Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

▶ 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 tax year beginning TIII 1 2.013 and ending JUN 30.

Open to Public

A I	or the	e 2013 calendar year, or tax year beginning $$ JUL $1,$ 2013 and ending	<u>J</u> ŬN 30, 2014	
	Check if pplicable		D Employer identifi	cation number
	Addre:	AFRICAN WILDLIFE FOUNDATION, INC.		
	Name chang		52-0	781390
	□Initial □return □Termir	Number and street (or P.O. box if mail is not delivered to street address) Room/s 1400 16TH STREET, NW 120		r) 939-3333
H	⊒ated Amend	·	G Gross receipts \$	42,796,449.
	⊒return ⊒Applic ⊒tion	a- WASHINGTON, DC 20036-2249	H(a) Is this a group re	
	pendir		for subordinates	
		SAME AS C ABOVE	H(b) Are all subordinates in	
			527 If "No," attach a	list. (see instructions)
		te: ► WWW.AWF.ORG	H(c) Group exemptio	
			ear of formation: 1961 $_{ m N}$	M State of legal domicile: DC
Pa	art I	Summary		
Governance		Briefly describe the organization's mission or most significant activities: <u>AWF_WORK</u> AND_WILD_LANDS_OF_AFRICA_WILL_ENDURE_FOREVER		HE MITDLILE
na	I	Check this box if the organization discontinued its operations or disposed of n		ssets.
ove.		Number of voting members of the governing body (Part VI, line 1a)	1	34
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)		33
Activities &		Total number of individuals employed in calendar year 2013 (Part V, line 2a)		48
Ζŧ	1	Total number of volunteers (estimate if necessary)		33
\cti		Total unrelated business revenue from Part VIII, column (C), line 12		0.
_		Net unrelated business taxable income from Form 990-T, line 34		0.
			Prior Year	Current Year
ē	1	Contributions and grants (Part VIII, line 1h)	21,999,183.	26,722,612.
enr	9	Program service revenue (Part VIII, line 2g)	152,091.	609,718.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,592,665.	1,188,759.
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	231,462.	236,557.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	23,975,401.	28,757,646.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,743,905.	3,673,984.
		Benefits paid to or for members (Part IX, column (A), line 4)	8,180,459.	9,292,323.
Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	215,728.	362,082.
en	loa	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 2,184,178.	213,720.	302,002.
Ξ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	9,425,000.	10,212,844.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	20,565,092.	
		Revenue less expenses. Subtract line 18 from line 12	3,410,309.	
or ses		Totalida lada aypanasa. Cabalaat iina 16 mamiina 12	Beginning of Current Year	End of Year
iets	20	Total assets (Part X, line 16)	36,706,549.	44,743,327.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	4,413,465.	5,748,747.
File	22	Net assets or fund balances. Subtract line 21 from line 20	32,293,084.	38,994,580.
Pa	art II	Signature Block		
		lties of perjury, I declare that I have examined this return, including accompanying schedules and sta		y knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.	
		Signature of officer	Doto	
Sig			Date	
Her	е	JEFF CHRISFIELD, CHIEF OPERATING OFFICER Type or print name and title		
		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Paid	i	FRANK H. SMITH Frank H. Smith	02/05/15 if self-employ	P00639053
Pre	parer	Firm's name RAFFA, P.C.	Firm's EIN	52-1511275
Use	Only	Firm's address 1899 L STREET, NW, SUITE 900		
		WASHINGTON, DC 20036	Phone no. (2	02) 822-5000
May	the IF	RS discuss this return with the preparer shown above? (see instructions)		X Yes No
3320	01 10-2	9-13 LHA For Paperwork Reduction Act Notice, see the separate instructions.		Form 990 (2013)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	<u> </u>		
-	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		37	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40		Х
	Schedule D, Parts XI and XII	12a		
D	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	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	21	Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	. 144		
~	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	Х	
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	X	
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	Х	
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? If "Yes," complete Schedule G, Part I	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u>''</u>		
.5	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
			200	

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Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Х	
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
2 -1 0	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 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 so,			
	complete Schedule L, Part II	26		Х
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		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):	00-		Х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		22
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		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
55	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			l
	If "Yes," complete Schedule N, Part I	31		X
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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
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		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			,,
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			-
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	Х	
	Note. All Form 990 filers are required to complete Schedule O	38	47	

Form **990** (2013)

AFRICAN WILDLIFE FOUNDATION, INC. Statements Regarding Other IRS Filings and Tax Compliance Part V

	Check if Schedule O contains a response or note to any line in this Part V					X
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	18			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportab	le gaming			
	(gambling) winnings to prize winners?			1c	Х	
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	48			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	rns?		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
				3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other $\frac{1}{2}$					
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a	X	
b	If "Yes," enter the name of the foreign country: ► SEE SCHEDULE O					
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial					
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne orgar	nization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribute	tions or	gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set			7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	-				
	to file Form 8282?			7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year					77
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti			7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization.			7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D					
_	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any ume	during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the organization make any taxable distributions under section 4966?			9a		
10 10	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a				
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a				
11	Section 501(c)(12) organizations. Enter:	IOD				
''	Gross income from members or shareholders	11a				
	Gross income from other sources (Do not net amounts due or paid to other sources against	114				
D	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		u		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
-	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
~	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
	Did the executation reading any property for independent property of the territory			14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul			14b		
				Form	990	(2013)

Form 990 (2013) AFRICAN WILDLIFE FOUNDATION, INC. 52-U/8139U Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	710 70	SSPON	50							
	Check if Schedule O contains a response or note to any line in this Part VI			X							
Sec	tion 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 34										
	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										
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other										
	officer, director, trustee, or key employee?	2		Х							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision										
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х							
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X							
6 Did the organization have members or stockholders?											
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or										
	more members of the governing body?	7a		X							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or										
	persons other than the governing body?	7b		X							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:										
а	0 0 7	8a	X								
b	, , , , , , , , , , , , , , , , , , , ,	8b	Х								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			37							
<u> </u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	\neg	V	NI.							
40-	Did the comprised by the level objects of hypnobics on officiates?	40-	Yes	No X							
	Did the organization have local chapters, branches, or affiliates?	10a		21							
D	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									
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х								
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	114									
	Did the appropriation in the second state of interest and a Co. O. If IIAI II are to line 12	12a	Х								
b		12b	X								
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe										
•	in Schedule O how this was done	12c	Х								
13	Did the organization have a written whistleblower policy?	13	Х								
14	Did the organization have a written document retention and destruction policy?	14	Х								
15	Did the process for determining compensation of the following persons include a review and 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	Х								
b	Other officers or key employees of the organization	15b	X								
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a										
	taxable entity during the year?	16a		X							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's										
	exempt status with respect to such arrangements?	16b									
	tion C. Disclosure		тт	TZ C							
17	List the states with which a copy of this Form 990 is required to be filed AK, AL, AR, AZ, CA, CO, CT, FL, GA			, KS							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	ıvailab	le								
	for public inspection. Indicate how you made these available. Check all that apply.										
46	X Own website Another's website X Upon request Other (explain in Schedule O)										
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finan	icial								
00	statements available to the public during the tax year.	lio≔. ►									
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organizar JEFF CHRISFIELD - (202) 939-3333	.ion: 📂									
	1400 16TH STREET, NW, SUITE 120, WASHINGTON, DC 20036-2249										
33200	SEE SCHEDULE O FOR FULL LIST OF STATES	Form	990	(2013)							
ルフノリリリ	J 10-23-10 DIFFIELD OF OUR FORE DIFFE OF DIFFIELD	1 01111	JUU	(L U I U							

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)					h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MR. DAVID E. THOMSON CHAIR	4.00	х		х				0.	0.	0.
(2) H.E. BENJAMIN W. MKAPA	2.00							0.	0.	
VICE- CHAIR		x		х				0.	0.	0.
(3) DR. MYMA BELO-OSAGIE	2.00									•
SECRETARY (A) WG WARD FROM GROUP	3.00	Х		Х				0.	0.	0.
(4) MS. MARLEEN GROEN TREASURER	3.00	х		х				0.	0.	0.
(5) MR. ROBIN BERKELEY, OBE	1.00	21		21				•	<u> </u>	
TRUSTEE		x						0.	0.	0.
(6) MR. PAYSON COLEMAN	3.00									
TRUSTEE	2 00	Х						0.	0.	0.
(7) MS. LYNN DOLNICK	3.00	x						0.	0.	0.
TRUSTEE (8) MS. LISA FIRESTONE	1.00	Δ						0.	0.	
TRUSTEE	1.00	x						0.	0.	0.
(9) DR. HELEN GICHOHI TRUSTEE	1.00	х						0.	0.	0.
(10) MR. LARRY GREEN TRUSTEE	2.00	Х						0.	0.	0.
(11) MS. HEATHER STURT HAAGA	3.00	Δ						0.	0.	
TRUSTEE		Х						0.	0.	0.
(12) MS. MONA HAMILTON	1.00									
TRUSTEE	4 00	Х						0.	0.	0.
(13) MS. CHRISTINE F. HEMRICK TRUSTEE	4.00	х						0.	0.	0.
(14) MR. WILLIAM E. JAMES	1.00									
TRUSTEE		Х						0.	0.	0.
(15) MS. ADRIAN M. JAY TRUSTEE	2.00	x						0.	0.	0.
(16) HON. KRISTINA M. JOHNSON, PH.D.	1.00	_						0.	0.	<u> </u>
TRUSTEE		х						0.	0.	0.
(17) DR. STEPHEN JUELSGAARD	2.00							_	_	
TRUSTEE		Х						0.	0.	0.

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	***************************************			7141	<i>J</i> 21.	<u> </u>	711	, 1110.	<u> </u>	330		aye o
Part VII Section A. Officers, Directors, Tr	ustees, Key Em	ploy	ees	, an	d Hi	ghe	st C	ompensated Employe	es (continued)			
(A)	(B)				C)			(D)	(D) (E)			
Name and title	Average	(do	not c	Pos	ition	l than	one	Reportable	Reportable	Es	stimate	ed
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	an	nount o	of
	week	\vdash	cer ar	nd a d	recto	or/trus	tee)	from	from related		other	
	(list any	ector						the	organizations		pensa	
	hours for	ordir	a a			ated		organization	(W-2/1099-MISC)		rom the	
	related	trustee or director	ruste			bens		(W-2/1099-MISC)			anizati	
	organizations below	al tru	Institutional trustee		Key employee	Highest compensated employee					d relate	
	line)	Individual 1	ftuti	Officer	em /	thest ploy	mer			orga	anizatio	ons
(10) ND DAUTH A WHAN	1.00	르	Si .	#5	, Ke	ĔÉ.	훈			<u> </u>		
(18) MR. RAHIM A. KHAN TRUSTEE	1.00	x						0.	0.			0.
(19) MR. ROBERT E. KING	3.00	<u> </u>						0.	0.			<u> </u>
TRUSTEE	3.00	$ \mathbf{x} $						0.	0.			0.
(20) MS. DENISE KOOPMANS	1.00	122						· ·	<u> </u>			.
TRUSTEE		x						0.	0.			0.
(21) MS. KRISTA KRIEGER	2.00							-				
TRUSTEE		x						0.	0.			0.
(22) MS. SHANA LAURSEN	2.00											
TRUSTEE		Х						0.	0.			0.
(23) MR. CHRISTOPHER LEE	3.00							_	_			
TRUSTEE	1	Х						0.	0.	<u> </u>		0.
(24) MS. VICTORIA LESLIE	1.00	١							_			•
TRUSTEE	2 00	Х						0.	0.	<u> </u>		0.
(25) H.E. FESTUS G. MOGAE	2.00	x						0.	0.			0.
TRUSTEE (26) H.E. RAZAN K. AL MUBARAK	1.00	<u> ^</u>						0.	0.	<u> </u>		<u> </u>
TRUSTEE	1.00	$ \mathbf{x} $						0.	0.			0.
1b Sub-total								0.	0.			0.
c Total from continuation sheets to Part								1,471,638.	0.	34	6,70	-
d Total (add lines 1b and 1c)								1,471,638.	0.		6,7	
2 Total number of individuals (including bu									0.000 of reportable		<u> </u>	
compensation from the organization						,		·				13
											Yes	No
3 Did the organization list any former office	er, director, or tr	uste	e, ke	y er	nplo	yee	or I	highest compensated e	mployee on			
line 1a? If "Yes," complete Schedule J fo	r such individual									3		X
4 For any individual listed on line 1a, is the	•		-						the organization			
and related organizations greater than \$										4	Х	
5 Did any person listed on line 1a receive of	or accrue compe	nsat	ion 1	from	any	unr/	elat	ed organization or indiv	idual for services			

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						
PRODUCTION SOLUTIONS, INC.	PRINTING AND							
1953 GALLOWS ROAD, #600, VIENNA, VA 22182	MAILSHOP	459,737.						
SANKY COMMUNICATIONS, INC., 599 11TH								
AVENUE, 6TH FLOOR, NEW YORK, NY 10036	ONLINE FUNDRAISING	341,033.						
CONSERVATION CAPITAL CONSULTING, NEW	DEVELOPMENT &							
CAVENDISH STREET, LONDON, UNITED KINGDOM	STRATEGIC MGMT	200,282.						
MASS DESIGN GROUP, 334 BOYLSTON STREET,	DESIGN/CONSTRUCTION							
SUITE 400, BOSTON, MA 02116	SERVICES	198,826.						
ABCO CONSTRUCTION LIMITED	DESIGN/CONSTRUCTION							
P.O. BOX 1039-00502, NAIROBI, KENYA	SERVICES	173,586.						
· · · · · · · · · · · · · · · · · · ·	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								

SEE PART VII, SECTION A CONTINUATION SHEETS

rendered to the organization? If "Yes," complete Schedule J for such person

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Form 990 AFRICAN V	VILDLIF	<u> </u>	JO:	JNI	CAC	ric	NC	, INC.	52-078	1390
Part VII Section A. Officers, Directors, Tru	ıstees, Key Eı	nplo	oyee	s, a	nd F	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average			Pos	ition	1		Reportable	Reportable	Estimated
	hours	(cl	heck	k all that apply)				compensation	compensation	amount of
	per							from	from related	other
	week	_				loyee		the	organizations	compensation
	(list any	or director				emp		organization	(W-2/1099-MISC)	from the
	hours for related	e or d	tee			sated		(W-2/1099-MISC)		organization and related
	organizations	trustee	Institutional trustee		yee	Highest compensated employee				organizations
	below	Individual 1	ution	Ji.	Key employee	est co	ы			5.ga <u>=</u> a55
	line)	Indiv	Instit	Officer	Key e	High	Former			
(27) MR. WILFRED MURUNGI	1.00									
TRUSTEE		х						0.	0.	0.
(28) MS. KRISTINA PERSSON	1.00							•		•
TRUSTEE (UNTIL 10/2013)		x						0.	0.	0.
(29) MR. STUART SCOTT	3.00								•	
TRUSTEE	3.00	x						0.	0.	0.
(30) MS. AGGIE SKIRBALL	1.00								0.	•
TRUSTEE	1.00	х						0.	0.	0.
(31) MS. VERONICA VAREKOVA	1.00	^						0.	0.	0.
TRUSTEE	1.00	x						0.	0.	0.
(32) MR. WARREN WALKER	2.00	^						0.	0.	0.
TRUSTEE	2.00	x						0.	0.	0.
	2.00	_						0.	0.	0.
(33) MR. CHARLES R. WALL	2.00	Ψ,							0	0
TRUSTEE	3.00	Х						0.	0.	0.
(34) MS. MARIA WILHELM	3.00	٠,,							0	0
TRUSTEE	40 00	Х						0.	0.	0.
(35) PATRICK BERGIN	40.00	٠,,		37				240 526	0	C1 440
CHIEF EXECUTIVE OFFICER	40.00	Х		Х				249,536.	0.	61,449.
(36) JEFF CHRISFIELD	40.00							150 054	0	21 450
CHIEF OPERATING OFFICER	40.00			Х				178,954.	0.	31,479.
(37) CRAIG SHOLLEY	40.00							150 560	•	0.7.006
VP OF PHILANTHROPY/MARKETING	40.00			Х				170,568.	0.	27,996.
(38) DAUDI SUMBA	40.00							1.55 1.00	•	04 600
VP OF PROGRAM DESIGN AND GOVERNMENT				Х				167,190.	0.	21,687.
(39) KATHLEEN FITZGERALD	40.00								_	
VP OF CONSERVATION STRATEGY				Х				138,448.	0.	44,541.
(40) KADDU SEBUNYA	40.00								_	
CHIEF OF PARTY-USAID UGANDA PROGRAM						Х		135,396.	0.	58,392.
(41) TYRENE HARALSON	40.00									
DIRECTOR OF FINANCE						Х		113,500.	0.	26,264.
(42) JOHN BUTLER	40.00									
DIRECTOR OF MARKETING & MEMBERSHIP						X		106,764.	0.	21,815.
(43) BRIAN MCBREARITY	40.00									
DIRECTOR OF ENTERPRISE		1				Х		106,150.	0.	25,114.
(44) KURT REDENBO	40.00									
DIRECTOR OF FOUNDATION & CORPORATION]				Х		105,132.	0.	27,969.
]								
		L	L		L		L			
Total to Part VII, Section A, line 1c								1,471,638.		346,706.

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) **(D)** Revenue excluded Total revenue Related or Unrelated from tax under exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d 11339854. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 15382758 similar amounts not included above _____ **1f** 1,564,449 g Noncash contributions included in lines 1a-1f: \$ 26722612. h Total. Add lines 1a-1f ... **Business Code** 475,611. Program Service Revenue 2 a SAFARI INCOME 900099 475,611. PROGRAM INCOME 900099 134,107. 134,107. f All other program service revenue 609,718. Total. Add lines 2a-2f Investment income (including dividends, interest, and 13,601. 703,401. 689,800. other similar amounts) Income from investment of tax-exempt bond proceeds 193,474. 193,474. 5 (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses c Rental income or (loss) d Net rental income or (loss) ... 7 a Gross amount from sales of (i) Securities (ii) Other 14524161 assets other than inventory b Less: cost or other basis 14038803 and sales expenses 485,358. c Gain or (loss) 485,358. 485,358. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses ______b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 900099 22,284. 22,284. MAILING LIST RENTAL INSURANCE SETTLEMENT 900009 13,960. 13,960. 4,129. 4,129. 900099 OTHER INCOME 2,710. 900099 2,710. All other revenue 43,083. Total. Add lines 11a-11d 28757646. 623,319. 1411715. Total revenue. See instructions.

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Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (A)
Total expenses (B) (D) Do not include amounts reported on lines 6b. Management and general expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to governments and 1,127,467. 1,127,467. organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in the United States. See Part IV, line 22 Grants and other assistance to governments. organizations, and individuals outside the 2,546,517. 2,546,517. United States. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 1,120,640. 919,390. 119,292. 81,958. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 5,264,310. 4,134,478. Other salaries and wages 361,314. 768,518. 7 Pension plan accruals and contributions (include 575,125. 448,104. 41,792. 85,229. section 401(k) and 403(b) employer contributions) 1,636,801. Other employee benefits 2,065,010. 150,865. 277,344. 9 267,238. 211,198. 19,989. 36,051. 10 Fees for services (non-employees): Management 71.784. 54,488. 10,708. 6.588. 118,389. 21,882. 96,507. Accounting 362,082. 362,082. Professional fundraising services. See Part IV. line 17 241,390. 241,390. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 1,645,898. 1,626,788. 19,110. column (A) amount, list line 11g expenses on Sch O.) 29,955. 17,446. 12,509. Advertising and promotion 12 1,049,703. 860,720. 64,286. 124,697. 13 Office expenses 89,721. 444,833. 285,483. 69,629. Information technology 14 15 Royalties 597,412. 325,795. 271,617. 16 Occupancy 1,341,829. 1,194,369. 17,311. 130,149. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 1,531,957. 1,456,330. 75,627. Conferences, conventions, and meetings 19 30,907. 11,225. 13,366. 6,316. 20 Payments to affiliates _____ 21 419,615. 283,398. 134,213. 2,004. 22 Depreciation, depletion, and amortization 7,401. 10,091. 18,092. 600. 23 Other expenses, Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 213. 805,852. 376,146. 429,493. DIRECT MAILING COSTS FIELD EQUIPMENT 790,682. 790,672. 0. 10. 406,289. VEHICLE OPERATIONS 406,834. 545. CONSTRUCTION 336,855. 336,855. 330,857. 909,975. -354,903-224,215. All other expenses 23,541,233. 19,989,217. 1,367,838. 2,184,178. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization

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615,236. Form **990** (2013)

0.

1,021,005.

reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Check here X if following SOP 98-2 (ASC 958-720)

405,769

52-0781390 Page **11** AFRICAN WILDLIFE FOUNDATION, INC. Form 990 (2013) Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year 2,794,946. 2,633,387. 1 Cash - non-interest-bearing 1 4,206,694. 1,360,847. 2 Savings and temporary cash investments 2 5,372,938. 8,408,982. 3 Pledges and grants receivable, net 3 159,425. 457,012. 4 Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 741,548. 856,294. 7 7 Notes and loans receivable, net 250,382. 8 Inventories for sale or use 8 354,257. 542,621. Prepaid expenses and deferred charges 9 9 10a Land, buildings, and equipment: cost or other 6,006,590. basis. Complete Part VI of Schedule D ______ 10a b Less: accumulated depreciation 10b 1,848,051. 4,389,190. 10c 4,158,539. Investments - publicly traded securities 18,595,768. 26,429,801. 11 11 -710,379. -1,056,029. 12 12 Investments - other securities. See Part IV, line 11 13 13 Investments - program-related. See Part IV, line 11 Intangible assets 14 14 802,162. 701,491. Other assets. See Part IV, line 11 15 15 44,743,327. 36,706,549. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 1,470,599. 1,762,532. 17 17 Accounts payable and accrued expenses 18 Grants payable 18 1,910,151. 2,786,095. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 596,961. 766,000. 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third

parties, and other liabilities not included on lines 17-24). Complete Part X of

Organizations that follow SFAS 117 (ASC 958), check here X and

Unrestricted net assets

Temporarily restricted net assets

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here

Total liabilities. Add lines 17 through 25

complete lines 27 through 29, and lines 33 and 34.

and complete lines 30 through 34.

38,994,580. 44,743,327. Form **990** (2013)

434,120.

5,748,747.

26,435,761.

9,446,504.

3,112,315.

Net Assets or Fund Balances

27

28

31

32

33

435,754.

4,413,465.

23,895,112.

6,125,657.

2,272,315.

32,293,084.

36,706,549.

25

26

27

28

29

30 31

32

33

34

Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI				<u>Ш</u>				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	28,75						
2	Total expenses (must equal Part IX, column (A), line 25)	2	23,54						
3	Revenue less expenses. Subtract line 2 from line 1	3	5,21						
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	32,29						
5	Net unrealized gains (losses) on investments 5 1								
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,								
	column (B))	10	38,99	4,5	80.				
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII				Щ				
				Yes	No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		2b	X					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,							
	consolidated basis, or both:								
	Separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,							
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X					
	If the organization changed either its oversight process or selection process during the tax year, explain in School	edule O.							
За	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit								
	Act and OMB Circular A-133?		За	X	<u> </u>				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audit							
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	X					

Form **990** (2013)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

➤ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

AFRICAN WILDLIFE FOUNDATION, INC.

Employer identification number

		AFRICAN	WILDLIFE FO	UNDAT	ION,	INC.			5	2-0781	.390	
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this part	:.) See inst	ructions.				
	ization is not a A church, co A school des A hospital or A medical res city, and stat An organizat section 170 A federal, sta An organizat section 170(A community An organizat activities rela income and u See section An organizat	for Public Char a private foundation nvention of churches cribed in section 17 a cooperative hospi search organization of the (b)(1)(A)(iv). (Complet ate, or local governm tion that normally rec (b)(1)(A)(vi). (Complet or trust described in so tion that normally rec tited to its exempt ful unrelated business to 509(a)(2). (Complete tion organized and of	because it is: (For lines of some second of church of the companies of the	ations mu through ches desc hedule E.) described with a hos niversity or t describer of its supp (Complete 1/3% of its ain excepti tion 511 ta	st completed at the section of the section pital described in section when or open din section or from a support from but it is safety. Section in the section is safety. Section in the section in the section is support from a suppo	te this part only one b oction 170 170(b)(1)(ribed in se perated by on 170(b)(1 government rom contri 2) no more isinesses a	(A)(iii). ction 170 a governor (I)(A)(v). ental unit of buttons, methan 33 1 acquired b	(b)(1)(A)(ii mental uni or from the nembershi 1/3% of its y the orga	i). Enter to t describe general p fees, and support unization	the hospita ped in public desc nd gross re from gross after June	cribed eceipts s invest	in from tment 75.
e	foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).											
g			organization accepted ar								V	N ₂
			lirectly controls, either al upported organization?								Yes	No
			n described in (i) above?									
			person described in (i) o									
h			about the supported or							[5()		
` '	of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	in col. (i) lis governing	document?	organizat	ion in col.	on in col. organization organization			ii) Amount of moneta support	
			(000 mondonomo)/	Yes	No	Yes	No	Yes	No			
Total												

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

Schedule A (Form 990 or 990-EZ) 2013

332021 09-25-13

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	20418220.	24614325.	19132189.	21999183.	26722612.	112886529
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	20418220.	24614325.	19132189.	21999183.	26722612.	112886529
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						6766956.
6	Public support. Subtract line 5 from line 4.						106119573
	ction B. Total Support	•		•	•		•
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	20418220.	24614325.	19132189.	21999183.	26722612.	112886529
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	504,472.	1039029.	865,510.	851,922.	919,159.	4180092.
9	Net income from unrelated business			,	,		
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)	5,577.	10,190.	11,618.	20,675.	20,799.	68,859.
11	Total support. Add lines 7 through 10	,					117135480
	Gross receipts from related activities	. etc. (see instructi	ons)	•		12 1	,901,724.
	First five years. If the Form 990 is fo	,	,				· · · · · · · · · · · · · · · · · · ·
	organization, check this box and sto	-			•		▶ □
Sec	ction C. Computation of Pub	ic Support Pe	rcentage				,
14	Public support percentage for 2013 (line 6. column (f) d	ivided by line 11.	column (f))		14	90.60 %
	Public support percentage from 2012					15	94.29 %
	33 1/3% support test - 2013. If the					nore, check this bo	ox and
	stop here. The organization qualifies						
b	33 1/3% support test - 2012. If the						
	and stop here. The organization qua	· ·		,		,	
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	_	•				•
	meets the "facts-and-circumstances"						
h	10% -facts-and-circumstances tes						
~	more, and if the organization meets t						
	organization meets the "facts-and-cir		·		•		
12	Private foundation. If the organization						
10	i invate loundation. Il the organization	on alla flot clieck a	DON OIT III TO 10, 10	a, 100, 17a, 01 17			or 990-F7\ 2013

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

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

quality under the tests listed be	ow, piease comp	Diete Part II.)				
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and	(a) 2003	(6) 2010	(6) 2011	(a) 2012	(6) 2010	(i) rotar
membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or bus-						
iness under section 513						
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support				•	•	•
Calendar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for t	•			•	. , . ,	· —
check this box and stop here Section C. Computation of Public						>
•		<u> </u>	L (f\)		15	
15 Public support percentage for 2013 (lin16 Public support percentage from 2012 5					16	<u>%</u>
Section D. Computation of Invest					10	<u>%</u>
17 Investment income percentage for 201			ne 13 column (fl)		17	%
18 Investment income percentage from 20					18	
19a 33 1/3% support tests - 2013. If the o					L	
more than 33 1/3%, check this box and	-					
b 33 1/3% support tests - 2012. If the o						
line 18 is not more than 33 1/3%, chec	-					
20 Private foundation. If the organization	did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	>

332023 09-25-13

Schedule A (Form 990 or 990-EZ) 2013

Part IV Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions). SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME: OTHER INCOME 2009 AMOUNT: \$ 5,577. 2010 AMOUNT: \$ 10,190. 2011 AMOUNT: \$ 11,618. 2012 AMOUNT: \$ 0. 4,129. 2013 AMOUNT: \$ AFRICA REV. HOLDINGS 2012 AMOUNT: \$ 1,675. 2013 AMOUNT: \$ 0. MERCHANDISE SALES 19,000. 2012 AMOUNT: \$ 2013 AMOUNT: \$ 2,710. INSURANCE SETTLEMENT CLAIM 2013 AMOUNT: \$ 13,960.

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

INC.

AFRICAN WILDLIFE FOUNDATION,

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

OMB No. 1545-0047

Name of the organization

Employer identification number

52-0781390

Organization type (check one):								
Filers of:	Section:							
Form 990 or 990-EZ	$oxed{X}$ 501(c)($oxed{3}$) (enter number) organization							
	4947(a)(1) nonexempt charitable trust not treated as a private foundation							
	527 political organization							
Form 990-PF	501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation							
	Check if your organization is covered by the General Rule or a Special Rule . Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.							
General Rule								
For an organization contributor. Comple	in filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one ete Parts I and II.							
Special Rules								
509(a)(1) and 170(b	c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections o)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2%) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.							
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.								
contributions for us If this box is check purpose. Do not co	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, see exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. ed, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., omplete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions of \$5,000 or more during the year							
ū	nat is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization

Employer identification number

AFRICAN WILDLIFE FOUNDATION, INC.

52-0781390

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	
1		\$ 6,216,863. Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	_
2		\$ 5,127,329. Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	
3		\$\frac{2,742,548}{\text{Noncash}}\$\$ \[\begin{array}{c ccccccccccccccccccccccccccccccccccc	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	
4		\$ 841,320. Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	
5		\$ 623,266. Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	
		Person Payroll Noncash (Complete Part II for noncash contributions.)	

Name of organization **Employer identification number**

AFRICAN WILDLIFE FOUNDATION, INC.

52-0781390

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	f additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - \$	
		- ^Ψ	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-	
		- - - \$	
(a)		(2)	
No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-	
		- - - \$	
202452 10 0	440		990-F7 or 990-PF\ (2013)

Schedule B (Form 990, 990-EZ, or 990-PF) (2013) Page 4 Name of organization Employer identification number AFRICAN WILDLIFE FOUNDATION, INC. 52-0781390 Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter Part III the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. `from Part I (c) Use of gift (b) Purpose of gift (d) Description of how gift is held (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to 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

OMB No. 1545-0047 Open to Public

Inspection

Name of the organization

AFRICAN WILDLIFF FOUNDATION TNC **Employer identification number** 52-0781390

Pai	t I Organizations Maintaining Donor Advised	-	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		2
	, ,	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	1	
2	Aggregate contributions to (during year)		
3			
4	Aggregate value at end of year	1 117 111	
5	Did the organization inform all donors and donor advisors in w		ed funds
_	are the organization's property, subject to the organization's e	_	
6	Did the organization inform all grantees, donors, and donor ad		***************************************
_	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?		·
Pai			
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or ed		corically important land area
	Protection of natural habitat	Preservation of a certif	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form o	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic structure	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired af	ter 8/17/06, and not on a historic structu	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it h		
6	Staff and volunteer hours devoted to monitoring, inspecting, a		
7	Amount of expenses incurred in monitoring, inspecting, and er		
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170(
9	In Part XIII, describe how the organization reports conservation	·	
	include, if applicable, the text of the footnote to the organization	on's financial statements that describes t	he organization's accounting for
Do	conservation easements. † III Organizations Maintaining Collections of	Art Historical Transuras or Ot	ther Similar Assets
rai	Complete if the organization answered "Yes" to Form 9	·	iller Sillillar Assets.
10	If the organization elected, as permitted under SFAS 116 (ASC		port and balance sheet works of ort
Id	historical treasures, or other similar assets held for public exhil		
	the text of the footnote to its financial statements that describ-		ice of public service, provide, in Part Alli,
h	If the organization elected, as permitted under SFAS 116 (ASC		and halance shoot works of art, historical
D			
	treasures, or other similar assets held for public exhibition, edurelating to these items:	acation, or research in furtherance of pub	one service, provide the following amounts
	(i) Revenues included in Form 990, Part VIII, line 1		• \$
2	If the organization received or held works of art, historical treas	sures or other similar assets for financial	
~	the following amounts required to be reported under SFAS 110		gairi, provide
а	Revenues included in Form 990, Part VIII, line 1	-	> \$
	, 100010 moladod mr romm ood, rait A		

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A FD T C A NI	WILLDITER	FOUNDATION.	TNC
ALVICAN	MTTTTTTTTTT	LOUNDATION.	TINC

	t III Organizations Maintaining C	MILLULITE .			ner Sim			Page Z
3	Using the organization's acquisition, accessi							
3	(check all that apply):	on, and other record	s, check any or the	Tollowing that are a	Sigrillical	it use of its	COIIECTIOI	i iterris
	Public exhibition	٨	Loop or evel	hanga programa				
a		d		hange programs				
b	Scholarly research	е	U Other					
C	Preservation for future generations	alloctions and avalous	a bayy thay further th	na arganization'a av	compt pure	naca in Dar	+ VIII	
4 5	Provide a description of the organization's conclusing the year, did the organization solicit of						t AIII.	
3	to be sold to raise funds rather than to be ma						Yes	☐ No
Pai	t IV Escrow and Custodial Arran							<u> </u>
	reported an amount on Form 990, Par		ste ii tile organizatio	iranswered res t	.0 1 01111 3	oo, raitiv,	iii le 3, 0i	
	Is the organization an agent, trustee, custodi		liary for contribution	is or other assets n	ot include	ed.		
	on Form 990, Part X?						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII						_ 100	
-	in roo, explain the arrangement in rait will	and complete the re	noving table.				Amount	
c	Beginning balance				1c		7 11110 41110	
	Additions during the year							
	Distributions during the year							
f	Ending balance							
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?				Yes	No No
	If "Yes," explain the arrangement in Part XIII.							
Pai								
		(a) Current year	(b) Prior year	(c) Two years back	(d) Thre	e years back	(e) Four	years back
1a	Beginning of year balance	22,168,845.	19,788,812.	15,239,993	. 12	,423,622.	11,	375,778.
b	Contributions	2,818,826.	1,382,884.	4,569,518	. 1	,641,519.		859,647.
	Net investment earnings, gains, and losses	2,754,271.	1,179,053.	424,401	. 1	,571,398.		188,197.
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs	1,127,830.	181,904.	445,100		396,546.		
f	Administrative expenses							
g	End of year balance	26,614,112.	22,168,845.	19,788,812	. 15	,239,993.	12,	423,622.
2	Provide the estimated percentage of the curr		e (line 1g, column (a	a)) held as:				
а	Board designated or quasi-endowment	87.27	_%					
b	Permanent endowment ► 11.69	%						
С	Temporarily restricted endowment	1.04 <u>%</u>						
	The percentages in lines 2a, 2b, and 2c should							
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administered for	the orga	nization	-	
	by:						-	Yes No
	(i) unrelated organizations						3a(i)	X
							3a(ii)	X
	If "Yes" to 3a(ii), are the related organizations						3b	
4	Describe in Part XIII the intended uses of the		wment funds.					
Pai	t VI Land, Buildings, and Equipm							
	Complete if the organization answered							
	Description of property	(a) Cost or or basis (investn	1 ' '		Accumula epreciation		(d) Book	value
	Land		,	1,961.	opi colatil	211	961	L,961.
	Land			9,746.	162,	987	2 066	5,759.
	Buildings Leasehold improvements			8,489.	236,			L,846.
	Leasehold improvements			6,824.	775,			L,293.
	Equipment Other			9,570.	672,			$\frac{1,233}{5,680}$
	Add lines 1a through 1e. (Column (d) must e			-	J , Z ,			$\frac{3,530.}{3,539.}$
TULA	- Aud mies Ta triiough Te. (Oolunii (u) must e	quai i oiiii 330, i ail	Λ , column (D), iiile 1	<u> </u>			-, - 50	, , , , , , , , , , , , , , , , , , ,

Part VII	Investments	s - Other	Securities

Part v	Complete if the organization answered "Yes"	to Form 990 Part IV	line 11h See Form 990 D	eart Y line 12	
(a) Des	cription of security or category (including name of security)	(b) Book value			d-of-year market value
(1) Fina	ncial derivatives				
	ely-held equity interests				
(3) Othe					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Co	ol. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part V	/III Investments - Program Related.				
	Complete if the organization answered "Yes"	to Form 990, Part IV,			
	(a) Description of investment	(b) Book value	(c) Method of va	luation: Cost or en	d-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	ol. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part I	X Other Assets.				
	Complete if the organization answered "Yes"		line 11d. See Form 990, P	art X, line 15.	
	(a) [Description			(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	Column (b) must equal Form 990, Part X, col. (B) line	9 15.)		>	
Part X					
	Complete if the organization answered "Yes"	to Form 990, Part IV,		990, Part X, line 25).
1.	(a) Description of liability		(b) Book value		
	Federal income taxes		40= 101		
	DEFERRED RENT AND LEASE I	NCENTIVES	187,421.		
	ANNUITIES PAYABLE		84,431.		
			7 7 7 7 7 1		
(4)	DEFINED COMPENSATION LIAB	ILITY	162,268.		
(4) (5)	DEFINED COMPENSATION LIAB	ILITY	162,268.		
	DEFINED COMPENSATION LIAB	ILITY	162,268.		
(5)	DEFINED COMPENSATION LIAB	ILITY	102,208.		
(5) (6)	DEFINED COMPENSATION LIAB	ILITY	102,208.		
(5) (6) (7)	DEFINED COMPENSATION LIAB	ILITY	434,120.		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

24

4c

	edule D (Form 990) 2013 AFRICAN WILDLIFE FOUNDA		52-0761390	Page '
Pa	t XI Reconciliation of Revenue per Audited Financial Sta	atements With Rever	nue per Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, lir	ne 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12			
Pa	rt XII Reconciliation of Expenses per Audited Financial St	tatements With Expe	nses per Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, lir	ne 12a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
	Other losses			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			

Part XIII Supplemental Information.

Other (Describe in Part XIII.)

Add lines 4a and 4b

a Investment expenses not included on Form 990, Part VIII, line 7b

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

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.

4a

PART V, LINE 4:

EXPLANATION: THE BOARD OF TRUSTEES HAS ADOPTED A SPENDING POLICY TO USE UP TO SEVEN PERCENT OF THE BEGINNING INVESTED MARKET VALUE OF THE BOARD-DESIGNATED ENDOWMENT IN CURRENT YEAR OPERATIONS, OR A LOWER AMOUNT AS AGREED THROUGH AWF'S ANNUAL BUDGETING PROCESS. THIS SPENDING POLICY TAKES INTO ACCOUNT THE BOARD OF TRUSTEE'S POLICY TO ADD UNRESTRICTED LEGACY GIFTS TO THE BOARD-DESIGNATED ENDOWMENT. AWF GENERALLY EXPECTS UNRESTRICTED LEGACY GIFTS TO MEET OR EXCEED THE REQUIRED ANNUAL SPENDING PAYOUT FROM THE BOARD-RESTRICTED ENDOWMENT, RESULTING IN NET POSITIVE CASH FLOWS TO THE FUND ON AN ANNUAL BASIS. COUPLED WITH AWF'S STATED RETURN OBJECTIVE, THE BOARD-DESIGNATED ENDOWMENT FUND IS EXPECTED TO ACHIEVE REAL

GROWTH NET INFLATION OVER THE LONG-RUN.

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

➤ Attach to Form 990. ➤ See separate instructions.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Inspection **Employer identification number**

AFRICAN WILDLI				52-07813	
Part I General Info	ormation on A	ctivities Ou	tside the United States. Comple	ete if the organization answered	"Yes" on
Form 990, Part					
-	-		ds to substantiate the amount of its gr		1
the grantees' eligibility	for the grants or a	assistance, and	the selection criteria used to award the	e grants or assistance? L&	Yes No
=	cribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and other assistance or	itside the
United States.	The following Dod	t Llina 2 table o	an he duplicated if additional appear in	needed \	
3 Activities per Region. ((a) Region	(b) Number of		an be duplicated if additional space is (d) Activities conducted in region	(e) If activity listed in (d)	(f) Total
(a) region	offices in the region	employees, agents, and independent contractors in region	(by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	is a program service, describe specific type of service(s) in region	expenditures for and investments in region
SUB-SAHARAN AFRICA	0	139	EMPLOYEES		5,869,250.
	1	133			3,003,230.
SUB-SAHARAN AFRICA	0	0	GRANTMAKING		2,546,517.
				CONSERVATION PROGRAMS,	
SUB-SAHARAN AFRICA		0	PROGRAM SERVICES	EDUCATION & OUTREACH	10,929,427.
		-			
SUB-SAHARAN AFRICA	17	0	MAINTAINING OFFICES		451,724.
EUROPE (INCLUDING					
ICELAND & GREENLAND)	1	2	EMPLOYEES		286,701.
3 a Sub-total	18	141			20,083,619.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a	18				20,083,619.
and 3b)	1 10	I + + + +			

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



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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			HEALTHY VILLAGE					
		SUB-SAHARAN	PROJECT IN MBANDAKA,					
		AFRICA	DRC	12,000.	WIRE/EFT	0.		
			DEVELOPMENT OF	<u> </u>				
			PARTICIPATORY					
		SUB-SAHARAN	AGROFORESTRY FOR					
		AFRICA	SUSTAINABLE LAND USE	12,000.	WIRE/EFT	0.		
		SUB-SAHARAN	HABITAT					
		AFRICA	LOSS-LIVELIHOODS-AGRO	12 000	WIRE/EFT	0.		
		AFRICA	DEVELOPMENT OF	12,000.	WIRE/EFI	٠.		
			VULNERABILITY &					
		SUB-SAHARAN	ADAPTATION FRAMEWORK					
		AFRICA	FOR DRY LAND/SAVANNA	10 700.	WIRE/EFT	0.		
			REPAIR AND	,		-		
			REHABILITATION OF					
		SUB-SAHARAN	BOREHOLE AND WATER					
		AFRICA	PUMPS	39,918.	WIRE/EFT	0.		
		SUB-SAHARAN						
		AFRICA	ANTI POACHING SUPPORT	5,246,	WIRE/EFT	0.		
			DEVELOPMENT OF A	,				
			STRATEGIC					
		SUB-SAHARAN	ENVIRONMENTAL					
		AFRICA	ASSESSMENT (SEA) FOR	17,115.	WIRE/EFT	0.		
		SUB-SAHARAN	DEVELOPMENT SUPPORT					
		AFRICA	OF FISH PONDS	7,000.	WIRE/EFT	0.		

2 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

3 Enter total number of other organizations or entities

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Schedule F (Form 990)	AFRIC	AN WILDLIFE	FOUNDATION, INC	•	52-07	81390		Page 2
Part II Continuation	of Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States.	(Schedule F (Form 9	990), Part II, line 1	1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
			WILDLIFE MONITORING					
			OPERATIONS, CONFLICT					
		SUB-SAHARAN	MEDIATION &					
		AFRICA	ENTERPRISE	27,447.	WIRE/EFT	0.		
			WILDLIFE MONITORING,					
			ANTI-POACHING					
		SUB-SAHARAN	OPERATIONS AND SECURE					
		AFRICA	HUNTING CONCESSION	18,561.	WIRE/EFT	0.		
			ENHANCING WILDLIFE					
			MONITORING AND					
		SUB-SAHARAN	ANTI-POACHING					
		AFRICA	OPERATIONS IN THE	202,960.	WIRE/EFT	0.		
		SUB-SAHARAN	DEVELOPMENT OF					
		AFRICA	AGRI-BUSINESS	15,000.	WIRE/EFT	0.		
			DISSEMINATION OF	,				
			BROODSTOCK, EDUCATION					
		SUB-SAHARAN	AND TRAINING IN					
		AFRICA	FARMING TECHNIQUES	12,000.	WIRE/EFT	0.		
			CONDUCT	,				
			SOCIO-ECONOMIC SURVEY					
		SUB-SAHARAN	IN KILIMANJARO &					
		AFRICA	SAMBURU TO GENERATE	84,012.	WIRE/EFT	0.		
			ENHANCING LIVELIHOOD					
			THROUGH MOBILIZATION,					
		SUB-SAHARAN	FORMATION AND					
		AFRICA	TRAINING OF VILLAGE	11,296.	WIRE/EFT	0.		
			ELEPHANT	,				
			ANTI-POACHING					
		SUB-SAHARAN	OPERATIONS AND					
		AFRICA	SUPPORT	22,667.	WIRE/EFT	0.		
		SUB-SAHARAN	DEVELOPMENT OF FISH					
		AFRICA	PONDS	7,000.	WIRE/EFT	0.		

Schedul	le F (Form 990)	AFRIC	AN MITDFILE	FOUNDATION, INC	•	52-07	81390		Page 2
Part II	Continuation o	f Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Na	me of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SUB-SAHARAN AFRICA	ENGINEERING DESIGN FOR INFRASTRUCTURE AND CARRYING CAPACITY	18,842.	WIRE/EFT	0.		
			SUB-SAHARAN AFRICA	COUNTER-POACHING WORK OF WILDLIFE RESERVE RANGERS IN FARO NP	9,533.	WIRE/EFT	0.		
			sub-saharan Africa	COMMUNITY BASED TOURISM ENTERPRISE SUPPORT	14,666.	WIRE/EFT	0.		
			SUB-SAHARAN AFRICA	COMMUNITY HEALTH CENTER CONSTRUCTION	22,000.	WIRE/EFT	0.		
			SUB-SAHARAN AFRICA	ANTI-POACHING AWARENESS FOR RHINO HORN IN ASIA (SINGAPORE)	40,000.	WIRE/EFT	0.		
			SUB-SAHARAN AFRICA	FISHERIES DEVELOPMENT IN THE LANDSCAPE MLW	24,000.	WIRE/EFT	0.		
			SUB-SAHARAN AFRICA	MANYARA RANCH ANTI-POACHING AND SECURITY	124,242.	WIRE/EFT	0.		
			SUB-SAHARAN AFRICA	PROTECTING MOUNTAIN GORILLAS AND THEIR HABITAT THROUGH CONSTRUCTION OF 20	20,000.	WIRE/EFT	0.		
			SUB-SAHARAN AFRICA	AGRICULTURAL IMPROVEMENT IN CONGO	49,684.	WIRE/EFT	0.		

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Schedule	e F (Form 990)	AFRIC	AN MILDLIFE	FOUNDATION, INC	•	52-07	81390		Page 2
Part II	Continuation o	f Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Nar	ne of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
				SUPPORT KOLO HILLS					
				FOREST PATROLS PLAN					
			SUB-SAHARAN	AND					
			AFRICA	OPERATIONALIZATION	7,601.	WIRE/EFT	0.		
				ASSIST MERU DISTRICT					
				PLANNING OFFICE					
			SUB-SAHARAN	DEVELOP LAND USE					
			AFRICA	PLANS FOR	5,196.	WIRE/EFT	0.		
			SUB-SAHARAN	ENVIRONMENTAL LAW					
			AFRICA	SUPPORT	75,122.	WIRE/EFT	0.		
				MULTIDISCIPLINARY					
				APPROACH TO PROTECT					
			SUB-SAHARAN	ELEPHANTS IN THE					
			AFRICA	MAKGADIGADI REGION OF	52,000.	WIRE/EFT	0.		
				SUPPORTING THE					
				DEVELOPMENT AND USE					
			SUB-SAHARAN	OF PROPERTY					
			AFRICA	RIGHTS-BASED	9,816.	WIRE/EFT	0.		
				SUPPORT TO LOITOKTOK					
			SUB-SAHARAN	LIVESTOCK AND AGRIBIZ					
			AFRICA	TRADE FAIR	6,928.	WIRE/EFT	0.		
				DEVELOPMENT OF A					
				STRATEGIC FOCUS FOR					
			SUB-SAHARAN	THE SUPPORT OF THE					
			AFRICA	CONSERVANCY MOVEMENT	24,706.	WIRE/EFT	0.		
				PROTECTED AREA					
				INFRASTRUCTURE,					
			SUB-SAHARAN	CAPACITY BUILDING AND					
			AFRICA	CONSERVATION LAND	125,289.	WIRE/EFT	0.		
				MARA REGIONAL LION					
			SUB-SAHARAN	RESEARCH CONSERVATION	05.000		_		
			AFRICA	PROJECT	25,000.	WIRE/EFT	0.		

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Scriedule	F (FORM 990)	711 1(1)	1HI WIDDIII D	FOUNDATION, INC	•	52 07	01370		Page Z
Part II	Continuation of	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Nan	ne of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SUB-SAHARAN	RHINO CONSERVATION					
			AFRICA	SUPPORT - KZN	26,065.	WIRE/EFT	0.		
				IMPROVE WATER SPRINGS					
			SUB-SAHARAN	AND WATER HARVEST					
			AFRICA	ACTIVITIES	15,000.	WIRE/EFT	0.		
				SAVE VALLEY					
			SUB-SAHARAN	CONSERVANCY RHINO			_		
			AFRICA	ANTI-POACHING SUPPORT	52,250.	WIRE/EFT	0.		
				DATATNA AWADENEGA AND					
			SUB-SAHARAN	RAISING AWARENESS AND					
			AFRICA	EDUCATION ON	6 120	MIDE/EEM			
			AFRICA	HIV/AIDS/STDS ENHANCE RADIO	6,120.	WIRE/EFT	0.		
				COMMUNICATION NETWORK					
			SUB-SAHARAN	TO SUPPORT PATROLS					
			AFRICA	AND FACILITATE AN	15 156	WIRE/EFT	0.		
			AFRICA	BUILDING VIABLE	13,130.	WIRE/EFI	0.		
				NATURAL RESOURCE					
			SUB-SAHARAN	CONSERVATION THROUGH					
			AFRICA	STRONG COMMUNITY	64 613	WIRE/EFT	0.		
				COMMUNITY SUPPORT	51,013.		ı .		
				TOWARDS CONSERVATION					
			SUB-SAHARAN	OF WILD DOGS AND					
			AFRICA	OTHER SPECIES IN	13.962.	WIRE/EFT	0.		
				SUPPORT FOR NYANGAMBE	,				
				WILDLIFE PROJECT					
			SUB-SAHARAN	CONSERVATION					
			AFRICA	OPERATIONS	9,850.	WIRE/EFT	0.		
			SUB-SAHARAN	IMPLEMENT MARINGA					
			AFRICA	LAPORI WAMBA GIS	12,335.	WIRE/EFT	0.		

Schedule F (Form 990)	AFRIC	AN WILDLIFE	FOUNDATION, INC		52-07	81390		Page 2
Part II Continuation	of Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States.	(Schedule F (Form 9	990), Part II, line 1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN	SUPPORT TO NIOKOLO-KOBA FOR CONSERVATION OF					
		AFRICA	CHIMPS AND ELEPHANTS	10,000.	WIRE/EFT	0.		
			WILDLIFE MONITORING, ANTI-POACHING					
		SUB-SAHARAN	OPERATIONS IN THE					
		AFRICA	RANDILEN WILDLIFE	30 725.	WIRE/EFT	0.		
		SUB-SAHARAN	IMPLEMENTING SUSTAINABLE NATURAL RESOURCES THROUGH	,				
		AFRICA	AFRICAN WOMEN	33,306.	WIRE/EFT	0.		
		SUB-SAHARAN AFRICA	PROCESSING OF NTFPS AND AGRICULTURAL PRODUCTS	13,000.	WIRE/EFT	0.		
		SUB-SAHARAN AFRICA	BUILDING VIABLE NATURAL RESOURCE CONSERVATION THROUGH STRONG COMMUNITY	5,623.	WIRE/EFT	0.		
		SUB-SAHARAN AFRICA	MAKERE UNIVERSITY STUDENTS SUPPORT	9,300.	WIRE/EFT	0.		
		SUB-SAHARAN AFRICA	ENVIRONMENTAL EDUCATION PROJECT	7,600.	WIRE/EFT	0.		
		SUB-SAHARAN AFRICA	WILDLIFE MONITORING AND ANTI-POACHING OPERATIONS AT OLTIYANI CONSERVANCY	15,855.	WIRE/EFT	0.		
		SUB-SAHARAN AFRICA	SUPPORTING THE WORK OF SAVE THE RHINO TRUST'S SOUTHERN TEAM IN PROTECTING	21,080.	WIRE/EFT	0.		

Schedule F (Form 990)	AFRIC	AN WILDLIFE	FOUNDATION, INC		52-07	81390		Page 2
Part II Continuation	of Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States.	(Schedule F (Form 9	990), Part II, line 1	1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
			SUSTAINABLE					
			CONSERVATION					
		SUB-SAHARAN	APPROACHES IN					
		AFRICA	PRIORITY ECOSYSTEMS	27,793.	WIRE/EFT	0.		
			TRAINING, DEVELOPMENT					
			AND IMPLEMENTATION OF					
		SUB-SAHARAN	CYBERTRACKER DRIVEN					
		AFRICA	ECOLOGICAL MONITORING	42,424.	WIRE/EFT	0.		
		SUB-SAHARAN	WILDLIFE SCOUTS					
		AFRICA	SUPPORT	0 501	WIRE/EFT	0.		
		AFRICA	SUFFORT	9,304.	WIRE/EFI	0.		
		SUB-SAHARAN	GRANT TO EWASO LIONS					
		AFRICA	PROJECT-PREDATOR	7 392.	WIRE/EFT	0.		
			SOIL CONSERVATION AND	,	·	-		
			LAND USE PLANNING					
		SUB-SAHARAN	ACTIVITIES-KARATU					
		AFRICA	DISTRICT	6,886.	WIRE/EFT	0.		
			SUPPORT LIVELIHOOD	,				
			GROUPS DEVELOP					
		SUB-SAHARAN	CONSTITUTION, LEADERS					
		AFRICA	CAPACITY BUILDING,	15,545.	WIRE/EFT	0.		
			DEVELOPMENT OF MICRO					
		SUB-SAHARAN	LIVESTOCK ENTERPRISE					
		AFRICA	IN BEFALE	6,120.	WIRE/EFT	0.		
		SUB-SAHARAN	ZAMBIA WILDLIFE					
		AFRICA	SCOUTS TRAINING FEES	17,654.	WIRE/EFT	0.		
			ECONOMIC ASSESSMENT	, ,		-		
			OF LAIKIPIA NP					
		SUB-SAHARAN	CONSERVATION AND					
		AFRICA	DEVELOPMENT	8,000.	WIRE/EFT	0.		

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Schedule F (Form 990)	AFRIC	AN WILDLIFE	FOUNDATION, INC	. •	52-07	81390		Page 2
Part II Continuation of	of Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
		SUB-SAHARAN AFRICA	CARRY OUT BIOLOGICAL ASSESSMENT IN MAKAME WMA	7,205.	WIRE/EFT	0.		
		SUB-SAHARAN AFRICA	PROMOTE TOURISM FOR COMMUNITY BENEFITS	21,019.	WIRE/EFT	0.		
		SUB-SAHARAN AFRICA	DEVELOPMENT OF MICRO LIVESTOCK ENTERPRISE IN BEFALE	8,000.	WIRE/EFT	0.		
		SUB-SAHARAN AFRICA	SUPPORT DEVELOPMENT OF STRATEGIC PLAN FOR WILDLIFE CLUBS OF KENYA 2013-2018	8,513.	WIRE/EFT	0.		
		SUB-SAHARAN AFRICA	PRODUCTION OF LEGAL MANUAL FOR WILDLIFE CRIME INTRODUCTION	5,811.	WIRE/EFT	0.		
		SUB-SAHARAN AFRICA	LEGAL AND ECONOMIC ASSESSMENT OF LAIKIPIA NP CONSERVATION AND	46,683.	WIRE/EFT	0.		
		SUB-SAHARAN AFRICA	COMMUNITY TOURISM INCOME DISTRIBUTION	7,010.	WIRE/EFT	0.		
		SUB-SAHARAN AFRICA	COMMUNITY GUIDES TRAINING	10,412.	WIRE/EFT	0.		
		SUB-SAHARAN AFRICA	PARTNER SUPPORT	76,177.	WIRE/EFT	0.		

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Schedule F (Fo	orm 990)	AFRIC	WIN MIDDRILL	FOUNDATION, INC	•	32-07	01390		Page 2
Part II Co	ontinuation o	Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of	organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SUB-SAHARAN	COMMUNITY FISH FARM					
				SUPPORT	13,201.	WIRE/EFT	0.		
					,				
				MANYARA RANCH SUPPORT- VEHICLES	8 855	WIRE/EFT	0.		
			SUB-SAHARAN AFRICA	MANYARA RANCH SUPPORT -BUILDINGS	1/ 327	WIRE/EFT	0.		
			AFRICA	DOIDDINGS	14,327.	WIRE/EF1	· ·		
				MANYARA RANCH SUPPORT	15 427	WTDD / DDW	0		
			AFRICA	-ICT	15,437.	WIRE/EFT	0.		
			SUB-SAHARAN						
			AFRICA	COMMUNITY LAND LEASES	69,873.	WIRE/EFT	0.		
			SUB-SAHARAN						
			AFRICA	COMMUNITY LAND LEASES	24,539.	WIRE/EFT	0.		
			SUB-SAHARAN						
			AFRICA	COMMUNITY LAND LEASES	22,967.	WIRE/EFT	0.		
			SUB-SAHARAN	MANYARA RANCH SUPPORT					
			AFRICA	-SALARIES	5,785.	WIRE/EFT	0.		
			SUB-SAHARAN						
				COMMUNITY LAND LEASES	16,716.	WIRE/EFT	0.		

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Schedule F (Form 990) AFRIC	AN WILDLIFE	FOUNDATION, INC		52-07	81390		Page 2
Part II Continuat	tion of Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)	
1 (a) Name of organiza	ation (b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	COMMUNITY LAND LEASES	30,097.	WIRE/EFT	0.		
		SUB-SAHARAN AFRICA	MANYARA RANCH SUPPORT -INCOME DISTRIBUTION	7,010.	WIRE/EFT	0.		
		SUB-SAHARAN AFRICA	COMMUNITY LAND LEASES	17,090.	WIRE/EFT	0.		
		SUB-SAHARAN AFRICA	PARTNER SUPPORT- KIDEPO NATIONAL PARK	9,645.	WIRE/EFT	0.		
		SUB-SAHARAN AFRICA	TRAINING OF EMWA SCOUTS ON ANTIPOACHING	6,922.	WIRE/EFT	0.		
		SUB-SAHARAN AFRICA	MANYARA RANCH SUPPORT -FUEL SUPPLIES	6,881.	WIRE/EFT	0.		
		SUB-SAHARAN AFRICA	COMMUNITY SCOUTS ANTIPOACHING SUPPORT	9,749.	WIRE/EFT	0.		
		SUB-SAHARAN AFRICA	MANYARA RANCH SUPPORT -SALARIES	22,181.	WIRE/EFT	0.		
		SUB-SAHARAN AFRICA	MANYARA RANCH SUPPORT -SALARIES	8,668.	WIRE/EFT	0.		

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Schedule F (Form 990) AFRICAN WILDLIFE FOUNDATION, INC. 52-0761390 Page 2									
Part II	Continuation o	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Nan	ne of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
				WILDLIFE CLUBS SPONSORSHIP	7,500.	WIRE/EFT	0.		
			SUB-SAHARAN	COMMUNITY CARBON REVENUE TRIAL PAYMENTS TO JUHI	62,304.	WIRE/EFT	0.		
			SUB-SAHARAN AFRICA	PARTNER SUPPORT	7,922.	WIRE/EFT	0.		

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if	additional space is nee	ded.					
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
	SUB-SAHARAN						
EDUCATION EASEMENTS	AFRICA	76	14,682.	EFT/CHECK	0.		
	SUB-SAHARAN						
COURSE ON CLIMATE CHANGE	AFRICA	3	5,956.	EFT/CHECK	0.		
RESEARCH GRANT	SUB-SAHARAN AFRICA	1	10 364.	EFT/CHECK	0.		
			25,551.				

Schedule F	(Form 990)) 2013	AFRICAN	MILDLILE	FOUNDATION,	ΤIJ
Part IV	Foreign	n Form	s			

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to 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)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	X Yes	□ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713)	Yes	X No

Schedule F (Form 990) 2013

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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.

PART I, LINE 2:

EXPLANATION: AWF OCCASIONALLY WORKS WITH SUB-RECIPIENTS. IN SUCH CASES, ONLY KNOWN, VETTED ORGANIZATIONS ARE CHOSEN THAT CAN DEMONSTRATE AN ABILITY TO ACCOMPLISH THE PROGRAM OBJECTIVES. SUB-RECIPIENTS ARE OFTEN INCLUDED BY NAME IN GRANT PROPOSALS.

SUB-RECIPIENTS ARE GENERALLY PROVIDED WITH ADVANCES, AND REQUIRED TO REPORT QUARTERLY. BOTH FINANCIAL AND PROGRAMMATIC REPORTS ARE REQUIRED TO BE SUBMITTED TO THE RELATED HL IMPLEMENTATION TEAMS (GENERALLY HL DIRECTOR). THE HEARTLAND FINANCE AND ADMINISTRATION OFFICER REVIEWS SUB-RECIPIENT FINANCIAL REPORTS AND FORWARD TO THE GRANT FINANCIAL MANAGER FOR A FURTHER QUALITY CONTROL. ONLY UPON THE GRANTS FINANCIAL MANAGER'S REVIEW ARE FURTHER PAYMENTS OR ADVANCES PROVIDED. GENERALLY, LARGE SUB-RECIPIENTS ARE PAID THROUGH DC, AND THUS RECEIVE THE ADDED SCRUTINY OF THE ACCOUNTING MANAGER, DIRECTOR OF FINANCE, AND/OR COO PRIOR TO DISTRIBUTION.

PART II, COLUMN (D):

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: DEVELOPMENT OF VULNERABILITY & ADAPTATION FRAMEWORK FOR DRY LAND/SAVANNA ECOSYSTEM PROCESSES AND SERVICES

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: DEVELOPMENT OF A STRATEGIC ENVIRONMENTAL

ASSESSMENT (SEA) FOR AMBOSELI ECOSYSTEM

REGION: SUB-SAHARAN AFRICA

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.

(D) PURPOSE OF GRANT: WILDLIFE MONITORING OPERATIONS, CONFLICT MEDIATION

ENTERPRISE DEVELOPMENT IN THE BURUNGE WILDLIFE MANAGEMENT AREA

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: WILDLIFE MONITORING, ANTI-POACHING OPERATIONS AND

SECURE HUNTING CONCESSION IN THE MAKAME WILDLIFE MANAGEMENT AREA(MWMA)

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: ENHANCING WILDLIFE MONITORING AND ANTI-POACHING

OPERATIONS IN THE AMBOSELI ECOSYSTEM.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: DISSEMINATION OF BROODSTOCK, EDUCATION AND

TRAINING IN FARMING TECHNIQUES AND ANIMAL HEALTH IN DJOLU

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: CONDUCT SOCIO-ECONOMIC SURVEY IN KILIMANJARO &

SAMBURU TO GENERATE MONITORING INDICATORS FOR THESE LANDSCAPES

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: ENHANCING LIVELIHOOD THROUGH MOBILIZATION,

FORMATION AND TRAINING OF VILLAGE COMMUNITY BANKS (VICOBA)

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: PROTECTING MOUNTAIN GORILLAS AND THEIR HABITAT

THROUGH CONSTRUCTION OF 20 HOUSEHOLD RAINWATER HARVESTING TANKS IN

NYABIHU DISTRICT/RWANDA

332075 10-03-13

15150205 786783 AWF

Schedule F (Form 990) 2013

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.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: ASSIST MERU DISTRICT PLANNING OFFICE DEVELOP LAND

USE PLANS FOR NEIGHBOURING VILLAGES

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: MULTIDISCIPLINARY APPROACH TO PROTECT ELEPHANTS IN

THE MAKGADIGADI REGION OF BOTSWANA.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: SUPPORTING THE DEVELOPMENT AND USE OF PROPERTY

RIGHTS-BASED MECHANISMS SUCH AS CONSERVATION LEASES, ENVIRONMENTAL

EASEMENTS, CONSERVANCIES

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: DEVELOPMENT OF A STRATEGIC FOCUS FOR THE SUPPORT

OF THE CONSERVANCY MOVEMENT IN KENYA

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: PROTECTED AREA INFRASTRUCTURE, CAPACITY BUILDING

AND CONSERVATION LAND GRANT

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: ENHANCE RADIO COMMUNICATION NETWORK TO SUPPORT

PATROLS AND FACILITATE AN OUTREACH PROGRAM AMONG KEY GROUPS IN KUKU &

ROMBO GROUP RANCHES UNDER THE REDD+ PROJECT

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.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: BUILDING VIABLE NATURAL RESOURCE CONSERVATION

THROUGH STRONG COMMUNITY LEADERSHIP AND GOVERNANCE

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: COMMUNITY SUPPORT TOWARDS CONSERVATION OF WILD

DOGS AND OTHER SPECIES IN KIRIMUN GROUP RANCH

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: WILDLIFE MONITORING, ANTI-POACHING OPERATIONS IN

THE RANDILEN WILDLIFE MANAGEMENT AREA (RWMA)

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: IMPLEMENTING SUSTAINABLE NATURAL RESOURCES THROUGH

AFRICAN WOMEN INVOLVEMENT

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: BUILDING VIABLE NATURAL RESOURCE CONSERVATION

THROUGH STRONG COMMUNITY LEADERSHIP AND GOVERNANCE

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: SUPPORTING THE WORK OF SAVE THE RHINO TRUST'S

SOUTHERN TEAM IN PROTECTING NAMIBIA'S BLACK RHINO (DICEROS BICORNIS

BICORNIS)

REGION: SUB-SAHARAN AFRICA

PURPOSE OF GRANT: TRAINING, DEVELOPMENT AND IMPLEMENTATION OF

SCHEDULE G

Department of the Treasury

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

Inspection

Internal Revenue Service Name of the organization Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form 990

OMB No. 1545-0047

Name of the organization							ntification number
	WILDLIFE FOUNDATI					52-0781	
Part I Fundraising Activities required to complete this par	 Complete if the organization answer t. 	ered "Y	'es" to	Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
 1 Indicate whether the organization raise a X Mail solicitations b X Internet and email solicitations c X Phone solicitations d X In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, F b If "Yes," list the ten highest paid indicompensated at least \$5,000 by the 	e X Solicita f X Solicita g Special or oral agreement with any individual cart VII) or entity in connection with prividuals or entities (fundraisers) pure	tion of tion of I fundra I (inclue profess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, tru- fundraising services?	stees	X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundi have c or cor contrib	ustody trol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
SANKY COMMUNICATIONS, INC	MANAGEMENT OF DIRECT MAIL	Yes	No				
599 11TH AVENUE, 6TH FLOOR,	PROGRAM		Х	1,842,214.		362,082.	1,480,132.
Total				1,842,214.		362,082.	
3 List all states in which the organization or licensing.	-						
AL,AK,AZ,AR,CA,CO,CT,							
MT, NE, NV, NH, NJ, NM, NY,	NC, ND, OH, OK, OR, PA,	RI,	SC,	SD,TN,TX,U	Т,\	T, VA, WA	,WV,WI,WY
DC							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2013

		of fundraising event contributions and gro	oss income on Form 9	90-EZ,	lines 1 and	l 6b. List e	events	with gross	s receip	ots greater than \$5,000.
			(a) Event #1		(b) Event	#2	(c)	Other eve	nts	(d) Total events (add col. (a) through
en			(event type)		(event type	pe)	(to	tal numbe	er)	col. (c))
Revenue	1	Gross receipts								
	2	Less: Contributions								
	3	Gross income (line 1 minus line 2)								
	4	Cash prizes								
ű	5	Noncash prizes								
xpense	6	Rent/facility costs								
Direct Expenses	7	Food and beverages								
	8	Entertainment								
	9	Other direct expenses								
	10	, ,							🚩	
Pa	art	Net income summary. Subtract line 10 from li III Gaming. Complete if the organization a	ne 3, column (d) answered "Yes" to For	m 990). Part IV. lir	ne 19. or re	eporte	more that	n	
		\$15,000 on Form 990-EZ, line 6a.			, ,	,				
		,	(a) Dingo	(b) Pull tabs/i	nstant	(0) ()thar gam	ina	(d) Total gaming (add
anu((a) Bingo	bin	go/progressi	ive bingo	(c) (Other gam	ling	col. (a) through col. (c))
Revenue										
_	1	Gross revenue								
ses	2	Cash prizes								
Direct Expenses	3	Noncash prizes								
Direct	4	Rent/facility costs								
	5	Other direct expenses								
	6		Yes9	6	Yes No	%		es o	%	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)						▶	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)				<u></u>	>	
9	Fn	ter the state(s) in which the organization opera	tes gaming activities:							
		the organization licensed to operate gaming ac		e state	es?					Yes No
		'No," explain:								·
		ere any of the organization's gaming licenses re	evoked, suspended or	termir	nated durinç	g the tax y	/ear?			Yes No
	_									
										000 or 000 E7) 0010

Sch		781		Page 3
11	Does the organization operate gaming activities with nonmembers?	`	Yes	└─ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?		Yes	□ No
13	Indicate the percentage of gaming activity operated in:			
а	The organization's facility	13a		%
b	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🔲 ነ	Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party ▶\$			
C	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
	Brector/officer Independent contractor			
	Mandatory distributions:			
а	a Is the organization required under state law to make charitable distributions from the gaming proceeds to	,	Yes	☐ No
h	retain the state gaming license? Dienter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	1	162	□ NO
	organization's own exempt activities during the tax year > \$			
Pa	Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, I	ines 9 1	9b 10)b 15b
	15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).			
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISEF	≀S:		
<u>(I</u>) NAME OF FUNDRAISER: SANKY COMMUNICATIONS, INC.			
(I) ADDRESS OF FUNDRAISER: 599 11TH AVENUE, 6TH FLOOR, NEW YORK,	NV	1	0036
<u>\</u>	, indicade of fonding and 355 fill hydrod, offi factor, MEW TORK,			

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Complete if the organization answered "Yes" to 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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

AFRICAN W	ILDLIFE E	OUNDATION,	INC.				52-0781390
Part I General Information on Grants a	nd Assistance						
Does the organization maintain records t criteria used to award the grants or assis							
Describe in Part IV the organization's pro	cedures for mon	itoring the use of gran	t funds in the Unite	d States			
Part II Grants and Other Assistance to					anization answered "	Yes" to Form 990. Part	IV. line 21, for any
recipient that received more than \$		-				,	, ,
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MARYLAND 4101 CHESAPEAKE BOULEVARD COLLEGE PARK, MD 20742	52-6002033	501(C)(3)	69,378.	0.			SPATIAL MODELING FOR LANDSCAPE ZONING
WILDAID 744 MONTGOMERY STREET, SUITE 300 SAN FRANCISCO, CA 94111	20-3644441	501(C)(3)	443,283.	0.			WILDAID RHINO HORN CAMPAIGN
JANE GOODALL INSTITUTE 1595 SPRING HILL ROAD VIENNA, VA 22182	94-2474731	501(C)(3)	439,678.	0.			UGANDA NATIONAL PARK CAPACITY BUILDING
WILDLIFE WORKS CARBON LLC 242 REDWOOD HIGHWAY - FRONTAGE ROAD MILL VALLEY, CA 94941) 26-4138826	N/A	175,128.	0.			WILDAID RHINO HORN CAMPAIGN
2 Enter total number of section 501(c)(3) at 3 Enter total number of other organizations							

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

Schedule I (Form 990) (2013)

Part III Grants and Other Assistance to Individuals in the Un Part III can be duplicated if additional space is needed.	ited States. Com	nplete if the organiza	ation answered "Yes	to Form 990, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	ie 2, Part III, column	(b), and any other a	dditional information.	
PART I, LINE 2:					
EXPLANATION: AWF OCCASIONALLY WORK	S WITH S	UB-RECIPIE	NTS. IN SU	CH CASES,	
ONLY KNOWN, VETTED ORGANIZATIONS A	RE CHOSE	N THAT CAN	I DEMONSTRA	TE AN ABILITY	
TO ACCOMPLISH THE PROGRAM OBJECTIV	ES.				
BOTH FINANCIAL AND PROGRAMMATIC RE	PORTS AR	E REQUIRED	TO BE SUB	MITTED TO THE	
RELATED LANDSCAPE IMPLEMENTATION	TEAMS (G	ENERALLY L	ANDSCAPE D	IRECTOR). THE	
FIELD FINANCE AND ADMINISTRATION C	FFICER R	EVIEWS SUB	B-RECIPIENT	FINANCIAL	
REPORTS AND FORWARDS THEM TO THE G	RANT FIN	ANCIAL MAN	AGER FOR A	FURTHER	

Schedule I (Form 990)

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

Compensated Employees

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

► Attach to Form 990. ► See separate instructions.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

AFRICAN WILDLIFE FOUNDATION, INC.

Employer identification number 52-0781390

Pa	art I Questions Regarding Compensation			
	<u> </u>		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		<u> </u>
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
_	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:	_		37
	The organization?	5a		X
b	Any related organization?	5b		
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			37
	The organization?	6a		X
b	Any related organization?	6b		X
_	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	_		v
_	not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			37
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		l

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

Schedule J (Form 990) 2013

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 in 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.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred in prior Form 990
(1) PATRICK BERGIN	(i)	249,536.	0.	0.	42,454.	18,995.	310,985.	0.
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JEFF CHRISFIELD	(i)	178,954.	0.	0.	17,895.	13,584.	210,433.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) CRAIG SHOLLEY	(i)	170,568.	0.	0.	17,057.	10,939.	198,564.	0.
VP OF PHILANTHROPY/MARKETING	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) DAUDI SUMBA	(i)	167,190.	0.	0.	16,719.	4,968.	188,877.	0.
VP OF PROGRAM DESIGN AND GOVERNMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) KATHLEEN FITZGERALD	(i)	138,448.	0.	0.	13,845.	30,696.	182,989.	0.
VP OF CONSERVATION STRATEGY	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) KADDU SEBUNYA	(i)	135,396.	0.	0.	13,540.	44,852.	193,788.	0.
CHIEF OF PARTY-USAID UGANDA PROGRAM	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



Schedule J (Form 990) 2013	AFRICAN WILDLIFE FOUNDATION,	INC.	52-0781390	Page 3
Part III Supplemental Informa	tion			-
Provide the information, explanati	on, 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 com	plete this part for any additional information	tion.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

AFRICAN WILDLIFE FOUNDATION, INC.

Employer identification number 52-0781390

Pai	rt I Types of Property							
		(a)	(b)	(c)	(d)			
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of de		•	
		applicable		Form 990, Part VIII, line 1	noncash contribu	ution ai	mount	S
1	Art - Works of art				3			
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles	X	1	18.708.	FAIR MARKET	1 VA	TJJE	—
7			_	1077001				
	Boats and planes							
8	Intellectual property	Х	41	1 /8/ 096	FAIR MARKET	1 777	TITE	
9	Securities - Publicly traded	Λ	41	1,404,090.	FAIR MARKET	. VA	<u> </u>	
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► (SOFTWARE)	Х	1	61,645.	FAIR MARKET	' VA	LUE	
26	Other • ()			,				
27	Other (
28	Other (
29	Number of Forms 8283 received by the organization	zation durin	n the tax vear for o	contributions				
	for which the organization completed Form 828							
	To which the organization completed form oze	00,1 ait iv,	Donce Actinowica	gernent <u>23 </u>			Yes	No
30-	During the year, did the organization receive by	v contributiv	on any property ro	norted in Part I lines 1 29	that it must hold for		163	110
JJa	at least three years from the date of the initial of							
	-			•		20-		х
	the entire holding period?					30a		
	If "Yes," describe the arrangement in Part II.	و علا برماله م	ogujego tha was dassa	of any non atomatour of a second	ibutiono?	31	х	
Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?								
32a	Does the organization hire or use third parties	or related o	rganizations to soli	cit, process, or sell noncas	sn			v
	contributions?					32a		X
	If "Yes," describe in Part II.							
33	If the organization did not report an amount in	column (c) 1	or a type of prope	rty for which column (a) is	checked,			
	describe in Part II.							
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	0.	Schedule M	(Form	990) (2013)

Schedule M	1 (Form 990) (2013)	AFRICAN	WILDLIFE	FOUNDATION,	INC.	52-0781390	Page 2
Part II	Supplementa	I Information t I, column (b), th	 Provide the information e number of contribution 	rmation required by Par	t I. lines 30b. 32	b, and 33, and whether the organizat , or a combination of both. Also comp	tion

Schedule M (Form 990) (2013)

332142 09-03-13

SCHEDULE 0 (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► 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

Name of the organization

AFRICAN WILDLIFE FOUNDATION, INC. **Employer identification number** 52-0781390

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

TANZANIA, SOUTH AFRICA, CONGO, DEM REP, ZAMBIA,

UNITED KINGDOM, MOZAMBIQUE, MAURITIUS, KENYA,

BURKINA FASO, UGANDA

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: DATA AND INFORMATION FOR THE FEDERAL FORM 990 ARE COMPILED BY THE FINANCE DEPARTMENT AND REVIEWED BY THE DIRECTOR OF FINANCE. UPON RECEIPT OF THE FEDERAL FORM 990 FROM AWF TAX ACCOUNTANTS, THE COMPLETED RETURN UNDERGOES A SECOND LEVEL OF REVIEW BY THE COO. CHANGES ARE COMMUNICATED TO THE TAX ACCOUNTANTS AS NECESSARY AND APPROPRIATE. THE FINAL DRAFT IS REVIEWED BY THE COO AND THE CEO BEFORE BEING PRESENTED TO THE COMMITTEE. THEREAFTER, A COPY OF THE RETURN IS PROVIDED TO THE FULL BOARD OF TRUSTEES BEFORE FILING WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

EXPLANATION: TRUSTEES AND OFFICERS RECEIVE AND SIGN A CONFLICT OF INTEREST POLICY STATEMENT UPON ELECTION TO THE BOARD OF TRUSTEES, WITH NEW FORMS COMPLETED AT LEAST ANNUALLY. IF A TRUSTEE FEELS SHE/HE MAY HAVE A POTENTIAL CONFLICT OF INTEREST WITH AWF, THESE CONCERNS ARE BROUGHT TO THE ATTENTION OF THE BOARD OF TRUSTEES' CHAIR AND/OR AUDIT COMMITTEE OF THE BOARD OF TRUSTEES' FOR DELIBERATION.

ALL STAFF MEMBERS ARE REQUIRED TO SIGN A CONFLICT OF INTEREST POLICY UPON HIRING AND WITH EACH NEW CONTRACT AMENDMENT. STAFF CONCERNS REGARDING

CONFLICTS OF INTEREST ARE BROUGHT TO THE HUMAN RESOURCES DEPARTMENT FOR

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

Schedule O (Form 990 or 990-EZ) (2013)

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AFRICAN WILDLIFE FOUNDATION, INC.

Employer identification number 52-0781390

RESEARCH WITH REVIEW BY THE CHIEF OPERATING OFFICER OR DIRECTOR OF FINANCE
AND OTHER MEMBERS OF EXECUTIVE MANAGEMENT AS NECESSARY.

WITH REGARD TO CONTRACT REVIEW, STAFF THAT REVIEW PURCHASES AND CONTRACTS

ARE TRAINED TO QUESTION POTENTIAL CONFLICTS OF INTEREST. LOCAL FINANCE

OFFICES REVIEW TRANSACTIONS UP TO \$1,000, WITH ADDITIONAL SCRUTINY GIVEN TO

LARGER CONTRACTS. ANY POTENTIAL CONFLICTS OF INTEREST ARE FORWARDED TO THE

COO FOR REVIEW.

FORM 990, PART VI, SECTION B, LINE 15:

EXPLANATION: A STUDY OF COMPENSATION FOR OFFICERS AND KEY EMPLOYEES IS

CONDUCTED ANNUALLY. FOR ALL OFFICERS AND KEY STAFF LOCATED WITHIN THE

UNITED STATES, INFORMATION FROM COMPARABLE ORGANIZATIONS IS COLLECTED

THROUGH PUBLICLY AVAILABLE FEDERAL 990 FORMS. FOR KEY EMPLOYEES LOCATED

OUTSIDE THE UNITED STATES, COMPENSATION STUDIES ARE OBTAINED AS NECESSARY

TO PROVIDE COMPARABLE DATA.

COMPENSATION DATA IS SUMMARIZED IN A REPORT AND APPROVED FIRST BY THE BOARD

COMPENSATION COMMITTEE, AND THEN BY THE FULL BOARD OF TRUSTEES EACH

JANUARY. THE BOARD OF TRUSTEES SETS THE COMPENSATION FOR AWF'S CHIEF

EXECUTIVE OFFICER, AND PROVIDES GUIDELINES FOR THE CEO TO SET OTHER

EXECUTIVE SALARIES.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AK,AL,AR,AZ,CA,CO,CT,FL,GA,HI,IL,KS,KY,LA,ME,MD,MA,MI,MN,MS,MO,NH,NJ,NM,NY

NC,ND,OH,OR,OK,PA,RI,SC,TN,UT,VA,WA,WV,WI

FORM 990, PART VI, SECTION C, LINE 19:

Employer identification number 52-0781390

EXPLANATION: AWF'S GOVERNING DOCUMENTS, POLICIES, FINANCIAL STATEMENTS AND FEDERAL FORM 990 ARE AVAILABLE TO THE PUBLIC UPON REQUEST. ADDITIONALLY,

COPIES OF THE FEDERAL FORM 990 AND ANNUAL REPORTS ARE MAINTAINED ON THE WEBSITE.

FORM 990, PART III, LINE 4A

EXPLANATION: AWF CONTINUES TO PIONEER THE USE OF COMMUNITY CONSERVATION

ENTERPRISES, PROVIDE CRITICAL ASSISTANCE TO NATIONAL PARKS AND

RESERVES, AND PROMOTE INTERNATIONAL COOPERATION TO PROTECT IMPORTANT

SITES AND POPULATIONS THAT STRETCH ACROSS NATIONAL

BOUNDARIES--DEMONSTRATING THAT WILDLIFE AND PEOPLE CAN THRIVE SIDE BY

SIDE.

AWF'S WORK CAN BE CATEGORIZED INTO FOUR CORE AREAS: LAND AND HABITAT

CONSERVATION, WILDLIFE PROTECTION, PEOPLE: ENTERPRISE, PEOPLE:

EDUCATION. AWF IS ALSO ACTIVE IN CLIMATE CHANGE ACTIVITIES AND IN

POLICY DISCUSSIONS. BELOW IS A BRIEF DESCRIPTION OF AWF'S PERSPECTIVE

ON EACH CATEGORY AND KEY ACHIEVEMENTS WITHIN THE LAST FISCAL YEAR.

A. LAND AND HABITAT CONSERVATION: AWF'S UNIQUE LARGE-LANDSCAPE APPROACH

TO CONSERVATION FOCUSES ON IDENTIFYING AFRICA'S GREAT WILD SPACES,

PIECING TOGETHER PARKS, PRIVATE LANDS, AND COMMUNITY LANDS, WHICH CAN

BE SECURED AS A HOME FOR WILDLIFE. HISTORICALLY, AWF WORKED TO

ESTABLISH NATIONAL PARKS AND WILDLIFE RESERVES, AND TO HELP LOCAL

PEOPLE ESTABLISH COMMUNITY CONSERVANCIES. AWF IS NOW SUPPORTING THE

MANAGEMENT OF PARKS AND EXPLORING NEW PRIVATE LAND CONSERVATION

APPROACHES, INCLUDING LIMITED LAND ACQUISITION AND NEW TYPES OF

CONSERVATION LEASES, TO PROTECT CRITICAL WILDLIFE HABITAT.

332212 09-04-13 Schedule O (Form 990 or 990-EZ) (2013)

- I. AWF TOOK OVER MANAGEMENT OF ITS FLAGSHIP MANYARA RANCH CONSERVANCY,

 AFTER AGREEMENTS WITH THE GOVERNING BOARD AND LOCAL COMMUNITIES THAT

 AWF MIGHT BE BEST EQUIPPED TO PROVIDE THE APPROPRIATE PROTECTIONS OF

 THIS CRITICAL WILDLIFE CORRIDOR IN TANZANIA. POACHING HAS DECLINED

 SIGNIFICANTLY AND AWF IS WORKING WITH AN ANTI-POACHING TEAM AND A

 TOURISM OPERATOR TO IMPROVE COMMUNICATIONS AND ENSURE SMOOTH

 OPERATIONS.
- II. IN SOUTHERN AFRICA, THE GENERAL MANAGEMENT PLAN OF HWANGE NATIONAL

 PARK EXPIRED, AND THE ZIMBABWE PARKS AND WILDLIFE MANAGEMENT AUTHORITY

 HAS BEEN STRUGGLING TO MAINTAIN TOURISM REVENUE TO ITS PARKS. AWF

 DEVELOPED A COMMERCIAL REVENUE PLAN FOR THE AUTHORITY AND IS IN THE

 MIDST OF CREATING A NEW MANAGEMENT PLAN FOR HWANGE.
- III. IN EAST AFRICA, AWF IS WORKING WITH THE ETHIOPIA WILDLIFE

 CONSERVATION AUTHORITY (EWCA) TO ASSIST WITH BETTER CONSERVATION

 PLANNING AND MANAGEMENT FOR SIMIENS MOUNTAINS NATIONAL PARK. AWF

 CONDUCTED A TOURISM PLAN FOR SIMIENS AND IS WORKING WITH EWCA TO

 IMPLEMENT. AWF IS HOPING TO ALSO DEVELOP A GRAZING STRATEGY TO MINIMIZE

 THE GRAZING THREAT TO THE PARK.
- B. WILDLIFE PROTECTION: EVEN WHERE LAND AND HABITAT HAVE BEEN SECURED,

 CERTAIN SPECIES FACE UNIQUE THREATS AND REQUIRE A TARGETED CONSERVATION

 APPROACH. POPULATIONS OF RARE AND ENDANGERED SPECIES, SUCH AS THE

 RHINOCEROS, GORILLA, AND ALL OF THE GREAT CATS, HAVE BEEN DIMINISHED

 DUE TO DISEASE AND CONFLICT WITH HUMANS BUT ALSO DUE TO THE RESURGENCE

IN GLOBAL ILLEGAL WILDLIFE TRAFFICKING. AWF USES A NUMBER OF METHODS TO

MONITOR AND PROTECT KEY POPULATIONS AND ENSURE THESE SPECIES SURVIVE AND THRIVE IN THEIR NATIVE HABITAT, DESPITE EXISTING TRAFFICKING THREATS. THROUGH THE NEWLY LAUNCHED EMERGENCY RESPONSE FUND, AWF IS WORKING ON PROJECTS ACROSS THREE THEMATIC AREAS: STOP THE KILLING, STOP THE TRAFFICKNIG AND STOP THE DEMAND.

- I. UNDER "STOP THE KILLING," AWF IS CONTINUING WORK INITIALLY BEGUN UNDER OUR SPECIES PROTECTION GRANTS, WHICH HAVE DISTRIBUTED CLOSE TO \$1.5 MILLION TO PARTNERS IN WEST, CENTRAL, EAST AND SOUTHERN AFRICA TO PROTECT 20 DISTINCT POPULATIONS OF ELEPHANT, RHINO, CARNIVORES AND GREAT APES. AS AN EXAMPLE, AWF RECENTLY SIGNED AN MOU WITH A SOUTH AFRICAN NGO. EZEMVELOU KWAZULU-NATAL. TO PROVIDE INCREASED RHINO PROTECTIONS ACROSS THE ENTIRE SOUTH AFRICAN PROVINCE OF KWAZULU-NATAL.
- II. UNDER "STOP THE TRAFFICKING," AWF HAS CONDUCTED A NUMBER OF EDUCATIONAL WORKSHOPS IN KENYA FOR MAGISTRATES, CUSTOMS OFFICIALS, THE KENYARA REVENUE AUTHORITY AND OTHERS ON THE COUNTRY'S 2013 WILDLIFE LAW TO ENSURE THERE IS COMPLETE UNDERSTANDING OF THE STILL-NEW WILDLIFE LAW AND ENSURE THAT POACHERS THAT ARE ARRESTED RECEIVE SUITABLE CONSEQUENCES AT THE JUDICIAL LEVEL. AWF S ALSO WORKING WITH NGO PARTNERS IN KINSHASA, DEMOCRATIC REPUBLIC OF CONGO, TO TRAIN MAGISTRATES AND LOCAL AND TRADITIONAL AUTHORITIES ON THAT COUNTRY'S WILDLIFE LAWS AND TO CONDUCT JOINT MARKET INSPECTIONS TO IDENTIFY SPECIFIC TRAFFICKING ROUTES FOR BONOBO ORGANS AND ELEPHANT IVORY.
- III. UNDER "STOP THE DEMAND," AWF RECENTLY BEGAN ITS THIRD YEAR OF A PARTNERSHIP WITH NGO WILDAID, TO CONDUCT A DEMAND-RECUTION PUBLIC AWARENESS CAMPAIGN FOR ELEPHANT IVORY AND RHINO HORN IN ASIA. THE

Schedule O (Form 990 or 990-EZ) (2013)

II. AFTER SEVERAL YEARS OF OPERATING AN ENTERPRISE PROGRAM AS PART OF OUR CONSERVATION EFFORTS, AWF A FEW MONTHS AGO BEGAN WORKING WITH A

CONSULTANT TO DETERMINE WHAT THE CONSERVATION AND SOCIOECONOMIC IMPACTS 332212 09-04-13

Schedule O (Form 990 or 990-EZ) (2013)

Employer identification number 52-0781390

HAVE BEEN OF THESE ENTERPRISES AND TO ENSURE THAT OUR CONSERVATION EFFORTS UNDER THIS PROGRAM ARE WORKING. THE CONSULTANT IS ASSESSING COMMUNITY OPINIONS AND RESULTS AROUND TWO LODGES ESTABLISHED BY AWF ON BEHALF OF THE COMMUNITY: NGOMA LODGE IN BOTSWANA AND SABYINYO SILVERBACK LODGE IN RWANDA.

- D. PEOPLE: EDUCATION: AWF WAS FOUNDED ON THE BELIEF THAT CONSERVATION EFFORTS MUST ULTIMATELY REST IN THE HANDS OF THE PEOPLE OF AFRICA WHO, WITH EDUCATIONAL SUPPORT, WILL CONSTRUCT A VIABLE PLATFORM TO CONSERVE THE CONTINENT'S WILDLIFE HERITAGE. OVER THE PAST DECADES, AWF HAS SPONSORED HUNDREDS OF YOUNG AFRICAN CONSERVATIONISTS TO STUDY WILDLIFE MANAGEMENT AND TO ACQUIRE HIGHER DEGREES IN CONSERVATION-RELATED BEYOND FORMAL EDUCATION, AWF WORKS TO TRAIN LOCAL PEOPLE AND FIELDS. BUILD THE CAPACITY OF AFRICAN INSTITUTIONS TO PROTECT AND MANAGE WILDLIFE.
- AWF CONTINUED ITS CONSERVATION MANAGEMENT TRAINING PROGRAM, WELCOMING ITS SECOND--AND, LATER, THIRD--CLASS OF CONSERVATION MANAGEMENT TRAINEES, A HIGH-LEVEL AFRICAN MANAGEMENT AND MENTORING PROGRAM FOR MASTER'S GRADUATES WHO HAVE AN INTEREST IN DEVELOPING THEIR PRACTICAL CONSERVATION KNOWLEDGE. TWO CANDIDATES, ONE FROM SOUTH AFRICA AND ONE FROM ZIMBABWE, BEGAN WITH THE PROGRAM IN AUGUST 2013 AND WERE IMMERSED IN AWF'S PROGRAMS, POLICIES AND PROJECT WORK, FIRST AT AWF HEADQUARTERS IN NAIROBI, KENYA, AND LATER IN OUR LANDSCAPES. ONE OF OUR TRAINEES IS STATIONED PRIMARILY AT OUR NAIROBI HEADQUARTERS, ASSISTING WITH OUR SPECIES PROGRAM WORK, AND ANOTHER OF OUR TRAINEES IS CURRENTLY STATIONED IN MBEYA, TANZANIA, HELPING TO LAUNCH A NEW OFFICE THERE. THE THIRD CLASS OF CONSERVATION MANAGEMENT TRAINEES, THIS TIME CONSISTING

AFRICAN WILDLIFE FOUNDATION, INC.

Employer identification number 52-0781390

OF SIX CANDIDATES, FROM KENYA, CAMEROON AND NIGERIA, BEGAN WITH THE PROGRAM IN JULY 2014.

II. AWF COMPLETED A NEW CONSERVATION SCHOOL, ILIMA, IN THE DEMOCRATIC REPUBLIC OF CONGO, WITH CLASSES STARTING AT THE BRAND-NEW SCHOOL IN SEPTEMBER 2014. AWF WILL BE COMPLETING TEACHER HOUSING THERE AND IS LOOKING INTO OPTIONS FOR CONSERVATION EDUCATION AND OTHER STUDENT AND TEACHER SUPPORT. MEANWHILE, PLANS ARE BEING DRAWN UP FOR A NEW SCHOOL IN ETHIOPIA IN THE SIMIEN MOUNTAINS. FINALLY, RENOVATIONS WILL START SOON WITH AWF'S FLAGSHIP CONSERVATION SCHOOLS, MANYARA RANCH SCHOOL IN TANZANIA AND LUPANI PRIMARY SCHOOL IN ZAMBIA.

FORM 990, PART III, LINE 4A:

EXPLANATION: E. CLIMATE CHANGE AND POLICY WORK: AWF AND ITS PARTNERS ACROSS AFRICA'S LANDSCAPES CAN BE SUCCESSFUL ONLY IF RELEVANT POLICIES, LAWS, REGULATIONS, AND FINANCING MECHANISMS ARE SUPPORTIVE OF CONSERVATION AND RELATED ACHIEVEMENTS. AWF WORKS WITH INDIVIDUAL AFRICAN GOVERNMENTS, PARK AGENCIES, REGIONAL BODIES, AND INTERNATIONAL FUNDING AGENCIES TO HELP DEVELOP AND PROMOTE POLICIES THAT CREATE A ROBUST ENVIRONMENT FOR CONSERVATION AND SUSTAINABLE MODELS OF ECONOMIC DEVELOPMENT. AWF HAS ARTICULATED A SPECIFIC AGENDA, WHICH IS REVISITED EACH YEAR, OF THE MOST ESSENTIAL POLICY POSITIONS THAT WE URGE GOVERNMENTS TO ADOPT TO ENSURE THAT WILDLIFE SURVIVES WHILE CONTRIBUTING TO A PROSPEROUS FUTURE FOR AFRICA.

I. AWF CONDUCTED A BIODIVERSITY ASSESSMENT OF ITS REDD PROJECT IN TANZANIA. THE 10-DAY ASSESSMENT, WHICH INCLUDED PARTICIPATION FROM LOCAL FOREST SCOUTS, IS PART OF AWF'S EFFORTS TO OBTAIN REDD+

Schedule O (Form 990 or 990-EZ) (2013)

AFRICAN WILDLIFE FOUNDATION, INC.	52-0781390
VALIDATION OF THE KOLO HILLS FORESTS IN TANZANIA, WHICH W	OULD THEN
ALLOW COMMUNITIES TO MAKE AN INCOME FROM CARBON SALES. AW	F IS ALSO
WORKING ON REDD PROJECTS IN KENYA AND THE DEMOCRATIC REPU	BLIC OF CONGO,
AND HAS DONE SOME CLIMATE CHANGE RELATED ASSESSMENTS OF H	ERBIVORE
MOVEMENT IN NORTHERN TANZANIA.	
II. AWF PARTICIPATED IN LOCAL, NATIONAL, REGIONAL AND INT	ERNATIONAL
CONFERENCES: AWF CONTINUED TO MAINTAIN ITS PRESENCE ON TH	E WORLD STAGE,
ATTENDING A NUMBER OF KEY INTERNATIONAL CONFERENCES AND P	ARTICIPATING
IN SEVERAL LOCAL, NATIONAL AND REGIONAL WORKSHOPS AND SEM	INARS AS WELL.
IN PARTICULAR, AWF CEO PATRICK BERGIN IN 2013 WAS APPOINT	ED BY THE U.S.
DEPARTMENT OF THE INTERIOR TO THE ADVISORY COUNCIL FOR WI	LDLIFE
TRAFFICKING, WHICH MET A NUMBER OF TIMES THIS PAST YEAR A	ND PROPOSED
WAYS TO IMPLEMENT THE UNITED STATES' NATIONAL STRATEGY FO	R COMBATING
WILDLIFE TRAFFICKING.	
III. AWF IS WORKING WITH THE ASPEN INSTITUTE TO CONDUCT A	SERIES OF
WORKSHOPS AMONGST TRACK II AFRICAN AND CHINESE BUSINESS E	XECUTIVES. THE
CHINA-AFRICA DIALOG WILL CULMINATE IN A JOINT WORKSHOP NE	XT YEAR
AMONGST BOTH THE AFRICAN AND CHINESE PARTICIPANTS TO EXCH	ANGE IDEAS OF
HOW TO SUSTAINABLY ADDRESS AFRICA'S ECONOMIC AND INFRASTR	UCTURE
DEVELOPMENT.	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

➤ See separate instructions.

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

OMB No. 1545-0047

Open to Public Inspection

Name of	the organization AFRICAN WILD:	LIFE FOUNDATION, IN	С.			Eı	mployer identific 52-07813	cation n 390	umber
Part I	Identification of Disregarded Entities Comp	lete if the organization answered "Yes	" on Form 990, Part IV, line 33	3.					
	(a) Name, address, and EIN (if applicable) of disregarded entity	lame, address, and EIN (if applicable) Primary activity			me End-of-year	assets	s Direct c	(f) ontrolling ntity	g
Part II	Identification of Related Tax-Exempt Organ organizations during the tax year.	nizations Complete if the organization	answered "Yes" on Form 990), Part IV, line 34 b	ecause it had one o	or more	e related tax-exer	npt	
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	Dire	(f) ect controlling entity		g) 512(b)(13 rolled tity?
					501(c)(3))			Yes	No

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

Schedule R (Form 990) 2013



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

·												
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)	
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) Predominant income (related, unrelated, excluded from tax under sections 512-514) Share of total end-of-year assets Pisproportionate end-of-year assets Yes No Code amoun 20 of S		Disproportionate		Code V-UBI	Genera	or Percentage ownership		
of related organization		(state or foreign	entity	excluded from tax under	income	end-of-year assets	alloca	tions?	amount in box 20 of Schedule K-1 (Form 1065)	partne	ownersnip	
		country)		sections 512-514)		0.00010	Yes	No	K-1 (Form 1065)	Yes N	0	
	1											
	1											
-												
-												
-											+	
	1											
	-											
								<u> </u>				

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i	i) tion
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	512(t contr ent	b)(13) rolled ity?
		- "						Yes	No
AWC LIMITED	PROVISION OF CAPITAL		AFRICAN						1
C/O AXIS FIDUCIARY, 18N FRERE FELIX DE VALOIS	FOR CONSERVATION		WILDLIFE						1
PORT LOUIS, PORT LOUIS, MAURITIUS	ENTERPRISES	MAURITIUS	FOUNDATION	C CORP	80,000.	472,151.	100%	X	
AWC CB1 LIMITED	PROVISION OF CAPITAL								
C/O AXIS FIDUCIARY, 18N FRERE FELIX DE VALOIS	FOR CONSERVATION								
PORT LOUIS, PORT LOUIS, MAURITIUS	ENTERPRISES	MAURITIUS	AWC LIMITED	C CORP	380,730.	2,887,678.	100%	X	
AWC CB2 LIMITED	PROVISION OF CAPITAL								
C/O AXIS FIDUCIARY, 18N FRERE FELIX DE VALOIS	FOR CONSERVATION								
PORT LOUIS, PORT LOUIS, MAURITIUS	ENTERPRISES	MAURITIUS	AWC LIMITED	C CORP	75,397.	1,955,120.	100%	X	L
									<u> </u>
									<u></u>

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

Not	ote. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No	
1	During the tax year, did the organization engage in any of the following transactions with one or m	nore re	elated organizations listed	in Parts II-IV?				
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		-		1a	Х		
	b Gift, grant, or capital contribution to related organization(s)				1b		X	
	Gift, grant, or capital contribution from related organization(s)				1c		Х	
	d Loans or loan guarantees to or for related organization(s)				1d	Х		
	Loans or loan guarantees by related organization(s)				1e	Х		
f	f Dividends from related organization(s)				1f		Х	
	g Sale of assets to related organization(s)				1g		X	
h	h Purchase of assets from related organization(s)							
i	i Exchange of assets with related organization(s)				1i		X	
j	j Lease of facilities, equipment, or other assets to related organization(s)				1j		X	
k	k Lease of facilities, equipment, or other assets from related organization(s)				1k		X	
	Performance of services or membership or fundraising solicitations for related organization(s)							
m Performance of services or membership or fundraising solicitations for related organization(s)								
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		X	
0	Sharing of paid employees with related organization(s)				10		X	
р	Reimbursement paid to related organization(s) for expenses				1p		X	
q	Reimbursement paid by related organization(s) for expenses				1q		X	
r	r Other transfer of cash or property to related organization(s)				1r	Х		
s	s Other transfer of cash or property from related organization(s)				1s		Х	
2	If the answer to any of the above is "Yes," see the instructions for information on who must comp	olete t	his line, including covered	relationships and transaction thresholds.				
	(a) (b) Name of related organization Transactio type (a-s)		(c) Amount involved	(d) Method of determining amount invo	olved			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) AWC LIMITED	A	128,309.	FMV
(2) AWC CB1 LIMITED	A	227,125.	FMV
(3) AWC CB1 LIMITED	D	2,990,840.	FMV
(4) AWC CB1 LIMITED	E	3,000,000.	FMV
(5) AWC CB2 LIMITED	A	75,397.	FMV
(6) AWC CB2 LIMITED	D	2,000,000.	FMV

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7)AWC CB2 LIMITED	Е	2,325,000.	FMV
(8)			
(9)			
(10)			
<u>(11)</u>			
(12)			
(15)			
(16)			
(18)			
<u>(19)</u>			
(20)			
(21)			
(22)			
(23)			
(24)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(е) all s sec.)(3) s.?	(f) Share of total income	(g) Share of end-of-year assets	Dispr tion alloca Yes	n) ropor- nate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gener mana partn Yes	al or Figing her?	(k) Percentage ownership
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