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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047

2015

Open to Public Inspection

A F	or the	2015 ca	lendar year, or tax year beginnin	g 01-01-2015 , and ending 12-31-20	15			
B Ch	eck ıf a	applicable	C Name of organization AMERICAN BIRD CONSERVANCY			D Employ	yer identif	ication number
☐ Add	dress c	hange	THE RESERVE SERVE SERVER SERVE			52-15	01259	
┌ Na	me cha	ange	Doing business as			_		
┌ Inıt	ial retu	ım				F Telepho	ne number	
_ Fin	al		Number and street (or P O box if m PO BOX 249	all is not delivered to street address) Room/su	uite			
_		rmınated	PO BOX 249			(540)	253-578	0
		return	City or town, state or province, coun THE PLAINS, VA 20198	try, and ZIP or foreign postal code		G Gross re	eceipts \$ 12	.673,205
J App	olicatio	n pending					· · · · · · · · · · · · · · · · · · ·	,,
			F Name and address of prin	cıpal officer	1	this a group	return for	
			GEORGE H FENWICK PO BOX 249			oordinates?		「Yes ▼No
			THE PLAINS, VA 20198			e all subordıı luded?	iates	□Yes □No
					If"	No," attach	a lıst (se	e instructions)
I la	x-exer	mpt status	✓ 501(c)(3) 501(c)() ◄ (ır	nsert no) 4947(a)(1) or 527	H(c) Gr	oup exempti	on numbe	er ►
J W	ebsit	e:► WW	/W ABCBIRDS ORG					
K For	n of or	rganızatıon	Corporation Trust Association	n	L Year of	formation 198	36 M Sta	te of legal domicile DE
	rt I		mary					-
	1 B	Briefly des	scribe the organization's mission	or most significant activities				
			TIII, LINE 1	-				
ပ္	-							
Governance	2	Check th	is box 🔭 if the organization dis	continued its operations or disposed o	of more than	25% of its	net asset	
ŝ						Ī	1	
2 5			•	ng body (Part VI, line 1a)		ŀ	3	19
ĕ	I			f the governing body (Part VI, line 1b)			4	17
Activities &	I			alendar year 2015 (Part V, line 2a)			5	76
ã			mber of volunteers (estimate if ne		6	35		
	1			rt VIII, column (C), line 12 m Form 990-T, line 34		• •	7a	0
	B IV	iet uillela	sted busiliess taxable illcome no	mroim 990-1, illie 34		· · rior Year	7b	Current Year
	8	Contri	butions and grants (Part VIII Ju			771		
क	9			ne 1h)		32,606		12,446,763
Revenue	10	_	·	(A), lines 3, 4, and 7d)	·	65,007		99,052
2	11		revenue (Part VIII, column (A),		33,023		20,548	
	12			(must equal Part VIII, column (A), lin	ie	12,158,5		12,660,560
		12)						
	13			IX, column (A), lines 1-3)		4,019,1	.09	2,235,525
	14			X, column (A), line 4)			0	0
82	15	Salarıe 5-10)	es, other compensation, employe	5,140,0	92	5,930,376		
38	16a	•	, ssional fundraising fees (Part IX,		0	0		
Expenses	ь		ındraısıng expenses (Part IX, column (D)					
Ð	17			ines 11a-11d, 11f-24e)		3,450,9	35	3,322,165
	18		expenses Add lines 13-17 (mus		12,610,1	11,488,066		
	19			18 from line 12		-451,6		1,172,494
ኔ ኞ ው						g of Current Y		End of Year
Net Assets or Fund Balances					Deginini	-		
A 25.	20		assets (Part X, line 16)			5,357,6		6,252,737
end.	21		liabilities (Part X, line 26)		•	658,2		477,650
	22 14 1		ssets or fund balances Subtract ature Block	line 21 from line 20		4,699,3	323	5,775,087
Unde my k	r pen nowle	alties of p dge and b as any kr	perjury, I declare that I have exa belief, it is true, correct, and com nowledge **	mined this return, including accompai plete Declaration of preparer (other t		2016-07-11		
Sign		F Signa	ature of officer			Date		
Here	е		RGE H FENWICK PRESIDENT					
		<u> </u>	e or print name and title	I Down or the second of the se			DT***	
<u>.</u>		P	rınt/Type preparer's name	Preparer's signature		Check if If elf-employed	PTIN	
Paid		F	Firm's name F GELMAN ROSENBERG 8	FREEDMAN		ım's EIN ► 52	-1392008	
	pare	er 🔓	rim's address • 4550 MONTGOMERY AV			hone no (301)		
llea	\cap n	ANA L			1.	()		

BETHESDA, MD 208142930

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

. ✓ Yes ☐ No

Form	990	(2015)	

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Par	t IIII 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
SAF	RICAN BIRD CONSERVANCY CONSERVES NATIVE WILD BIRDS AND THEIR HABITATS THROUGH THE AMERICAS, EGUARDING THE RAREST SPECIES, RESTORING HABITATS, AND REDUCING THREATS, WHILE BUILDING CAPACITY IN THE OCONSERVATION MOVEMENT
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?
	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 \$ 8,995,621 including grants of \$ 2,235,525) (Revenue \$ 105,445)
	BIRD CONSERVATION PROGRAMS - ABC WORKS TO PREVENT THE EXTINCTIONS OF SOME OF THE WORLD'S RAREST SPECIES, PROTECT HABITAT, AND ELIMINATE THREATS THAT CUMULATIVELY KILL BILLIONS OF BIRDS EACH YEAR
	(Code) (Expenses \$ 577,220 including grants of \$) (Revenue \$)
	OUTREACH - ABC DISSEMINATES BIRD CONSERVATION INFORMATION AND NEWS THROUGH ITS PRINTED PUBLICATIONS, WEBSITE, AND LIST SERVES, PARTICIPATES IN A VARIETY OF BIRDING EVENTS AND ENCOURAGES THE PUBLIC TO GET INVOLVED IN BIRD CONSERVATION THROUGH PUBLIC ACTION CAMPAIGNS
	(Code) (Expenses \$ 351,676 including grants of \$) (Revenue \$)
	MEMBERSHIP SERVICES - ABC'S MEMBERSHIP IS A GROWING NETWORK OF BIRDERS AND NATURE LOVERS MAKING A DIFFERENCE FOR BIRDS THROUGHOUT THE AMERICAS
	Other program services (Describe in Schedule O)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 9,924,517

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Par	t IV Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	NO
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🐉	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νo
4	Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 🚨	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. I	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Νo
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Νo
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
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		No
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Yes	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and $11e^{2}$ If "Yes," complete Schedule G, Part I (see instructions)	17		No
	VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
		20a		No
Ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
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? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

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Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this				.г
				Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 49			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b 0			
	Did the organization comply with backup withholding rules for reportable payments t gaming (gambling) winnings to prize winners?	o vendors and reportable	1c	Yes	
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	2a 76			
b	If at least one is reported on line 2a, did the organization file all required federal em Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file		2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the second contract of the sec	ng the year?	За		Νo
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation	ion in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a s over, a financial account in a foreign country (such as a bank account, securities acaccount)?		4a		Νo
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Ban (FBAR)	k and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time duri	ng the tax year?	5a		Νo
	Did any taxable party notify the organization that it was or is a party to a prohibited		5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		"		
			5c		
	Does the organization have annual gross receipts that are normally greater than \$1 organization solicit any contributions that were not tax deductible as charitable con	tributions?	6a		No
D	If "Yes," did the organization include with every solicitation an express statement t were not tax deductible?	nat such contributions or gifts	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 contribut services provided to the payor?		7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services p		7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal prope file Form 8282?	rty for which it was required to	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a j	personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers	onal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the crequired?	organization file Form 8899 as	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicle Form 1098-C?		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess buduring the year?	usiness holdings at any time	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966	?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or rel		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	1 1			
	Gross income from members or shareholders	11a			
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990	0 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.	L			
	Is the organization licensed to issue qualified health plans in more than one state? An additional information the organization must report on Schedule O	Note. See the instructions for	13a		
	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			
	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the ta	x year?	14a		Νo

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

14b

Part VI	Governance.	Management.	and Disclosure
	oover ilailee,	- iuiiugeiiie	ana Discissare

Se	ction A. Governing Body and Management						
					Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	19				
	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	17				
2	Did any officer, director, trustee, or key employee have a family relationship or a bu other officer, director, trustee, or key employee?		• • •	2		No	
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co			3		No	
4	Did the organization make any significant changes to its governing documents since filed?	e the p	orior Form 990 was	4		No	
5	Did the organization become aware during the year of a significant diversion of the o	rganız	ation's assets? .	5		Νo	
6	Did the organization have members or stockholders?			6		Νo	
7a	Did the organization have members, stockholders, or other persons who had the power more members of the governing body?		elect or appoint one or	7a		No	
b	Are any governance decisions of the organization reserved to (or subject to approve or persons other than the governing body?		members, stockholders,	7b		No	
8	Did the organization contemporaneously document the meetings held or written active year by the following	ons ui	ndertaken during the				
а	The governing body?			8a	Yes		
b	Each committee with authority to act on behalf of the governing body?			8b	Yes		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule</i>			9		No	
Se	ction B. Policies (This Section B requests information about policies not	requi	ired by the Internal R	eveni	ue Cod	e.)	_
					Yes	No	
.0a	Did the organization have local chapters, branches, or affiliates?			10a		Νo	
b	If "Yes," did the organization have written policies and procedures governing the ac	tıvıtıe	s of such chapters,				

<u>5</u> e	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ie cou	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 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 body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		Νo
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
h	If "Vac." did the organization follows written policy or procedure requiring the organization to evaluate its			

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed

AL,AK,AR,CA,CO,CT,FL,GA,HI,IL,IN,KS,KY, ME,MD,MA,MI,MN,MS,NH,NJ,NM,NY,NC,ND, OH,OK,OR,PA,RI,SC,TN,UT,VA,WA,WV,WI

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply own website. Another's website. Upon request. Other (explain in Schedule O)

- Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records
 ►MERRIE MORRISON PO BOX 249 THE PLAINS, VA 20198 (540) 253-5780

Part VII

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

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

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

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

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

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

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more pers	than dir o a Institutional Truste	one bot	not box h ar or/tr	c , our employee	ess er e)	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) GEORGE H FENWICK	35 00	x	a	x		ě		205,882	0	15,216
PRESIDENT								·		
(2) WARREN F COOKE CHAIR	4 00	х		х				0	0	0
(3) WILLIAM F SHEEHAN SEE SCHEDULE O) VICE CHAIR	20 00	х		х				50,000	0	0
(4) BILL LEIGHTY VICE CHAIR	1 00	х		х				0	0	0
(5) V RICHARD EALES VICE CHAIR/TREASURER	4 00	х		х				0	0	0
(6) KENNETH BERLIN DIRECTOR	1 00	х						0	0	0
(7) WALTER MATIA DIRECTOR	1 00	х						0	0	0
(8) DAVID DAVIDSON DIRECTOR	1 00	х						0	0	0
(9) JEFFREY PETERS DIRECTOR	1 00	х						0	0	0
(10) CINNAMON DORNSIFE DIRECTOR	1 00	х						0	0	0
(11) JEFF RUSINOW DIRECTOR	1 00	х						0	0	0
(12) KATHRYN A HALE DIRECTOR	1 00	х						0	0	0
(13) LARRY SELZER DIRECTOR	1 00	х						0	0	0
(14) DAVID HARRISON DIRECTOR	1 00	х						0	0	0
	•	•			_	•		•		Form 990 (2015)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

								<u>-</u>			,
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	more pers	than on is	one bot	not box h ar	chericie Highest compensated employee	ess er	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organization (W- 2/1099 MISC)	on d is	(F) Estimated amount of other compensation from the organization and related organizations
(15) SHOAIB TAREEN	1 00	.,									
DIRECTOR		X							0	0	(
(16) JENNIFER HAVERKAMP	1 00	.,									
DIRECTOR		X							0	0	(
(17) ROBERT E WEEDEN	1 00	V							0		,
DIRECTOR		X							٩	0	(
(18) CAROLYN HENDRICKS	1 00	V							0		(
DIRECTOR		X							0	0	(
(19) JONATHAN FRAZEN	1 00	V							0		
DIRECTOR		X							٩	0	(
(20) MERRIE MORRISON	35 00			Ţ,				122.04			F 424
VP OPERATIONS/SECRETARY				×				122,04	1	0	5,436
(21) MICHAEL J PARR	35 00					l ,		142.47	2		15.21/
VP PLANNING/PROG DEV						X		143,47	4	0	15,210
(22) CLARE NIELSEN NEAL	35 00							115 24	_		10.054
VP COMMUNICATIONS						Х		115,34	5	0	10,056
(23) DARIN SCHROEDER	35 00					Х		111.45	1	0	(
VP ADVOCACY								111,45	1	Ů	,
(24) GEORGE WALLACE	35 00					Х		107,38	4	0	15.21/
VP OCEANS/ISLANDS								107,36	4	٥	15,216
(25) EMILY JO WILLIAMS	35 00					x		108,63	7	0	6,684
VP NO AMERICAN BIRDS								108,03	<u> </u>		0,00
1b Sub-Total				•	•						
c Total from continuation sheets to Part	-				•						
d Total (add lines 1b and 1c)	<u></u>	•						964,212	0		67,824
Total number of individuals (including b \$100,000 of reportable compensation				d ab	oove	e) who	rec	eıved more than			
											Yes No
3 Did the organization list any former offi	cer, director or	trustee	, key	em/	ploy	/ee, o	r hıg	jhest compensat	ed employee		
on line 1a? If "Yes," complete Schedule 3	for such individ	lual .							[3	No
4 For any individual listed on line 1a, is the	he sum of report	table co	ompe	nsa	tıon	and o	othe	r compensation 1	rom the		
organization and related organizations											

3	Did the organization list any former officer, director or trustee, key employee, or nignest compensated employee			
	on line 1a? If "Yes," complete Schedule J for such individual	3		Νo
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for			
	services rendered to the organization? If "Ves." complete Schedule I for such person			

	4	Yes	
-			
	5		No

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization \blacktriangleright 0

Part V	/##1	Statement of	f Revenue lle O contains a respo	nco or noto to any lir	on this Dart VIII			Г
		Check it Schedu	ne o contains a respo	nse of note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s &	1a	Federated camp	paigns 1a	25,758				
Grants mounts	ь	Membership du	es 1b	1,605,916				
رَةٍ قَ	c	Fundraising eve	ents 1c	-				
ft FA	d	Related organiz	ations 1d	-				
Contributions, Gifts, and Other Similar A	e	Government grants		2,990,046				
Sir	f	All other contributio	ons, gifts, grants, and 1f	7,825,043				
igi Per ja	'	sımılar amounts no	t included above					
Ęŏ	g	Noncash contribution 1a-1f \$	ons included in lines	769,881				
Contributions, Giffs, Grants and Other Similar Amounts	h	Total. Add lines	31a-1f		12,446,763			
				Business Code				
in e	2a	EDUCATIONAL TRIF	PINCOME	900099	93,576	93,576		
æ Æ	ь	MEETINGS		900099	521	521		
- S	С	BIRD CONSERV AL	LIANCE	900099	100	100		
Σ. Ž	d							
Program Serwce Revenue	e							
S O	f	All other progra	m service revenue					
<u>&</u>	g	Total. Add lines	32a-2f	🛌	94,197			
	3		ome (including dividen		99,052			99,05
	4		ar amounts) tment of tax-exempt bond	F				·
	5	Royalties		🕨	132			13
			(ı) Real	(II) Personal				
	6a	Gross rents						
	ь	Less rental						
	c	expenses Rental income						
	d	or (loss) Net rental incor	me or (loss)					
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory						
	ь	Less cost or other basis and sales expenses Gain or (loss)						
	d	Net gaın or (los	s)					
venue	8a	Gross income frevents (not incl	uding					
Other Revenue		See Part IV, lin	а					
ō	b c		penses b loss) from fundraising					
			rom gaming activities	events p				
	ь	Less direct evi	penses b					
			loss) from gaming acti					
	10a	Gross sales of i						
		returns and allo	wances . a	23,893				
	ь	Less cost of ac	oods sold b	12,645				
	С		loss) from sales of inv		11,248	11,248		
		Miscellaneous	Revenue	Business Code				
		MISCELLANEO	US	900099	9,168			9,16
	Ь							
	С							
	d	All other revenu						
	e	Total. Add lines		•	9,168			
	12	Total revenue.	See Instructions .	· · · · •	12,660,560	105,445	0	108,35

		Statement of Functional Expenses								
Section	ction 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)									
	C	Check if Schedule O contains a response or note to any line in th	ıs Part IX			<u> </u>				
		ide amounts reported on lines 6b, nd 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1		ts and other assistance to domestic organizations and stic governments See Part IV, line 21	268,473	268,473						
2		ts and other assistance to domestic duals See Part IV, line 22								
3	gover	ts and other assistance to foreign organizations, foreign rnments, and foreign individuals See Part IV, lines 15	1,967,052	1,967,052						
4		fits paid to or for members		, ,						
5	Comp	pensation of current officers, directors, trustees, and	401,714	75,117	317,464	9,133				
6	Comp (as de	pensation not included above, to disqualified persons efined under section 4958(f)(1)) and persons ribed in section 4958(c)(3)(B)								
7	Othe	r salarıes and wages	4,632,532	3,921,972	445,370	265,190				
8		on plan accruals and contributions (include section 401(k) 03(b) employer contributions)								
9	Othe	r employee benefits	532,534	438,530	64,243	29,761				
10	Payro	oll taxes	363,596	289,714	54,021	19,861				
11	Fees	for services (non-employees)								
а	Mana	gement								
b	Legal		25,567	25,567						
c	Acco	unting	26,170		26,170					
d	Lobby	yıng								
e	Profe	ssional fundraising services See Part IV, line 17								
f	Inves	stment management fees								
g		r (If line 11g amount exceeds 10% of line 25, column (A) int, list line 11g expenses on Schedule O)	1,707,789	1,667,387	38,212	2,190				
12	Adve	rtising and promotion	50,468	48,378	1,835	255				
13		e expenses	333,890	283,141	36,336	14,413				
14	Infor	mation technology	204,808	176,405	27,774	629				
15	Royal	lties								
16	Occu	pancy	174,263	142,241	23,414	8,608				
17		el	477,276	452,003	3,550	21,723				
18		nents of travel or entertainment expenses for any federal, , or local public officials								
19	Confe	erences, conventions, and meetings	77,327	47,561	29,287	479				
20	Inter	est								
21	Paym	nents to affiliates								
22	Depre	eciation, depletion, and amortization	47,676	37,988	7,084	2,604				
23	Insur	ance	32,703	26,059	4,858	1,786				
24	misce 10%	r expenses Itemize expenses not covered above (List ellaneous expenses in line 24e Ifline 24e amount exceeds of line 25, column (A) amount, list line 24e expenses on dule O)								
а	FIEL	D TRIP EXPENSES	93,761	3,531		90,230				
b	CRED	DIT CARD PROCESSING	19,440	15,490	2,888	1,062				
c	DUES	5	18,064	15,334	835	1,895				
d	MISC	CELLANEOUS	12,122	13,744	-1,622					
e	All ot	her expenses	20,841	8,830	2,997	9,014				
25	Total	functional expenses. Add lines 1 through 24e	11,488,066	9,924,517	1,084,716	478,833				
26	repor educa	costs.Complete this line only if the organization ted in column (B) joint costs from a combined ational campaign and fundraising solicitation k here ► ☐ if following SOP 98-2 (ASC 958-720)								

Form 990 ((2015)
Part X	Balance Sheet
	Check if Schedule O

		Check if Schedule O contains a response or note to any lin	e in thi	s Part X			
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing				1	
	2	Savings and temporary cash investments	965,320	2	1,187,172		
	3	Pledges and grants receivable, net			2,442,337	3	2,953,714
	4	Accounts receivable, net			2,954	4	3,225
	5	Loans and other receivables from current and former offic key employees, and highest compensated employees Co Schedule L	mplete				
Assets	6	Loans and other receivables from other disqualified person section 4958(f)(1)), persons described in section 4958(contributing employers and sponsoring organizations of soluntary employees' beneficiary organizations (see institute of Schedule L	c)(3)(B ection), and 501(c)(9)		6	
883	7	Notes and loans receivable, net				7	
•	8	Inventories for sale or use			18,430		17,960
	9	Prepaid expenses and deferred charges			75,526	9	172,183
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	313,499			
	Ь	Less accumulated depreciation	10b	236,747	63,742	10c	76,752
	11	Investments—publicly traded securities	. —		1,777,292	11	1,829,731
	12	Investments—other securities See Part IV, line 11 .				12	
	13	Investments—program-related See Part IV, line 11 .			12,000	13	12,000
	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)			5,357,601	16	6,252,737
	17	Accounts payable and accrued expenses			658,278	17	477,650
	18	Grants payable				18	
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability Complete Part IV o	f Sched	lule D		21	
.iabilities	22	Loans and other payables to current and former officers, of key employees, highest compensated employees, and dis					
園		persons Complete Part II of Schedule L	=			22	
<u>, E</u>	23	Secured mortgages and notes payable to unrelated third	parties			23	
	24	Unsecured notes and loans payable to unrelated third par				24	
	25	Other liabilities (including federal income tax, payables to and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25			
	25	Tabel Makifelia Add by and 7 shown to 25			658,278	25	477,650
	26	Total liabilities. Add lines 17 through 25			030,278	26	477,030
φ		Organizations that follow SFAS 117 (ASC 958), check her lines 27 through 29, and lines 33 and 34.	re F JV	and complete			
ğ	27	Unrestricted net assets			2,936,838	27	2,786,220
<u> </u>	28	Temporarily restricted net assets			1,703,205	28	2,868,018
=	29	Permanently restricted net assets			59,280	29	120,849
r Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), ch complete lines 30 through 34.					
. or	30	Capital stock or trust principal, or current funds				30	
ě.	31	Paid-in or capital surplus, or land, building or equipment f				31	
Assets	32	Retained earnings, endowment, accumulated income, or o				32	
Net	33	Total net assets or fund balances			4,699,323	33	5,775,087
Ż	34	Total liabilities and net assets/fund balances			5,357,601	34	6,252,737

	330 (2013)			Г	aye 11
Par	t XI Reconcilliation of Net Assets				_
	Check if Schedule O contains a response or note to any line in this Part XI		•	· · ·	<u> </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		12.6	60,560
2	Total expenses (must equal Part IX, column (A), line 25)			· · · ·	•
		2		11,4	188,066
3	Revenue less expenses Subtract line 2 from line 1	3		1,1	.72,494
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))				
		4		4 ,6	99,323
5	Net unrealized gains (losses) on investments	5			-96,730
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			(
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		5,7	75,087
Par	TXII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII				_
	Check if Schedule O Contains a response of note to any line in this Part XII		<u> </u>	Yes	No
4	Accounting method used to prepare the Form 990				
1	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		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	ewed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
_					
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep- basis, consolidated basis, or both	arate			
	▼ Separate basis				
_	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig	ht			
·	of the audit, review, or compilation of its financial statements and selection of an independent accountant		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın			
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	ne	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	Yes	

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DLN: 93493193006036

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

2015

Open to Public Inspection

		ne organization					Employer identifica	ntion number	
,	10/11/ 11	and conservation					52-1501259		
Pa	rt I	Reason for Publi	c Charity S	status (All organiza	tions must co	mplete this p		ons.	
The	organı	zation is not a private fo	oundation beca	ause it is (For lines 1	through 11, ch	eck only one b	ox)		
1	Γ	A church, convention	of churches, o	r association of churc	hes described i	n section 170(l	o)(1)(A)(i).		
2	Г	A school described in	section 170(b)(1)(A)(ii).(Attach So	hedule E (Form	1990 or 990-E	(Z))		
3	Г	A hospital or a cooper							
4	F	A medical research or hospital's name, city,	ganızatıon ope). Enter the	
5	Γ		ated for the be	nefit of a college or un I)	iversity owned	or operated by	a governmental unit o	lescribed in section	
6	Γ	A federal, state, or loc	al governmen	t or governmental unit	described in se	ection 170(b)(1	l)(A)(v).		
7	<u></u> -	An organization that n described in section 1	70(b)(1)(A)(v	/i). (Complete Part II)	_	ental unit or from the g	eneral public	
8		A community trust de	scribed in sect	ion 170(b)(1)(A)(vi)	(Complete Par	tII)			
9	Γ	receipts from activition from gross investmen	es related to it it income and	ves (1) more than 33 sexempt functions—s unrelated business tallesection 509(a)(2).	subject to certai xable income (le	in exceptions, ess section 51	and (2) no more than	331/3% of its suppor	
10	\vdash	An organization organ	•		•	•	n 509(a)(4).		
11	Γ	An organization organ one or more publicly s the box in lines 11a th	upported orga	nızatıons described in	section 509(a)	(1) or section	509(a)(2) See sect ic	n 509(a)(3). Check	
а	Γ	Type I. A supporting of supported organization You mus	organization op n(s) the power	perated, supervised, or to regularly appoint o	r controlled by 1 r elect a majori	ts supported o	rganizatıon(s), typıcal	ly by giving the	
b	Γ	Type II. A supporting management of the su	organization s pporting organ	upervised or controlle	d in connection			=	
	_	must complete Part I	V, Sections A and C. integrated. A supporting organization operated in connection with, and functionally integrated with, its						
C	1	supported organization						grated with, its	
d	Г	Type III non-function						anızatıon(s) that ıs	
		not functionally integr							
	_	(see instructions) Yo							
е	ļ	Check this box if the contegrated, or Type II.					s a Type I, Type II, T	ype III functionally	
f	Ente	r the number of support							
g		Provide the following i	-						
(i) Name of supported organ			(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organ Isted in your docume	nization governing	(v) A mount of monetary support (see instructions)	(vi) A mount of other support (see instructions)	
					Yes	No			

instructions

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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 Calendar year (a)2011 **(b)**2012 **(c)**2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) 1 Gifts, grants, contributions, and 9,742,374 8,644,986 10,618,287 12,027,871 12,446,763 53,480,281 membership fees received (Do not include any unusual grants) 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 9,742,374 8,644,986 10,618,287 12,027,871 12,446,763 53,480,281 **Total.** Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 1,780,545 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column Public support. Subtract line 5 51,699,736 from line 4 Section B. Total Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) 🟲 Amounts from line 4 9,742,374 8,644,986 10,618,287 12,027,871 12,446,763 53,480,281 Gross income from interest, dividends, payments received 28,314 23,626 58,947 98,295 99,184 308,366 on securities loans, rents, royalties and income from sımılar sources 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 16,989 4,351 22,210 18,078 9,168 70,796 capital assets (Explain in Part VI) 11 Total support. Add lines 7 53,859,443 through 10 Gross receipts from related activities, etc (see instructions) 12 12 347,121 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14 95 990 % 14 Public support percentage for 2014 Schedule A, Part II, line 14 15 15 94 630 % 16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization **▶**▽ 33 1/3% support test -2014. 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 and **stop here.** The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2015. 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 stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported **▶**□ organization b 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2015 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar vear (a)2011 (d)2014 **(b)**2012 (c)2013 (e)2015 (f)Total (or fiscal year beginning in) 🕨 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt nurnose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support. (Subtract line 7c from line 6) Section B. Total Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) 15 Public support percentage from 2014 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

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

Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))

Investment income percentage from 2014 Schedule A, Part III, line 17

18

►ſ

17

18

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked

Section A. All Supporting Organizations			
I, complete Sections A and D, and complete	te Part V)		
11b of Part I, complete Sections A and C	If you checked 11c of Part I, com	iplete Sections A , D , and E If y	ou checked 11d of Par

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

Pai	Supporting Organizations (continued)			
Se	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
Se	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Se	ection 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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Se	ection E. Type III Functionally-Integrated Supporting Organizations			
1 a b	The organization is the parent of each of its supported organizations Complete line 3 below			
2	Activities Test Answer (a) and (b) below.		Yes	No
a	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		
Ŀ	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.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
Ŀ	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

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

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

Part VI Supplemental Information.

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts	And	Circum	stances	Test
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Return Reference	Explanation

Schedule A (Form 990 or 990-EZ) 2015

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

DLN: 93493193006036

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

OMB No 1545-0047 2015

Open to Public Inspection

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

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

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

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A. Do not complete Part II-B.

٠	Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B	Do not complete Part II-A
	e organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions). 35c (Proxy Tax) (see separate instructions), then	or Form 990-EZ, Part V,
	Section 501(c)(4), (5), or (6) organizations Complete Part III	
	eme of the organization ERICAN BIRD CONSERVANCY ERICAN BIRD CONSERVANCY	dentification number
Al·i	52-15012	59
aı	t I-A Complete if the organization is exempt under section 501(c) or is a section 5	27 organization.
1 2	Provide a description of the organization's direct and indirect political campaign activities in Part IV	
	tical expenditures	
'		\$
3		Ψ
olu'	unteer hours	
Pai	rt I-B Complete if the organization is exempt under section 501(c)(3).	
1	Enter the amount of any excise tax incurred by the organization under section 4955	\$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	\$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	┌ Yes ┌ No
4a		
Vas	a correction made?	
_	_	
	Yes No	
	If "Yes," describe in Part IV rt I-C Complete if the organization is exempt under section 501(c), except section	501(c)(3).
1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	\$
-	•	₽
2		
	er the amount of the filing organization's funds contributed to other organizations for section 527 mpt function activities	
Þ		
		\$
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	\$
4		
old	the filing organization file Form 1120-POL for this year?	
- _Y	′es	
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organization organization made payments. For each organization listed, enter the amount paid from the filing organization amount of political contributions received that were promptly and directly delivered to a separate political of separate segregated fund or a political action committee (PAC). If additional space is needed, provide information or the second sequence of the second sequence of the second sequence of the sequence of the second sequence of the sequence of t	n's funds Also enter the organization, such as a
		1434

separate segregated fund or a	political action committee (PAC) If a	dditional space	ıs needed, provide informat	ion in Part IV
(a) Name	(b) A ddress	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
or Paperwork Reduction Act Notice, se	e the instructions for Form 990 or 990-	EZ.	at No 50084S Schedule C (F	orm 990 or 990-EZ) 2015

ochedule C (I	101111 330 01 330 12/2013	Page .
Part II-A	Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (ϵ	lection
	under section 501(h)).	

▶ Tif the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, A Check expenses, and share of excess lobbying expenditures)

B Check ► If the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures	(a) Filing organization's	(b) Affiliated
(The term "expenditures" means amounts paid or incurred.)	totals	group totals

Total lobbying expenditures to influence public opinion (grass roots

1a lobbying)

- $oldsymbol{b}$ Total lobbying expenditures to influence a legislative body (direct lobbying)
- Total lobbying expenditures (add lines 1a and 1b)
- $oldsymbol{d}$ O ther exempt purpose expenditures
- Total exempt purpose expenditures (add lines 1c and 1d) ${f e}$

f Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is:	
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

Grassroots nontaxable amount (enter 25% of line 1f)

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

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

If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 i reporting section 4911 tax for this year?

Γ	Υ	e	s	\sqcap
No				

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

	Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a	Lobbying nontaxable amount	600,148	683,208	782,171	724,403	2,789,930
ь	Lobbying ceiling amount (150% of line 2a, column(e))					4,184,895
_c	Total lobbying expenditures	1,335	3,614	7,810	5,070	17,829
_d	Grassroots nontaxable amount	150,037	170,802	195,543	181,101	697,483
e 	Grassroots ceiling amount (150% of line 2d, column (e))					1,046,225
f	Grassroots lobbying expenditures				1,268 Iule C (Form 990	1,268

1,268 3,802

11,482,996

5,070

11,488,066

724,403

181,101

	Complete if the organization is exempt under section 501(c)(3) and has filed Form 5768 (election under section 501(h)).	(a)	(b)
or each "Yes" r ctivity.	esponse on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	No	Amount
legislatio	ne year, did the filing organization attempt to influence foreign, national, state or local on, including any attempt to influence public opinion on a legislative matter or referendum, the use of	Yes	
a olunteers?		1 1	ı
	I		
b Paid staf	J ff or management (include compensation in expenses reported on lines 1c through 1i)?		
c ledia advertis	ements?		
	<u> </u>		
d lailings to me	mbers, legislators, or the public?		
I			
e Publicati	ions, or published or broadcast statements?		
f Grants to	o other organizations for lobbying purposes?		
g Direct co			1
h Rallies, o	demonstrations, seminars, conventions, speeches, lectures, or any similar means?		
i ther activitie	s?		
I			
j otal Add line	s 1c through 1:		
	activities in line 1 cause the organization to be not described in section 501(c)(3)?		4
	enter the amount of any tax incurred under section 4912 enter the amount of any tax incurred by organization managers under section 4912		L
•	ng organization incurred a section 4912 tax, did it file Form 4720 for this year?		
Part III-A	Complete if the organization is exempt under section 501(c)(4), section	501(c)(5)	or section
dicili A	501(c)(6).		Yes No
1 Were sub	ostantially all (90% or more) dues received nondeductible by members?		1
2 Did the o	organization make only in-house lobbying expenditures of \$2,000 or less?		2
3 Did the o	organization agree to carry over lobbying and political expenditures from the prior year?		3
Part III-B	Complete if the organization is exempt under section $501(c)(4)$, section $501(c)(6)$ and if either (a) BOTH Part III-A, lines 1 and 2, are answered line 3, is answered "Yes."		
1 ues, assessn	nents and similar amounts from members		
1			
	162(e) nondeductible lobbying and political expenditures (do not include amounts of political s for which the section 527(f) tax was paid).		
a urrent year			
2a			
ь			
arryover from	last year		
C C			
otal .			
2c 3 Aggregat	te amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess		
oes the organ	ization agree to carryover to the reasonable estimate of nondeductible lobbying and diture next year?		
4 Taxable	amount of lobbying and political expenditures (see instructions)	5	
Part IV	Supplemental Information		
Provide the d	escriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated gr	oup list), Part	II-A, lines 1 and
	ctions), and Part II-B, line 1 Also, complete this part for any additional information eurn Reference Explanation		
	·		90 or 990EZ) 2015

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DLN: 93493193006036

OMB No 1545-0047

Open to Public

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.

Inspection Employer identification number

	me of the organization RICAN BIRD CONSERVANCY		Empl	oyer identification number
\1*I E	KICHIN DIKU CONSERVANCI		52-1	501259
^o a		Advised Funds or Other Similar Fed "Yes" on Form 990, Part IV, line 6.	unds o	or Accounts.
	Complete if the organization answere	(a) Donor advised funds	(h)	Funds and other accounts
	Total number at end of year	(a) Dollor advised fullus	(0)	runus and other accounts
	Aggregate value of contributions to (during year)			
	Aggregate value of grants from (during year)			
	Aggregate value at end of year			
	Did the organization inform all donors and donor a funds are the organization's property, subject to be		nor advis	sed Yes No
	Did the organization inform all grantees, donors, a used only for charitable purposes and not for the			
	conferring impermissible private benefit?	. (1)		Yes No
Ū	t II Conservation Easements. Comple		on Forn	n 990, Part IV, line 7.
	Purpose(s) of conservation easements held by the Preservation of land for public use (e.g., recre		n histori	cally important land area
	Protection of natural habitat	·		I historic structure
	Preservation of open space	, reservation or a	coremica	i installe structure
	Complete lines 2a through 2d if the organization	hold a gualified concernation contribution in	tha farm	of a concernation
	easement on the last day of the tax year	neid a quaimed conservation contribution in	the lotti	of a conservation
				Held at the End of the Year
	Total number of conservation easements		2a	
	Total acreage restricted by conservation easeme	ents	2b	
	Number of conservation easements on a certified	historic structure included in (a)	2c	
	Number of conservation easements included in (o historic structure listed in the National Register	c) acquired after 8/17/06, and not on a	2d	
	Number of conservation easements modified, trai	nsferred, released, extinguished, or terminat	ed by th	e organization during the
	tax year 🛌			
	Number of states where property subject to cons	ervation easement is located be-		
	Does the organization have a written policy regar			
	violations, and enforcement of the conservation e	asements it holds?	_	☐ Yes ☐ No
	Staff and volunteer hours devoted to monitoring, year	inspecting, nandling of violations, and enforc	ing cons	servation easements during the
	Amount of expenses incurred in monitoring, inspe	acting handling of violations, and enforcing of	concerva	tion easements during the year
	► \$	ecting, nanding of violations, and emoterng t	Juliserva	tion easements during the year
	Does each conservation easement reported on III	ne 2(d) above satisfy the requirements of se	ction 17	0(h)(4)
	(B)(ı) and section 170(h)(4)(B)(ıı)?			☐ Yes ☐ No
	In Part XIII, describe how the organization repor balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the organization's financia		
7		tions of Art, Historical Treasures, ed "Yes" on Form 990, Part IV, line 8.	or Oth	er Similar Assets.
_	If the organization elected, as permitted under Si works of art, historical treasures, or other similar	FAS 116 (ASC 958), not to report in its reve assets held for public exhibition, education,	, or resea	arch in furtherance of public
	service, provide, in Part XIII, the text of the footi If the organization elected, as permitted under Si works of art, historical treasures, or other similar service, provide the following amounts relating to	FAS 116 (ASC 958), to report in its revenue assets held for public exhibition, education,	stateme	ent and balance sheet
	i) Revenue included on Form 990, Part VIII, line :		► \$_	
	Assets included in Form 990, Part X			
	If the organization received or held works of art, I following amounts required to be reported under S		for financ	
	Revenue included on Form 990, Part VIII, line 1			▶ \$
	Assets included in Form 990, Part X			▶ \$
				т

Par	t IIII	Organizations Maintaining (continued)	Collections of Art,	Historical	l Treasure	s, or Ot	her Similar A	sset	ts	
3		the organization's acquisition, acc tion items (check all that apply)	ession, and other record	_				e of i	ts	
а	ΓP	ublic exhibition		d Lo	an or exchar	ige progra	ms			
b	┌ s	cholarly research		e	ther					
c	ΓP	reservation for future generations								
4	Provid Part X	de a description of the organization (III	's collections and explair	n how they fu	rther the org	anızatıon's	s exempt purpose	ın.		
5		g the year, did the organization soli s to be sold to raise funds rather th						· _	No	
Par	t IV	Escrow and Custodial Arra Complete if the organization Part X, line 21.		rm 990, Pa	rt IV, lıne 🤉), or repo	orted an amour	nt on	Forn	n 990,
1a		e organization an agent, trustee, cu led on Form 990, Part X?	stodian or other intermed	liary for cont	rıbutıons or d	ther asse	ts not Yes	; F	No	
b	If"	Yes," explain the arrangement in P	art XIII and complete th	e following ta	ible		Am	ount		
С	Вес	ginning balance				1c				
d	Add	ditions during the year				1d				
е	Dıs	tributions during the year				1e				
f		ding balance				1f				
2a		ie organization include an amount c	on Form 990. Part X. line	21. for escro	w or custodi	al accoun	t liability? 「Yes		No	
			,	,			, ,	·		
b	If"Ye	s," explain the arrangement in Part	t XIII Check here if the	explanation h	nas been prov	/ided in Pa	art XIII			Γ
Pa	rt V	Endowment Funds. Comple	ete if the organization	answered '	"Yes" to Fo	m 990, I	Part IV, line 10			
			(a)Current year (I	Prior year	b (c)Two ye	ars back (d) Three years back	(e) F	our ye	ars back
1a	Begin	ning of year balance	1,776,775	1,636,008	3 1	.357,903	1,272,579			945,501
b	Contr	ributions	60,000	103,400		90,000	4,464			357,973
c	Net ır Iosse	nvestment earnings, gains, and s	-45,073	41,988	3	203,180	95,876			4,367
d	Grant •	s or scholarships	10,095			10,200	3,050			22,500
e		r expenditures for facilities rograms 		4,621	L					
f	A dmii	nistrative expenses				4,875	11,966			12,762
g	End o	f year balance	1,781,607	1,776,775	5 1	636,008	1,357,903			1,272,579
2	Provid	de the estimated percentage of the	current year end balance	e (line 1g, co	lumn (a)) hel	d as				
а	Board	designated or quasi-endowment 🕨	93 220 %							
ь		anent endowment 🕨 6780 %								
C	Temp	orarily restricted endowment Fercentages on lines 2a, 2b, and 2c	0 %							
За	A re th	nere endowment funds not in the po ization by		tion that are	held and adm	nınıstered	for the	Г	Yes	No
		related organizations					38	a(i)		No
	(ii) re	lated organizations					За	(ii)		No
b		s" on 3a(II), are the related organiz						3b		
4		ribe in Part XIII the intended uses		owment funds	5					
Par	t VI	Land, Buildings, and Equip		~ 000 Daw	t T\/ line 11	2 C22 F		ر میل	. 10	
		Complete If the organization Description of property	answered Yes to For	(a)	·	(b) or other bas	Accumulated	t		ok value
				(investm		(other)	(-,,			
1a	Land									
b	Buildin	gs								
С	Leaseh	nold improvements								
d	Equipm	nent				303,89	5 236,	747		67,148
е	Other			.		9,60	4			9,604

76,752

Part VII Investments—Other Securities. See Form 990, Part X, line 12.	Complete if the organ	ization answered 'Ye	s' on Form 990, Part IV, line 11b.
(a) Description of security or categ (including name of security)	ory	(b)Book value	(c)Method of valuation Cost or end-of-year market value
(1)Financial derivatives			
(2)Closely-held equity interests (3)Other			
) -		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12 Part VIII Investments—Program Related)		
Complete if the organization answe	red 'Yes' on Form 990), Part IV, line 11c. _{Se}	
(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organiz		Form 990. Part IV. line	11d See Form 990. Part X. line 15
	escription		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) In	ne 15.)		
Part X Other Liabilities. Complete if the o		l 'Yes' on Form 990,	Part IV, line 11e or 11f.
See Form 990, Part X, line 25. 1. (a) Description of liability	(b) Book value		
Faderal income toyee			
Federal Income taxes			
		\dashv	
		_	

Par	Reconciliation of Revenue per Audited Financial Statements With Revenue Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	per Re	eturn
1	Total revenue, gains, and other support per audited financial statements	1	12,576,475
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments 2a -96,730		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	-84,085
3	Subtract line 2e from line 1	3	12,660,560
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII) 4b		
c	Add lines 4a and 4b	4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	12,660,560
Par	Reconciliation of Expenses per Audited Financial Statements With Expense Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	s per	Return.
1	Total expenses and losses per audited financial statements	1	11,500,711
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	12,645
3	Subtract line 2e from line 1	3	11,488,066
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		
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	11,488,066

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
PART V, LINE 4	WILLIAM BELTON GRANT FUND - AWARDS SMALL GRANTS TO WORTHY BIRD CONSERVATION PROJECTS AND RESEARCHERS IN LATIN AMERICA BIRD CONSERVATION ENDOWMENT - A DESIGNATED ENDOWMENT FOR LARGE GIFTS, BEQUESTS, AND PLANNED GIFTS COMING TO ABC WITH NO DONOR RESTRICTIONS THE PRINCIPAL CAN BE USED WITH BOARD AUTHORIZATION INVESTMENT INCOME CAN BE USED FOR OPERATIONS THE LAND PROTECTION ENDOWMENT - A DONOR RESTRICTED ENDOWMENT FUND THE INVESTMENT INCOME IS USED FOR LAND PROTECTION PROJECTS FOR BIRD CONSERVATION IN THE UNITED STATES
PART X, LINE 2	FOR THE YEARS ENDED DECEMBER 31, 2015 AND 2014, ABC HAS DOCUMENTED ITS CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS
PART XI, LINE 2D - OTHER ADJUSTMENTS	COST OF GOODS SOLD RELATED TO BIRD TAPE SALES INCLUDED AS AN EXPENSE ON THE FINANCIAL STATEMENTS AND NETTED AGAINST REVENUE ON FORM 990, PART VIII, LINE 10B 12,645
PART XII, LINE 2D - OTHER ADJUSTMENTS	COST OF GOODS SOLD RELATED TO BIRD TAPE SALES INCLUDED AS AN EXPENSE ON THE FINANCIAL STATEMENTS AND NETTED AGAINST REVENUE ON FORM 990, PART VIII, LINE 10B 12,645

Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2015

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(Form 990)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States

 \blacktriangleright Complete if the organization answered "Yes" to 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.

DLN: 93493193006036OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization AMERICAN BIRD CONSERVANCY				Employer identi	fication number
AMERICAN BIRD CONSERVANCE				52-1501259	
Part I General Information Complete if the organi				14b.	
1 For grantmakers. Does the cand other assistance, the grants or a used to award the grants or a	intees' eligibil	ity for the grai	nts or assistance, and	the selection criteria	✓ Yes
2 For grantmakers. Describe in assistance outside the United		ganızatıon's p	rocedures for monitori	ng the use of its grant	s and other
3 Activites per Region (The follow	ing Part I, line 3	3 table can be d	uplicated if additional spa	ace is needed)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) SOUTH AMERICA	0	1	GRANTS TO RECEPIENTS IN THE REGION		1,188,658
(2) NORTH AMERICA	0	0	GRANTS TO RECEPIENTS IN THE REGION		569,434
(3) CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTS TO RECEPIENTS IN THE REGION		208,960
(4)					
(5)					
3a Sub-total	0	1			1,967,052
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0				1.967.052

Part II	Grants and Other	Assistance to	Organizations o	or Entities	Outside the	United States.
---------	-------------------------	---------------	-----------------	-------------	-------------	----------------

Complete if the organization answered "Yes" to 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) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1) See Add'l Data								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
			1			Į	Į	I

Enter total number of recipient organizations listed above that are recognized as charities by the 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

19

0

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) GRANT	CENTRAL AMERICA AND THE CARIBBEAN	1	24,710	WIRE			аррічіва, тапа,
(2)							
(3)							
(4)					†		
(5)							
(6)		+			†		
(7)							
(8)					†		
(9)		1			†		
(10)		1			†		
(11)		1	 		†		
(12)							
(13)					+		
(14)		+					
(15)							
(16)					†		
(17)					†		
(18)					†		
						<u> </u> Schedi	 ule F (Form 990) 2015

Part IV Foreign Forms

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	Γ	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to 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)	Γ	Yes	~	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)	Γ	Yes	্ব	Νo
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)	Γ	Yes	দ	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)	Г	Yes	<u>~</u>	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 file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Г	Yes	<u>ত</u>	Νo

Schedule F (Form 990) 2015

Schedule F (Form 990) 2015 Page **5**

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).

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 2	ABC IS IN CLOSE CONTACT WITH ALL OF ITS GRANTEES GRANTEES MUST SIGN A GRANT AGREEMENT OUT LINING THE USE OF THE FUNDS, TIMELINES FOR DELIVERABLES, AND REPORTING REQUIREMENTS - BOTH PROGRAMMATIC AND FINANCIAL PROGRAMMATIC REPORTS INCLUDE DOCUMENTATION AND PICTURES OF THE PROJECT ABC STAFF VISIT MANY OF THE GRANTEES AND PROJECT SITES AND WORK COLLABORATIVELY WITH PARTNERS TO ENSURE THE BEST RESULTS FOR BIRD CONSERVATION

Additional Data

Software ID: Software Version:

EIN: 52-1501259

Name: AMERICAN BIRD CONSERVANCY

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(I) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	BIRD CONSERVATION PROGRAMS	47,108	WIRE			
		SOUTH AMERICA	BIRD CONSERVATION PROGRAMS	101,576	WIRE			
		SOUTH AMERICA	BIRD CONSERVATION PROGRAMS	30,000	WIRE			
		SOUTH AMERICA	BIRD CONSERVATION PROGRAMS	304,466	WIRE			

, Form 990 Schedu	le F Part II	- Grants or Entities Outside The United States							
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)	
		SOUTH AMERICA	BIRD CONSERVATION PROGRAMS	179,334	WIRE				
		SOUTH AMERICA	BIRD CONSERVATION PROGRAMS	164,776	WIRE				
		SOUTH AMERICA	BIRD CONSERVATION PROGRAMS	296,364	WIRE				
		SOUTH AMERICA	BIRD CONSERVATION PROGRAMS	40,586	WIRE				

, Form 990 Schedv	le F Part II	- Grants or Entiti	ies Outside The Uni	ited States		_		_
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraisal, other)
		SOUTH AMERICA	BIRD CONSERVATION PROGRAMS	11,500	WIRE			
		NORTH AMERICA	BIRD CONSERVATION PROGRAMS	7,500	WIRE			
		NORTH AMERICA	BIRD CONSERVATION PROGRAMS	437,150	WIRE			
		NORTH AMERICA	BIRD CONSERVATION PROGRAMS	119,784	WIRE			

Form 990 Schedu	le F Part II	- Grants or Entitie	es Outside The Uni	ted States		_		_
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
			BIRD CONSERVATION PROGRAMS	33,200	WIRE			
		CENTRAL AMERICA AND THE CARIBBEAN	BIRD CONSERVATION PROGRAMS	6,000	WIRE			
		CENTRAL AMERICA AND THE CARIBBEAN	BIRD CONSERVATION PROGRAMS	23,000	CHECK			
		AND THE	BIRD CONSERVATION PROGRAMS	20,000	WIRE			

Form 990 Scheav	He F Part II	- Grants or Entitle	is Outside The Uni	ited States		_		·
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		AND THE	BIRD CONSERVATION PROGRAMS	26,000	WIRE			
		AND THE	BIRD CONSERVATION PROGRAMS	20,050	WIRE			
		AND THE	BIRD CONSERVATION PROGRAMS	46,000	WIRE			

DLN: 93493193006036

Open to Public

OMB No 1545-0047

Schedule I (Form 990)

Department of the

Treasury

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

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

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

Inspection

Internal Revenue Service							
Name of the organization AMERICAN BIRD CONSERVANC	·v					Employer identifi	cation number
AMERICAN BIRD CONSERVANC	, т					52-1501259	
Part I General Informa	ition on Grants	and Assistance					
 Does the organization maint the selection criteria used to Describe in Part IV the organization 	o award the grants inization's procedui	or assistance? res for monitoring the u	se of grant funds in the	United States		·	✓ Yes
Part III Grants and Other Ass that received more th					zation answered "Yes" (on Form 990, Part IV, line	e 21, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) OIKONOS PO BOX 1932 BENECIA,CA 94510	03-0385067	501(C)(3)	100,000				BIRD CONSERVATION PROGRAMS
(2) THE CONSERVATION FUND 1655 NORTH FT MYER DR SUITE 1300 ARLINGTON,VA 22209	52-1388917	501(C)(3)	43,000				BIRD CONSERVATION PROGRAMS
UNIVERSITY OF (3) CALIFORNIA ONE SHIELDS AVE DAVIS,CA 95616	94-6036494	GOVERNMENT	30,000				BIRD CONSERVATION PROGRAMS
(4) UNIVERSITY OF HAWAII 2440 CAMPUS RD BOX 368 HONOLULU,HI 96822	99-6000354	GOVERNMENT	90,473				BIRD CONSERVATION PROGRAMS

Enter total number of other organizations listed in the line 1 table

Schedule I	(Form 990) 2015
Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22
	Part III can be duplicated if additional space is needed

(a)Type of grant or assistance	ce (b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance						
Part IV Supplemental I	nformation. Provide the inf	ormation required in F	Part I, line 2, Part III,	column (b), and any other	addıtıonal ınformatıon.						
Poture Poforonco											

Return Reference	Explanation
•	ABC HAS GRANT AGREEMENTS WITH EACH ORGANIZATION AND REQUIRES BOTH PROGRAMMATIC AND FINANCIAL REPORTING ORGANIZATIONS ARE REQUIRED TO MAINTAIN BACKUP DOCUMENTATION OF EXPENDITURES AND TO PROVIDE DOCUMENTATION FOR LAND ACQUISITIONS UPON REQUEST ABC RESERVES THE RIGHT TO AUDIT THE ORGANIZATIONS AND SCREENS THEM THROUGH SPECIALLY DESIGNATED NATIONALS

Schedule I (Form 990) 2015

DLN: 93493193006036

OMB No 1545-0047

Schedule J (Form 990)

Compensation Information

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

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

2015 Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization AMERICAN BIRD CONSERVANCY

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

Inspection **Employer identification number**

52-1501259

Pa	rt I	Questions Regarding Compensation							
						Yes	No		
La				ny of the following to or for a person listed on Form ride any relevant information regarding these items					
	Γ	First-class or charter travel	Γ	Housing allowance or residence for personal use					
	Γ.	Travel for companions	Γ	Payments for business use of personal residence					
	Γ.	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees					
	Γ	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)					
b		y of the boxes in line 1a are checked, did the org bursement or provision of all of the expenses des			1b				
2		he organization require substantiation prior to re tors, trustees, officers, including the CEO/Exec			2				
3	orga used	cate which, if any, of the following the filing organ nization's CEO/Executive Director Check all the by a related organization to establish compensa Compensation committee	at appl						
		Independent compensation consultant	, v	·					
		Form 990 of other organizations	٠ اح	Approval by the board or compensation committee					
	,	Total 3 30 of other organizations	,	Approval by the board of compensation committee					
4		ng the year, did any person listed on Form 990, F related organization	Part VI	I, Section A, line $1a$ with respect to the filing organization					
а	Rece	eive a severance payment or change-of-control p	aymen	nt?	4a		Νo		
b	Parti	cipate in, or receive payment from, a supplemen	tal non	iqualified retirement plan?	4b		Νο		
С	Parti	Participate in, or receive payment from, an equity-based compensation arrangement?							
		es" to any of lines 4a-c, list the persons and pro							
	Only	y 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.							
5		persons listed on Form 990, Part VII, Section A, pensation contingent on the revenues of	line 1a	a, did the organization pay or accrue any					
а	The	organization?			5a		Νo		
b	Any	related organization?			5b		Νo		
	If"Y	es," on line 5a or 5b, describe in Part III							
5		persons listed on Form 990, Part VII, Section A, pensation contingent on the net earnings of	line 1a	a, did the organization pay or accrue any					
а	The	organization?			6a		No		
b	Any	related organization?			6b		Νo		
	If"Y	es," on line 6a or 6b, describe in Part III							
7		persons listed on Form 990, Part VII, Section A, nents not described in lines 5 and 6? If "Yes," de			7		No		
3	Were subje	any amounts reported on Form 990, Part VII, pect to the initial contract exception described in	aid or						
	ın Pa	rt III			8		Νo		
9		es" on line 8, did the organization also follow the ion 53 4958-6(c)?	rebutt	able presumption procedure described in Regulations	٥				

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	` '	(E) Total of columns	(F) Compensation in column(B) reported as deferred on prior Form 990	
		Base (i) compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)		
1 GEORGE H FENWICK PRESIDENT		205,882	0	0	0	15,216	221,098	0	
	(ii)	0	0	0	0	0	0	0	
2 MICHAEL J PARR VP PLANNING/PROG DEV	(i)	143,472	0	0	0	15,216	158,688	0	
· 	(ii)	0	0	0	0	0	0	0	

Schedule J (Form 990) 2015

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Return Reference Explanation

Schedule J (Form 990) 2015

DLN: 93493193006036

Schedule L

(Form 990 or 990-EZ)

Transactions with Interested Persons

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

2015

OMB No 1545-0047

Department of the Treasury

► 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.

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Name of the org AMERICAN BIRD C								n ploye		fication	number	
		Transaction										
	olete if the orga ne of disqualifie	anization answe				25a or 25b, or fied person an						
1 (a) Nam	ie of disqualifie	ea person	(b) Kei	•	ween disquaii ganization	ned person an	a (°	-	cription saction	or	(d) Corr Yes	No.
					-						103	140
			 									
							+					
2 Enterthe a	mount of tax u	ncurred by orga	nization ma	nagers or dis	gualified perc	one during the	Veari	ınder	section			
4958 .				=	•	_	•					
3 Enterthe a		ıf any, on lıne 2							> \$			
				_					•			
		/or From In rganization ans) E7 Dart \/	ling 20a or E	orm 00	0 Bar	+ T\/ lun	0.26.0	rıf +bo	
		rted an amount				ille 30a, 01 F	פפ ווווט	U, Pai	CIV, IIII	e 26, 0	i ii tiie	
					(e)Original		,					
(a) Name of		b) Relationship (c)		(d) Loan to or from the		(f)Balance	(g) In default?		(h)		(i)Written agreement?	
ınterested person	with organization	Purpose of loan		rganization?		due	derault?		Approved by board or			
F 2.2 2			<u> </u>		<u> </u>				commi			
			То	From			Yes	No	Yes	No	Yes	No
												<u> </u>
												
Total		▶ \$										
		istance Ben					-					
		organization							1			
(a) Name of i		(b) Relationshi interested pers		(c) A mount	of assistance	e (d) Type	ofassi	stance	e (e)	Purpos	e of ass	stance
perso	"	organiza										
									_			
				-								
									-			
				-								
				 		+						

(a) Name of interested person	ation answered "Yes" on F (b) Relationship	(c) Amount of	(d) Description of transaction	(e) Sharing of organization's revenues?	
	between interested person and the organization	transaction			
				Yes	No
(1) RITA FENWICK	FAMILY RELATIONSHIP WITH GEORGE FENWICK, PRESIDENT OF ABC		DURING THE YEAR, RITA FENWICK SERVED AS THE ORGANIZATION'S VP OF DEVELOPMENT THE COMPENSATION WAS DETERMINED AT ARMS- LENGTH AND WAS CONSIDERED FAIR MARKET VALUE		No
				1	

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference Explanation

Schedule L (Form 990 or 990-EZ) 2015

DLN: 93493193006036

OMB No 1545-0047

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

Noncash Contributions

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

► Attach to Form 990.

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

Open to Public Inspection

	ie of the organization RICAN BIRD CONSERVANCY				Employer identificati	on number	
	TEAN BIRD CONSERVANCE				52-1501259		
Pa	rt I Types of Property						
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	(d) Method of de noncash contribu	termining	ts
1	Art—Works of art						
2	Art—Historical treasures .						
3	Art—Fractional interests						
4	Books and publications	Х		26,870	FMV		
5	Clothing and household goods						
6	Cars and other vehicles						
	Boats and planes						
8	Intellectual property						
	Securities—Publicly traded .	Х	27	769,881	. FMV		
	Securities—Closely held stock .						
	Securities—Partnership, LLC, or trust interests						
	Securities—Miscellaneous						
13	Qualified conservation contribution—Historic structures						
14	Qualified conservation contribution—Other						
15	Real estate—Residential .						
16	Real estate—Commercial						
17	Real estate—O ther						
18	Collectibles						
	Food inventory				<u> </u>		
	Drugs and medical supplies .						
	Taxidermy						
	Historical artifacts						
	Scientific specimens						
	Archeological artifacts						
	Other ► ()				<u> </u>		
	Other ► ()				<u> </u>		
	Other ► ()				<u> </u>		
	Other ► ()		<u> </u>		 		
29	Number of Forms 8283 received for which the organization comple				29	N	1
302	During the year, did the organiza	tion receiv	a by contribution any prope	erty reported in Part I lines	1 through 28 that	Yes	No
Jua					- ,		
	it must hold for at least three ye	ars from th	e date of the initial contribu	ition, and which is not requ	ired to be used		
	for exempt purposes for the enti	re holdıng p	period?			30a	Νo
	If "Yes," describe the arrangeme					31 Vac	
31	Does the organization have a gif				Ī	31 Yes	├
32a	Does the organization hire or us contributions?	e third part	_	to solicit, process, or sell	noncash • • •	32a	No
b	If "Yes," describe in Part II				j		
	If the organization did not report	an amount	un column (c) for a type of	property for which column	(a) is checked		

describe in Part II

	····· · · · · · · · · · · · · · ·
Part II	Supplemental Information.

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
, , ,	THE AMOUNT IN COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTIONS RECEIVED THE AMOUNT ON SCHEDULE M AND THE AMOUNT ON PART VIII, LINE 1G DO NOT AGREE BECAUSE THE VALUE OF THE DONATED BOOKS HAVE NOT BEEN INCLUDED IN REVENUE

Schedule M (Form 990) (2015)

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493193006036

OMB No 1545-0047

2015

SCHEDULE 0 (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.

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

Open to Public Inspection

Employer identification number Name of the organization AMERICAN BIRD CONSERVANCY 52-1501259

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 WAS PREPARED BY AN OUTSIDE ACCOUNTANT AND REVIEWED BY MANAGEMENT. THE BOARD OF DIRECTORS ADOPTED A POLICY THAT THE DRAFT OF THE 990 BE SENT TO EACH BOARD MEMBER FOR REVIEW TWO WEEKS BEFORE IT IS FILED. A COPY OF THE FINAL FORM 990 WAS PROVIDED TO ALL MEMBERS BEFORE FILING WITH THE IRS.
FORM 990, PART VI, SECTION B, LINE 12C	BOARD AND STAFF MEMBERS ARE REQUIRED TO FILL OUT CONFLICT OF INTEREST STATEMENTS EACH YEAR IN THE CASE OF THE PRESIDENT FINDING HIM OR HERSELF WITH A CONFLICT OF INTEREST, DISCLOS URES ARE FIRST MADE ORALLY TO THE CHAIR OF THE BOARD THE DUTY TO DISCLOSE EXTENDS ALSO TO SITUATIONS WHERE AN INTEREST OR CONNECTION OF A DIRECTOR OR EMPLOYEE MAY GIVE RISE TO AN APPEARANCE OF A CONFLICT OF INTEREST WHERE THE POTENTIAL OF AN APPEARANCE OF CONFLICT EXI STS, THE PERTINENT DIRECTOR OR EMPLOYEE DISCUSSES THE DANGER OF THE ADVERSE APPEARANCE WITH THE BOARD CHAIR (IN THE CASE OF A DIRECTOR OR THE PRESIDENT) OR WITH THE PRESIDENT (IN THE CASE OF AN EMPLOYEE) WHERE A DIRECTOR HAS MADE A DISCLOSURE PURSUANT TO THE ABOVE PROCEDURES, THAT DIRECTOR RECUSES HIMHERSELF FROM THAT PORTION OF THE BOARD OR COMMITTEE MEET ING IN WHICH THE PERTINENT TRANSACTION IS DISCUSSED
FORM 990, PART VI, SECTION B, LINE 15A	A COMPENSATION SURVEY IS CONDUCTED FROM TIME TO TIME AND SHARED WITH THE BOARD THE COMPEN SATION SURVEY IS USED BY THE PRESIDENT TO HELP DETERMINE THE SALARIES FOR ALL OTHER EMPLOY EES AS WELL THE CHAIR AND THE TWO VICE CHAIRS REVIEW THE PERFORMANCE OF THE PRESIDENT AND REPORT TO THE BOARD FOR THEIR APPROVAL THE DECISION OF THE BOARD WAS DOCUMENTED IN THE P RESIDENT'S PERSONNEL FILE THE PRESIDENT'S LAST SALARY REVIEW WAS JANUARY 2016
FORM 990, PART VI, SECTION C, LINE 19	ABC'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST THE ANNUAL REPORT IS AVAILABLE ON THE ORGANIZATION'S WEBSITE
FORM 990, PART VII, COLUMN (A), LINE 3	WILLIAM SHEEHAN RECEIVED COMPENSATION UNRELATED TO HIS BOARD DUTIES HE WAS PAID \$50,000 F OR COMPENSATION RELATED TO HIS DUTIES AS GENERAL COUNSEL
FORM 990, PART IX, LINE 11G	COMMUNICATIONS PROGRAM SERVICE EXPENSES 185,324 MANAGEMENT AND GENERAL EXPENSES 4,247 F UNDRAISING EXPENSES 244 TOTAL EXPENSES 189,815 BIRD MONITORING AND TRANSLOCATION PROGRAM SERVICE EXPENSES 208,911 MANAGEMENT AND GENERAL EXPENSES 4,788 FUNDRAISING EXPENSES 27 4 TOTAL EXPENSES 213,973 MEETING PLANNING PROGRAM SERVICE EXPENSES 19,501 MANAGEMENT A ND GENERAL EXPENSES 447 FUNDRAISING EXPENSES 26 TOTAL EXPENSES 19,974 HABITAT RESTORATION PROGRAM SERVICE EXPENSES 684,678 MANAGEMENT AND GENERAL EXPENSES 15,691 FUNDRAISING EXPENSES 899 TOTAL EXPENSES 601,268 BIRD CONSRVATION PROJECT CONSULTING PROGRAM SERVICE EXPENSES 63,794 MANAGEMENT AND GENERAL EXPENSES 1,462 FUNDRAISING EXPENSES 84 TOTAL EXPENSES 65,340 MAPPING PROGRAM SERVICE EXPENSES 98,595 MANAGEMENT AND GENERAL EXPENSES 2,259 FUNDRAISING EXPENSES 129 TOTAL EXPENSES 100,983 HABITAT MANAGEMENT PROGRAM SERVICE EXPENSES 50,577 MANAGEMENT AND GENERAL EXPENSES 1,159 FUNDRAISING EXPENSES 66 TOTAL EXPENSES 51,802 CONSERVATION PLANNING PROGRAM SERVICE EXPENSES 356,007 MANAGEMENT AND GENERAL EXPENSES 468 TOTAL EXPENSES 364,634