduct gaming a No," explain:	ctivities in each of these	states?		Yes No
		ere any of the organization's gaming licenses r Yes," explain:	evoked, suspended, or to	erminated during the ta	x year?	Yes No

Schedule G (Form 990 or 990-EZ) 2016

632082 09-12-16

#### BISBEE'S FISH AND WILDLIFE CONSERVATION

Sch	nedule G (Form 990 or 990-EZ) 2016 FUND , INC 45	<u>-4908</u>	468	Pa	age <b>3</b>
11	Does the organization conduct gaming activities with nonmembers?		Yes		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:				
	a The organization's facility	13a			%
	b An outside facility				%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:				
•	2. The the figure and address of the person the property and organization of garming operation of the books and resolves.				
	Name				
	Address ►				
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes		No
k	b If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount				
	of gaming revenue retained by the third party >\$				
c	c If "Yes," enter name and address of the third party:				
	Name				
	Address ▶				
16	Gaming manager information:				
	Name ►				
	Gaming manager compensation  \$				
	Description of services provided				
	Booshpalon or delivided provided P				
	☐ Director/officer ☐ Employee ☐ Independent contractor				
17	Mandatory distributions:				
8	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			_	٦
	retain the state gaming license?		Yes		J No
k	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	.e			
_	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 Part	III, lines 9,	9b, 1	0b, 1	5b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions				

#### BISBEE'S FISH AND WILDLIFE CONSERVATION

Schedule G	(Form 990 or 990-EZ) <b>Supplemental Infor</b>	FUND,	INC			45-4908468	Page 4
Part IV	Supplemental Infor	mation (cor	ntinued)				
-							
-							
-							
					Sol	hedule G (Form 990 o	.000 E7

632084 04-01-16

#### **SCHEDULE L**

(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.

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

OMB No. 1545-0047

16

**Open To Public** Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

BISBEE'S FISH AND WILDLIFE CONSERVATION

Employer identification number

	F	UND,	INC							45	-49	084	68		
Part I	Excess Bene	efit Trans	acti	ons (section 50	)1(c)(3	3), secti	ion 501(c)(4), and 50	01(c)	)(29) organizatior	ns only	<i>'</i> ).				
_	Complete if the c	organization	ansv	vered "Yes" on I	orm 9	990, Pa	art IV, line 25a or 25	b, or	Form 990-EZ, P	art V, I	ine 40	b.			
1 (a) Na	me of disqualified p	nerson	(b) F	elationship betv			ified	c) De	escription of tran	sactio	n		(d)	Corre	cted?
(4) (4		0010011		person and or	ganıza	ation	,				··		Y	es	No
													+		
													+	-	
													+		
													+		
													+		
2 Enter	the amount of tax i	ncurred by	the o	rganization man	agers	or disc	qualified persons du	ring	the year under						
											<b>\$</b>				
3 Enter							ganization				<b>\$</b>				
Part II	Loans to and	d/or Fron	n Int	erested Pers	sons	•									
	•	ū					, Part V, line 38a or	Forn	n 990, Part IV, lir	ie 26;	or if th	ie orga	ınizati	on	
	reported an amo											<b>/h)</b> Anr	roved	as 14	
	a) Name of ested person	(b) Relation with organiz		(c) Purpose of loan	fron	an to or	(e) Original principal amount	(f	Balance due	(g) defa		(h) App by boa	ard or	(i) W lagree	ritten ment?
11101	cotou porcon	Trian or gains		or rour		zation?	principal arricant					comm			
					То	From				Yes	No	Yes	No	Yes	No
Total Part III	Grants or As	eietance	Ror	efiting Inter	aeta	d Pai	<b>&gt;</b> \$								
i ait iii	Complete if the o														
(a) N	lame of interested p		$\neg$	<b>b)</b> Relationship			(c) Amount of		(d) Type	of		(6)	Purn	ose of	
(4)	iame of interested p	3013011	'	interested pers			assistance		assistan				assista		
				the organiza											
											$\perp$				
			_								$\perp$				
			_								_				
			+								+				

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

Schedule L (Form 990 or 990-EZ) 2016

Complete if the organization answer	ed "Yes" on Form 990, Part IV, line 28a, 28	3b, or 28c.			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	ation's
RICHARD WAYNE BISBEE	OWNER OF R.W. BISBE	24 000	MANAGEMENT	Yes	No X
KICHARD WAINE DIDDEE	OWNER OF R.W. BISBE	24,000	MANAGEMENT		Λ
Part V Supplemental Information					
Provide additional information for res	sponses to questions on Schedule L (see i	nstructions).			
SCH L, PART IV, BUSINESS	TRANSACTIONS INVOLVI	NG INTEREST	TED PERSONS:		
(1) 2225 05 050 050					
(A) NAME OF PERSON: RICHA	ARD WAYNE BISBEE				
(B) RELATIONSHIP BETWEEN	INTERESTED PERSON AND	ORGANIZA	TION:		
OWNED OF D W DICREE INDI	PDNAMTONAT TTO				
OWNER OF R.W. BISBEE INTE	ERNATIONAL, LLC				
(C) AMOUNT OF TRANSACTION	1 \$ 24,000.				
(D) DESCRIPTION OF TRANSA	ACTION: MANAGEMENT FE	ES			
(E) SHARING OF ORGANIZATI	ON REVENUES? - NO				
(1) SIMICING OF CHOMIZATI	TON REVERSES: - NO				
	Provide additional information for responses to questions on Schedule L (see instructions).  H L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:  NAME OF PERSON: RICHARD WAYNE BISBEE  RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:  NER OF R.W. BISBEE INTERNATIONAL, LLC  AMOUNT OF TRANSACTION \$ 24,000.  DESCRIPTION OF TRANSACTION: MANAGEMENT FEES				
		S	chedule L (Form 990	or 990-E	Z) 2016

#### 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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. BISBEE'S FISH AND 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 4D, OTHER PROGRAM SERVICES:

OTHER PROGRAM SERVICES- USED TO HELP CONTINUE THE VISION OF

CONSERVATION, RESTORATION, EDUCATION AND RESEARCH OF FISH, OTHER

WILDLIFE AND THEIR SURROUNDING ENVIRONMENTS.

EXPENSES \$ 63,060. INCLUDING GRANTS OF \$ 2,500. REVENUE \$ 0.

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. THE ORGANIZATION ENGAGES IN THE FOLLOWING (1) ANIMAL CAUSES, INCLUDING, WITHOUT LIMITATION, EDUCATION, THE PREVENTION OF THE EXTINCTION OF THE CONSERVATION AND MANAGEMENT OF THREATENED SPECIES OF ANIMALS, 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. LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization BISBEE'S FISH AND WILDLIFE CONSERVATION **Employer identification number** FUND, INC 45-4908468 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. FORM 990, PART V, LINE 2A **EMPLOYEES** THE ORGANIZATION LEASES AN EMPLOYEE FROM R.W. BISBEE INTERNATIONAL, LLC. PER FORM 990 INSTRUCTIONS. THE ORGANIZATION SHOULD TREAT A LEASED EMPLOYEE AS THE ORGANIZATION'S OWN EMPLOYEE. FORM 990, PART VI, SECTION C, LINE 19: AVAILABILITY OF DOCUMENTS DOCUMENTS AVAILABLE ON THE ORGANIZATION'S WEBSITE AND UPON REQUEST. FORM 990, PART VI, SECTION B, LINE 12 TO LINE 14 POLICIES AND PROCEDURES THERE IS CURRENTLY NOT ANY CONFLICT OF INTEREST POLICY, DOCUMENT RETENTION AND DESTRUCTION POLICY OR WHISTLEBLOWER POLICY IN PLACE AT THIS TIME. HOWEVER, THERE ARE PLANS TO ADOPT THESE POLICIES IN THE FUTURE. FORM 990, PART IX, LINE 11G, OTHER FEES: SUBCONTRACTOR: PROGRAM SERVICE EXPENSES 81,550.

#### SCHEDULE R (Form 990)

**Related Organizations and Unrelated Partnerships** 

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

➤ Attach to Form 990.

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

2016
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury Internal Revenue Service

BISBEE'S FISH AND WILDLIFE CONSERVATION FUND, INC

Employer identification number 45-4908468

Part I	Identification of Disregarded Entities. Comp	lete if the organization answered "Yes	s" on Form 990, Part IV, line 3	3.					
	(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state of foreign country)	(d) or Total inco	me End-of-year		Direct o	<b>(f)</b> controlling	g
		_							
Part II	Identification of Related Tax-Exempt Organic organizations during the tax year.	zations. Complete if the organization	answered "Yes" on Form 990	0, Part IV, line 34	because it had one	or more	related tax-exe	empt	
Name	(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		cont	<b>g)</b> 512(b)(13) trolled tity?
	(a) Name, address, and EIN (if applicable) of disregarded entity  Identification of Related Tax-Exempt Or organizations during the tax year.  (a) Name, address, and EIN				501(c)(3))			Yes	No
		_							

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling	Predominant income (related, unrelated, excluded from tax under	Share of total	Share of end-of-year assets	Disprop alloca	ortionate ations?	L 20 of Schedule	General managin partner	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	
R.W. BISBEE INTERNATIONAL,											
LLC - 27-2512774, 2300	CONDUCTS		R.W. BISBEE								
MCDERMOTT ROAD, STE. 200-382,	FISHING		INTENRATIONAL,								
PLANO, TX 75025	TOURNAMENT	TX	LLC	0	0.	0.		X	N/A	X	.00%
	1										
	1										
	1										
	1										
	1										
	1										
	1										
-	1										
			I			l .	L				

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(l conti ent	(i) ction (b)(13) trolled tity?
		country)		or tructy		uoooto		Yes	No
									—
-									<del>                                     </del>
		45							

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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?

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	y			1a		X					
b	Gift, grant, or capital contribution to related organization(s)				1b		X					
С	Gift, grant, or capital contribution from related organization(s)				1c		X					
					1d		X					
					1e		X					
f	b Gift, grant, or capital contribution to related organization(s) c Gift, grant, or capital contribution from related organization(s) d Loans or loan guarantees to or for related organization(s) e Loans or loan guarantees to related organization(s) f Dividends from related organization(s) g Sale of assets to related organization(s) h Purchase of assets to related organization(s) Lease of facilities, equipment, or other assets to related organization(s) Lease of facilities, equipment, or other assets to related organization(s) N Lease of facilities, equipment, or other assets to related organization(s) n Sharing of facilities, equipment, or other assets with related organization(s) n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) n Sharing of paid employees with related organization(s) p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses q Reimbursement paid to related organization(s) for expenses q Reimbursement or or property for related organization(s) s Other transfer of cash or property from related organization(s) N/A  (a) Name of related organization (b) Transaction Type (&s)  Amount involved Method of determining amount involved Nethod of determining amount involved N/A		1f		X							
	2 Gift, grant, or capital contribution for related organization(s) 2 Gift, grant, or capital contribution from related organization(s) 2 Loans or loan guarantees to or for related organization(s) 2 Loans or loan guarantees to related organization(s) 3 Sale of assets to related organization(s) 3 Sale of assets to related organization(s) 4 Lease of facilities, equipment, or other assets to related organization(s) 4 Lease of facilities, equipment, or other assets to related organization(s) 4 Lease of facilities, equipment, or other assets from related organization(s) 5 Performance of services or membership or fundriasing solicitations for related organization(s) 7 Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) 8 Sharing of paid employees with related organization(s) 9 Sharing of paid employees with related organization(s) 9 Reimbursement paid to related organization(s) for expenses 9 Reimbursement paid to related organization(s) for expenses 9 Reimbursement paid to related organization(s) for expenses 9 Cother transfer of cash or property from related organization(s) 9 Other transfer of cash or property from related organization(s) 10 Name of related organization 11 Name of related organization 12 Other transfer of cash or property from related organization(s) 13 Name of related organization 14 Other transfer of cash or property from related organization(s) 15 Other transfer of cash or property from related organization(s) 16 Other transfer of cash or property from related organization(s) 17 Other transfer of cash or property from related organization(s) 18 Other transfer of cash or property from related organization(s) 19 Other transfer of cash or property from related organization(s) 10 Other transfer of cash or property from related organization(s) 10 Other transfer of cash or property from related organization(s) 10 Other transfer of cash or property from related organization(s) 11 Other transfer of cash or property from related organization(s) 12 Other transfer o		1g		X							
j Lease of facilities, equipment, or other assets to related organization(s)  k Lease of facilities, equipment, or other assets from related organization(s)  I Performance of services or membership or fundraising solicitations for related organization(s)  m Performance of services or membership or fundraising solicitations by related organization(s)  n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  o Sharing of paid employees with related organization(s)  p Reimbursement paid to related organization(s) for expenses  q Reimbursement paid by related organization(s) for expenses  r Other transfer of cash or property to related organization(s)  s Other transfer of cash or property from related organization(s)  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.  (a)  Name of related organization  (b)  Transaction  type (a·s)  Amount involved  Method of determining amount involved (a)  Method of determining amount involved (b)  (c)  Amount involved (c)  Method of determining amount involved (c)  (d)  (e)												
i	Exchange of assets with related organization(s)				1i		X					
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х					
-												
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х					
ı					11		X					
m												
р	Reimbursement paid to related organization(s) for expenses				1p	Х						
					1q		X					
-	•											
r	Other transfer of cash or property to related organization(s)				1r		Х					
					1s		X					
2	If the answer to any of the above is "Yes," see the instructions for information on w	vho must complete t	his line, including covered	relationships and transaction thresholds.								
	(a)	(b)	(c)	(d)								
		` '			olved							
		type (a-s)										
(1) Ì	N/A		0.									
(2)												
(3)												
(4)												
(5)												
(6)												
3216	3 09-06-16	46		Schedule	R (For	n 990	2016					

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.

(a)	(b)	(c)	(d)	Are a partners 501(c) orgs	)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are a	all s sec.	Share of	Share of	Disp	ropor-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera	l or Percentage
of entity		(state or foreign	(related, unrelated,	501(c)	)(3)	total	end-of-year	alloca	nate ations?	amount in box 20	manag	ownership
•		country)	sections 512-514)	Yes	Na.	income	assets	Vac	No	(Form 1065)	Yes	10
				res	NO			res	NO	(	resi	-
								T	1			
								1				
-												
									_			
				$\vdash$				$\vdash$	_			
				$\vdash$				+	$\vdash$		$\vdash$	-
			I					1		L	$\perp$	