

Form **990**  
(Rev. January 2020)  
Department of the Treasury  
Internal Revenue Service

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**  
Open to Public Inspection

**A** For the 2019 calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>AFRICAN WILDLIFE FOUNDATION, INC.</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1100 NEW JERSEY AVENUE, SE 900</b> City or town, state or province, country, and ZIP or foreign postal code <b>WASHINGTON, DC 20003</b> <b>F</b> Name and address of principal officer: <b>RICHARD HOLLY</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>52-0781390</b> <b>E</b> Telephone number <b>(202) 939-3333</b> <b>G</b> Gross receipts \$ <b>40,693,453.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.AWF.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1961</b> <b>M</b> State of legal domicile: <b>DC</b>

**Part I Summary**

	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>AWF WORKS TO ENSURE WILDLIFE AND WILDLANDS THRIVE IN MODERN AFRICA.</b>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>Activities &amp; Governance</b>	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>22</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>21</b>
	<b>5</b>	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	<b>53</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>41</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	<b>0.</b>
	<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>
<b>9</b>		Program service revenue (Part VIII, line 2g)	27,913,456.	28,651,691.
<b>10</b>		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	588,427.	105,148.
<b>11</b>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	783,519.	2,209,734.
<b>12</b>		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	27,383.	169,205.
			<b>29,312,785.</b>	<b>31,135,778.</b>
<b>Expenses</b>		<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,464,717.
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	11,325,169.	12,055,675.
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	242,953.	280,803.
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>3,391,604.</b>		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	15,379,427.	12,816,379.
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	30,412,266.	28,297,191.
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-1,099,481.	2,838,587.	
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b>	Total liabilities (Part X, line 26)	46,612,111.	53,071,771.
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	4,641,999.	10,132,548.
		<b>41,970,112.</b>	<b>42,939,223.</b>	

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer <b>RICHARD HOLLY, CFO</b> Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>AARON M. FOX</b>	Preparer's signature 
	Firm's name ▶ <b>MARCUM LLP</b> Firm's address ▶ <b>1899 L STREET, NW, #850 WASHINGTON, DC 20036</b>	Date <b>03/16/21</b> Check if self-employed <input type="checkbox"/> PTIN <b>P01365820</b> Firm's EIN ▶ <b>11-1986323</b> Phone no. (202) 227-4000

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE AFRICAN WILDLIFE FOUNDATION, INC. (AWF), WORKS TO ENSURE WILDLIFE AND WILDLANDS THRIVE IN MODERN AFRICA.

(SEE SCHEDULE O FOR CONTINUATION)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 19,417,889. including grants of \$ 3,118,524. ) (Revenue \$ ) CONSERVATION PROGRAMS:

SPECIES PROTECTION- AWF'S CANINES FOR CONSERVATION PROGRAM EXTENDED ITS REACH IN FY20, WITH NEW DEPLOYMENTS TO ACTIVE WILDLIFE TRAFFICKING CORRIDORS. AS OF OCTOBER 2020, THE SNIFFER-DOG PROGRAM HAD 10 BASES IN FIVE COUNTRIES: BOTSWANA, KENYA, MOZAMBIQUE, TANZANIA, AND UGANDA. CANINE UNITS ARE PREPARED FOR DEPLOYMENT TO CAMEROON ONCE COVID-19 TRAVEL RESTRICTIONS ARE LIFTED. SINCE ITS LAUNCH IN 2014, THE HIGHLY TRAINED DOG-AND-HANDLER TEAMS HAVE MADE OVER 370 BUSTS. GIVEN THAT EVEN ONE IVORY BANGLE BRACELET CAN REPRESENT TWO ELEPHANTS KILLED, EVERY CONFISCATION AND APPREHENSION OF SMUGGLERS IS HIGHLY SIGNIFICANT. (SEE SCHEDULE O FOR CONTINUATION)

4b (Code: ) (Expenses \$ 4,314,175. including grants of \$ 25,810. ) (Revenue \$ 105,148. ) EDUCATION & OUTREACH:

AWF'S CLASSROOM AFRICA PROGRAM PARTNERS WITH SCHOOLS AND COMMUNITIES IN AREAS OF HIGH BIODIVERSITY VALUE TO INCENTIVIZE COMMUNITY CONSERVATION, STRENGTHEN EDUCATION, AND RAISE ECOLOGICAL SENSITIVITY AND AWARENESS. IN THE PROCESS, THE PROGRAM IS HELPING TO CREATE A NEW GENERATION OF PASSIONATE CONSERVATIONISTS.

(SEE SCHEDULE O FOR CONTINUATION)

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 23,732,064.

**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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		X
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	X	
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? <i>If "Yes," complete Schedule G, Part I</i>	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	X	
<b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	X	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.



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 on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 22; 1b Enter the number of voting members included on line 1a... 21; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 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... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official X; b Other officers or key employees of the organization 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? X; 16b 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?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AL, AR, CA, CT, FL, GA, HI, IL, KS, KY, MD, MA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records RICHARD HOLLY - (202) 939-3333 1100 NEW JERSEY AVENUE, SE, NO. 900, WASHINGTON, DC 20003

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KADDU SEBUNYA CEO	40.00	X		X				325,690.	0.	51,396.
(2) CHARLY FACHEUX VP OF CONSERVATION PROJECTS	40.00			X				193,225.	0.	40,017.
(3) LINDSAY KOSNIK VP OF PHILANTHROPY & MKTG	40.00			X				196,140.	0.	35,243.
(4) PHILIP MURUTHI VP OF SPECIES CONSERVATION	40.00			X				187,225.	0.	24,270.
(5) BRIAN MCBREARITY VP OF MANAGEMENT SYSTEMS	40.00					X		170,634.	0.	27,209.
(6) CRAIG SHOLLEY SENIOR VP, PHILANTHROPY AND MKTG	40.00			X				162,317.	0.	25,170.
(7) ERIC COPPENGER VP OF PROGRAM DESIGN	40.00			X				153,700.	0.	31,599.
(8) ALISTAIR POLE SR. DIR., PROJECT MGMT & PARTNERSHIP	40.00					X		146,500.	0.	34,611.
(9) RICHARD HOLLY CFO	40.00			X				148,043.	0.	9,805.
(10) DAVID ONATE DIR. OF MARKETING & CREATIVE	40.00					X		126,468.	0.	18,165.
(11) BRETT STEVENSON COO-UMILIKI	40.00					X		123,999.	0.	19,780.
(12) ALTHEA WILSON DIR. OF CORP. AND FND RELATIONS	40.00					X		128,931.	0.	13,135.
(13) MS. HEATHER STURT HAAGA CHAIRMAN	4.00	X		X				0.	0.	0.
(14) H.E. BENJAMIN W. MKAPA VICE-CHAIRMAN	4.00	X		X				0.	0.	0.
(15) DR. MYMA BELO-OSAGIE SECRETARY	4.00	X		X				0.	0.	0.
(16) MS. MARLEEN GROEN TREASURER	4.00	X		X				0.	0.	0.
(17) MS. SARA AVIEL TRUSTEE	2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MR. GORDON CHENG TRUSTEE - UNTIL 05/2020	1.00	X						0.	0.	0.
(19) MR. PAYSON COLEMAN TRUSTEE	3.00	X						0.	0.	0.
(20) MS. LYNN DOLNICK TRUSTEE	3.00	X						0.	0.	0.
(21) MR. STEPHEN GOLDEN TRUSTEE	3.00	X						0.	0.	0.
(22) MR. DONALD GRAY TRUSTEE	3.00	X						0.	0.	0.
(23) MR. LARRY GREEN TRUSTEE	2.00	X						0.	0.	0.
(24) MR. BARRY HALL TRUSTEE - UNTIL 03/2020	2.00	X						0.	0.	0.
(25) MS. CHRISTINE HEMRICK TRUSTEE	3.00	X						0.	0.	0.
(26) MR. MICHAEL HOFFMAN TRUSTEE	2.00	X						0.	0.	0.
<b>1b Subtotal</b>								2,062,872.	0.	330,400.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								2,062,872.	0.	330,400.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **15**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

**Section B. Independent Contractors**

**1** 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
SANKY COMMUNICATIONS, INC., 599 11TH AVENUE, 6TH FLOOR, NEW YORK, NY 10036	MAIL & ONLINE FUNDRAISING	1,445,778.
PRICEWATERHOUSECOOPERS P.O. BOX 7247-8001, PHILADELPHIA, PA 19170	AUDIT SERVICES	451,493.
PALBINA TRAVEL P.O. BOX 10669, NAIROBI, KENYA	TRAVEL SERVICES	376,223.
CANINE SPECIALIST SERVICES, BOWEN SQUARE, DR FERRIERE ST., PORT LOUIS, MAURITIUS	CANINE PROCUREMENT/TRAINING	370,227.
MEERO CONTRACTORS LTD P.O. BOX 184, DULUTI ARUSHA, TANZANIA	MAINTENANCE	223,376.

**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 **28**

SEE PART VII, SECTION A CONTINUATION SHEETS





**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	77,362.				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	8,071,701.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	20502628.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 858,986.				
	<b>h Total.</b> Add lines 1a-1f			28651691.			
	Program Service Revenue	<b>2 a</b> SAFARI INCOME	Business Code 900099	104,539.	104,539.		
<b>b</b> OTHER PROGRAM INCOME		900099	609.	609.			
<b>c</b>							
<b>d</b>							
<b>e</b>							
<b>f</b> All other program service revenue							
<b>g Total.</b> Add lines 2a-2f				105,148.			
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		728,048.			728,048.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	10845000			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>	9363314.				
<b>c</b> Gain or (loss)	<b>7c</b>	1481686.					
<b>d</b> Net gain or (loss)			1,481,686.		1481686.		
<b>8 a</b> Gross income from fundraising events (not including \$ 77,362. of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>		67,255.				
		<b>b</b> Less: direct expenses	<b>8b</b>	194,361.			
<b>c</b> Net income or (loss) from fundraising events			-127,106.		-127,106.		
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
		<b>b</b> Less: direct expenses	<b>9b</b>				
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
		<b>b</b> Less: cost of goods sold	<b>10b</b>				
<b>c</b> Net income or (loss) from sales of inventory							
Miscellaneous Revenue	<b>11 a</b> OTHER	Business Code 900099	238,111.			238,111.	
	<b>b</b> GAIN ON SALE OF SUBS.	900099	46,500.			46,500.	
	<b>c</b> MAILING LIST RENTAL	900099	11,700.			11,700.	
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d			296,311.			
<b>12 Total revenue.</b> See instructions			31135778.	105,148.	0.	2378939.	

**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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....	3,144,334.	3,144,334.		
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	1,682,555.	958,157.	371,302.	353,096.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
7 Other salaries and wages .....	6,809,011.	5,679,982.	95,629.	1,033,400.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	789,886.	641,770.	28,652.	119,464.
9 Other employee benefits .....	2,389,812.	1,851,075.	93,416.	445,321.
10 Payroll taxes .....	384,411.	302,577.	19,603.	62,231.
11 Fees for services (nonemployees):				
a Management .....				
b Legal .....	49,226.	34,948.	12,287.	1,991.
c Accounting .....	117,363.	48,504.	68,859.	
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17	280,803.			280,803.
f Investment management fees .....	219,475.	147,915.	71,560.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	1,221,726.	1,159,795.	61,931.	
12 Advertising and promotion .....	47,640.	45,400.		2,240.
13 Office expenses .....	1,110,750.	987,557.	85,297.	37,896.
14 Information technology .....	790,347.	597,125.	48,570.	144,652.
15 Royalties .....				
16 Occupancy .....	1,147,048.	947,336.	88,598.	111,114.
17 Travel .....	1,399,363.	1,247,817.	27,357.	124,189.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings .....	1,384,010.	1,357,686.	17,960.	8,364.
20 Interest .....	218,833.	33,533.	25,839.	159,461.
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	349,023.	315,629.	7,999.	25,395.
23 Insurance .....	133,596.	114,351.	19,245.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>DIRECT MAILING COSTS</b>	2,125,736.	1,648,510.		477,226.
b <b>FIELD SUPPLIES</b>	831,225.	831,225.		
c <b>CONSTRUCTION COSTS</b>	678,520.	678,520.		
d <b>EQUIP. RENTAL &amp; MAINT.</b>	412,553.	381,651.	29,417.	1,485.
e All other expenses	579,945.	576,667.	2.	3,276.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	28,297,191.	23,732,064.	1,173,523.	3,391,604.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	2,306,114.	1,753,666.	0.	552,448.

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	3,802,226.	<b>1</b>	5,595,065.
	<b>2</b> Savings and temporary cash investments .....	145,183.	<b>2</b>	10,081,045.
	<b>3</b> Pledges and grants receivable, net .....	5,459,000.	<b>3</b>	6,124,759.
	<b>4</b> Accounts receivable, net .....	414,357.	<b>4</b>	208,670.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	1,706,573.	<b>7</b>	684,454.
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	641,981.	<b>9</b>	646,001.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 7,246,277.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 3,122,922.		
	<b>11</b> Investments - publicly traded securities .....	30,145,511.	<b>11</b>	20,938,402.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	-562,247.	<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	397,517.	<b>15</b>	4,670,020.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	46,612,111.	<b>16</b>	53,071,771.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	1,364,936.	<b>17</b>	2,118,036.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	1,309,499.	<b>19</b>	1,012,195.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	131,916.	<b>23</b>	0.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	0.	<b>24</b>	802,337.
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	1,835,648.	<b>25</b>	6,199,980.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	4,641,999.	<b>26</b>	10,132,548.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	29,291,399.	<b>27</b>	28,516,802.
	<b>28</b> Net assets with donor restrictions .....	12,678,713.	<b>28</b>	14,422,421.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	41,970,112.	<b>32</b>	42,939,223.
	<b>33</b> Total liabilities and net assets/fund balances .....	46,612,111.	<b>33</b>	53,071,771.

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	31,135,778.
2	Total expenses (must equal Part IX, column (A), line 25)	2	28,297,191.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,838,587.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	41,970,112.
5	Net unrealized gains (losses) on investments	5	-1,478,804.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-390,672.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	42,939,223.

**Part XII Financial Statements and Reporting**

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
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? _____	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	X	

Form 990 (2019)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public Inspection

Name of the organization **AFRICAN WILDLIFE FOUNDATION, INC.** Employer identification number **52-0781390**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**COPY**

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	24337569.	24185152.	25416311.	27913456.	28651691.	130504179
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	24337569.	24185152.	25416311.	27913456.	28651691.	130504179
<b>5</b> 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) .....						3236199.
<b>6 Public support.</b> Subtract line 5 from line 4.						127267980

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4 .....	24337569.	24185152.	25416311.	27913456.	28651691.	130504179
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	938,181.	691,600.	714,999.	817,459.	739,748.	3901987.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	-2,072.	87,687.	-4,279.		238,111.	319,447.
<b>11 Total support.</b> Add lines 7 through 10						134725613
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	1,953,907.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	94.46 %
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 .....	<b>15</b>	94.92 %
<b>16a 33 1/3% support test - 2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2019</b>	<b>(iii) Distributable Amount for 2019</b>
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019			
<b>a</b> From 2014			
<b>b</b> From 2015			
<b>c</b> From 2016			
<b>d</b> From 2017			
<b>e</b> From 2018			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015			
<b>b</b> Excess from 2016			
<b>c</b> Excess from 2017			
<b>d</b> Excess from 2018			
<b>e</b> Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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

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

**OTHER INCOME**

2015 AMOUNT: \$ 0.  
2016 AMOUNT: \$ 0.  
2017 AMOUNT: \$ 0.  
2018 AMOUNT: \$ 0.  
2019 AMOUNT: \$ 238,111.

**AMORTIZATION DISCOUNT**

2015 AMOUNT: \$ -2,072.  
2016 AMOUNT: \$ -16,079.  
2017 AMOUNT: \$ -4,279.  
2018 AMOUNT: \$ 0.  
2019 AMOUNT: \$ 0.

**SALE OF EQUIPMENT**

2015 AMOUNT: \$ 0.  
2016 AMOUNT: \$ 103,766.  
2017 AMOUNT: \$ 0.  
2018 AMOUNT: \$ 0.  
2019 AMOUNT: \$ 0.



**Schedule B**

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Name of the organization

**AFRICAN WILDLIFE FOUNDATION, INC.**

Employer identification number

**52-0781390**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 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 filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization  <b>AFRICAN WILDLIFE FOUNDATION, INC.</b>	Employer identification number  <b>52-0781390</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	 <hr/> <hr/> <hr/>	\$ <u>1,920,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>1,429,387.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ <u>1,262,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ <u>1,061,930.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>873,469.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ <u>664,688.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  <b>AFRICAN WILDLIFE FOUNDATION, INC.</b>	Employer identification number  <b>52-0781390</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____





Name of organization  <b>AFRICAN WILDLIFE FOUNDATION, INC.</b>	Employer identification number  <b>52-0781390</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	



**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2019**  
Open to Public Inspection

Name of the organization **AFRICAN WILDLIFE FOUNDATION, INC.** Employer identification number **52-0781390**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2019



**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	29,737,624.	28,547,774.	26,188,660.	25,453,553.	26,879,150.
b Contributions	1,000,000.		385,541.	1,229,345.	963,411.
c Net investment earnings, gains, and losses	645,753.	1,740,423.	2,099,073.	3,334,961.	313,550.
d Grants or scholarships					
e Other expenditures for facilities and programs	845,000.	550,573.	125,500.	3,829,199.	2,702,558.
f Administrative expenses					
g End of year balance	30,538,377.	29,737,624.	28,547,774.	26,188,660.	25,453,553.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  86.19 %
  - b Permanent endowment  10.19 %
  - c Term endowment  3.62 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes | No |
|---|-----|----|
| (i) Unrelated organizations   |     | X  |
| (ii) Related organizations  |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b  |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		993,157.		993,157.
b Buildings		2,247,015.	419,448.	1,827,567.
c Leasehold improvements		1,295,547.	357,903.	937,644.
d Equipment		1,551,077.	1,195,353.	355,724.
e Other		1,159,481.	1,150,218.	9,263.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				4,123,355.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) ADVANCE TO PARTNERS	229,365.
(2) SECURITY DESPOSIT	77,067.
(3) RIGHT OF USE ASSET	4,363,588.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	4,670,020.

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT & LEASE INCENTIVES	6,042,452.
(3) ANNUITIES PAYABLE	157,528.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	6,199,980.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>

**Part XIII Supplemental Information.**

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

**PART V, LINE 4:**

THE BOARD OF TRUSTEES HAS ADOPTED A SPENDING POLICY TO USE UP TO THREE PERCENT OF THE AVERAGE BEGINNING INVESTED MARKET VALUES FOR THE PRIOR THREE FISCAL YEARS, OF THE BOARD-DESIGNATED ENDOWMENT TO MEET BOARD APPROVED BUDGETED EXPENDITURES. LEGACY INCOME (FROM BEQUESTS) IN EXCESS OF BUDGETED AMOUNTS ARE TRANSFERRED INTO THE RESERVES. SPECIAL CIRCUMSTANCES THAT REQUIRE ADDITIONAL USE OF RESERVES MUST BE APPROVED BY THE BOARD OF TRUSTEES UPON RECOMMENDATION FROM THE FINANCE COMMITTEE. THE BOARD-DESIGNATED ENDOWMENT FUND IS EXPECTED TO ACHIEVE REAL GROWTH NET OF INFLATION OVER THE LONG RUN.

**PART X, LINE 2:**

**Part XIII** Supplemental Information (continued)

AWF PERFORMED AN EVALUATION OF UNCERTAINTY IN INCOME TAXES FOR THE YEAR ENDED JUNE 30, 2020, AND DETERMINED THAT THERE WERE NO MATTERS THAT WOULD REQUIRE RECOGNITION OR DISCLOSURE IN THESE CONSOLIDATED FINANCIAL STATEMENTS OR WHICH MAY HAVE AN EFFECT ON THE TAX-EXEMPT STATUS OF AWF, INC.

**COPY**

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization **AFRICAN WILDLIFE FOUNDATION, INC.** Employer identification number **52-0781390**

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**
- For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
SUB-SAHARAN AFRICA	0	155	EMPLOYEES		6,907,393.
SUB-SAHARAN AFRICA	21	0	MAINTAINING OFFICES		366,586.
SUB-SAHARAN AFRICA	0	0	GRANTMAKING		3,144,334.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	CONSERVATION PROGRAMS, EDUCATION & OUTREACH	15,475,815.
EUROPE (INCLUDING ICELAND & GREENLAND)	1	4	FUNDRAISING		524,195.
<b>3 a</b> Subtotal .....	22	159			26,418,323.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c</b> <b>Totals</b> (add lines 3a and 3b) .....	22	159			26,418,323.

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

Schedule F (Form 990) 2019

**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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	SUPPORT TO FARO NATIONAL PARK	97,634.	WIRE/EFT	0.		
		SUB-SAHARAN AFRICA	SUPPORT CONSERVATION ENTERPRISES THROUGH AFRICAN WILDLIFE CAPITAL	147,915.	WIRE/EFT	0.		
		SUB-SAHARAN AFRICA	SUPPORT TO OLE NARIKA & KITENDEN SCOUTS AND PAYMENT OF KITENDEN LEASES	5,691.	WIRE/EFT	0.		
		SUB-SAHARAN AFRICA	PARTNERSHIP FOR IMPROVED ANTI-POACHING AND COMPATIBLE LAND USE	75,812.	WIRE/EFT	0.		
		SUB-SAHARAN AFRICA	SUPPORT TO MASSAI MARA WILDLIFE CONSERVANCY	52,163.	WIRE/EFT	0.		
		SUB-SAHARAN AFRICA	CONCEPT FOR THE DISTRIBUTION OF IMPROVED COOKING STOVES IN SIMIEN	5,577.	WIRE/EFT	0.		
		SUB-SAHARAN AFRICA	AIRPORT SNIFFER DOGS	99,373.	WIRE/EFT	0.		
		SUB-SAHARAN AFRICA	SUPPORT TO GICH COMMUNITY ETHIOPIA	78,116.	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 ..... **11**

3 Enter total number of other organizations or entities ..... **23**

SEE PART V FOR COLUMN (D) DESCRIPTIONS



<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	SUPPORT TO GLOBAL YOUTH BIODIVERSITY NETWORK	5,163.	WIRE/EFT	0.		
		SUB-SAHARAN AFRICA	MANAGEMENT OF THE BILI MBOMU FOREST SAVANNA COMPLEX	266,736.	WIRE/EFT	0.		
		SUB-SAHARAN AFRICA	SAFEGUARDING BONOBO AND MARINGA-LOPORI-WAMBA FOREST LANDSCAPE	104,669.	WIRE/EFT	0.		
		SUB-SAHARAN AFRICA	COMMUNITY CONSERVANCY SUPPORT	21,806.	WIRE/EFT	0.		
		SUB-SAHARAN AFRICA	WILDLIFE REGULATIONS DRAFTING, NGULIA RHINO PROGRAM, TSAVO WEST NATIONAL PARK	471,036.	WIRE/EFT	0.		
		SUB-SAHARAN AFRICA	COMMUNITY CONSERVANCY SUPPORT	6,683.	WIRE/EFT	0.		
		SUB-SAHARAN AFRICA	SUPPORTING ANTI-POACHING AND TRAINING	319,872.	WIRE/EFT	0.		
		SUB-SAHARAN AFRICA	MANYARA RANCH ANTI-POACHING PROGRAM	45,651.	WIRE/EFT	0.		
		SUB-SAHARAN AFRICA	SUPPORT TO MASSAI MARA WILDLIFE CONSERVANCY	44,422.	WIRE/EFT	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 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 AFRICA	SUPPORT MOZAMBIQUE CANINE UNIT -JUL-DEC2019-INV 5	53,393.	WIRE/EFT	0.		
		SUB-SAHARAN AFRICA	SUPPORT VEGETATION IN A CONSERVANCY	103,387.	WIRE/EFT	0.		
		SUB-SAHARAN AFRICA	PARTNER SUPPORT-OKAVANGO PARTNERS	200,000.	WIRE/EFT	0.		
		SUB-SAHARAN AFRICA	ADC-MUTARA RANGERS SUPPORT UNIFORMS& TRAINING	17,458.	WIRE/EFT	0.		
		SUB-SAHARAN AFRICA	PAINTED DOG CONSERVATION	23,750.	WIRE/EFT	0.		
		SUB-SAHARAN AFRICA	SUPPORT FOR RHINO PROTECTION	172,832.	WIRE/EFT	0.		
		SUB-SAHARAN AFRICA	COMPENSATION PAYMENT FOR MACHENJE LODGE	8,323.	WIRE/EFT	0.		
		SUB-SAHARAN AFRICA	SUPPORT TO THE UGANDA INVESTMENT PROJECT	188,680.	WIRE/EFT	0.		
		SUB-SAHARAN AFRICA	SUSTAINABILITY AND INCLUSION STRATEGY FOR GROWTH CORRIDORS IN AFRICA	43,041.	WIRE/EFT	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 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 AFRICA	SUPPORT TANZANIA CANINE FOR CONSERVATION	184,136.	WIRE/EFT	0.		
		SUB-SAHARAN AFRICA	HUMAN-LION CONFLICT MITIGATION IN THE MAASAI STEPPE, NORTHERN TANZANIA	8,765.	WIRE/EFT	0.		
		SUB-SAHARAN AFRICA	PARTNERSHIP FOR IMPROVED ANTI-POACHING AND COMPATIBLE LAND USE	12,310.	WIRE/EFT	0.		
		SUB-SAHARAN AFRICA	SUPPORT TO DJA NATIONAL PARK	81,968.	WIRE/EFT	0.		
		SUB-SAHARAN AFRICA	HEAVY ROAD EQUIPMENT FOR PARK MAINTENANCE	81,230.	WIRE/EFT	0.		
		SUB-SAHARAN AFRICA	AFRICAN LEADERSHIP 2019 SILVER SPONSORSHIP	10,000.	WIRE/EFT	0.		
		SUB-SAHARAN AFRICA	PARTNERSHIP FOR IMPROVED ANTI-POACHING AND COMPATIBLE LAND USE	5,709.	WIRE/EFT	0.		
		SUB-SAHARAN AFRICA	SUPPORT TO MANA POOLS NATIONAL PARK	22,548.	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 needed.

(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 noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
DOCTORAL STUDIES IN FISHERIES AND WILDLIFE MANAGEMENT	SUB-SAHARAN AFRICA	1	10,000.	EFT	0.		
BACHELOR DEGREE IN WILDLIFE MANAGEMENT	SUB-SAHARAN AFRICA	1	8,345.	EFT	0.		
MASTER OF PHILOSOPHY IN CONSERVATION LEADERSHIP	SUB-SAHARAN AFRICA	1	10,000.	EFT	0.		
KABALE ROTARY CLUB SCHOLARSHIP PROGRAM	SUB-SAHARAN AFRICA	9	15,550.	EFT	0.		
DOCTORAL STUDIES IN SOCIOLOGY	SUB-SAHARAN AFRICA	1	10,000.	EFT	0.		

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* .....  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* .....  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  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  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* .....  Yes  No

Schedule F (Form 990) 2019

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

**PART I, LINE 2:**

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 ARE REQUIRED TO REPORT QUARTERLY. BOTH FINANCIAL AND PROGRAMMATIC REPORTS ARE REQUIRED TO BE SUBMITTED TO THE RELATED PROGRAM IMPLEMENTATION TEAMS (GENERALLY LANDSCAPE/PROGRAM DIRECTOR). THE GRANTS & CONTRACTS OFFICER REVIEWS THE SUB-RECIPIENT FINANCIAL REPORTS AND THEN FORWARDS TO THE GRANTS FINANCIAL MANAGER FOR A FURTHER QUALITY CONTROL. ONLY UPON THE REVIEW AND APPROVAL BY THE GRANTS FINANCIAL MANAGER AND THE TECHNICAL PROGRAM LEAD ARE FURTHER PAYMENTS OR ADVANCES PROVIDED. ALL LARGE SUB-RECIPIENTS PAYMENTS AND CONTRACTS ARE ROUTED TO THE COO FOR ADDED SCRUTINY AND APPROVALS PRIOR TO DISTRIBUTION.

**PART I, LINE 3:**

IN ACCORDANCE WITH IRS INSTRUCTIONS, ALL AMOUNTS REPORTED ON PARTS I, II, AND III OF SCHEDULE F ARE REPORTED USING THE ACCRUAL BASIS OF ACCOUNTING, THE SAME METHOD OF ACCOUNTING USED IN THE FINANCIAL STATEMENTS.

**PART II, COLUMN (D):**

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: PARTNERSHIP FOR IMPROVED ANTI-POACHING AND COMPATIBLE LAND USE IN COMMUNITY LANDS LOZA



**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: CONCEPT FOR THE DISTRIBUTION OF IMPROVED COOKING STOVES IN SIMIEN MOUNTAIN COMMUNITIES PILOT PHASE

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: WILDLIFE REGULATIONS DRAFTING, NGULIA RHINO PROGRAM, TSAVO WEST NATIONAL PARK RHINO ANTIPOACHING & WATER IMPROVEMENT

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: PARTNERSHIP FOR IMPROVED ANTI-POACHING AND COMPATIBLE LAND USE IN COMMUNITY LANDS MANA POOLS

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: PARTNERSHIP FOR IMPROVED ANTI-POACHING AND COMPATIBLE LAND USE IN COMMUNITY LANDS MANA POOLS

**COPY**

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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

**2019**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

**Open to Public Inspection**

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

**AFRICAN WILDLIFE FOUNDATION, INC.**

Employer identification number

**52-0781390**

**Part I**

**Fundraising Activities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
SANKY COMMUNICATIONS, INC. - 599 11TH AVENUE, 6TH FLOOR,	MANAGEMENT OF DIRECT MAIL PROGRAM		X	4,973,555.	190,820.	4,782,735.
SHARPE GROUP - 855 RIDGE LAKE BOULEVARD, SUITE 300,	CONSULTING FOR LEGACY GIVING PROGRAM		X	2,987,470.	14,400.	2,973,070.
STELTER - 10435 NEW YORK AVENUE, DES MOINES, IA 50322	CONSULTING FOR LEGACY GIVING PROGRAM		X	0.	75,583.	-75,583.
<b>Total</b>				7,961,025.	280,803.	7,680,222.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY, DC



**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		CHANGING THE GAME		NONE		
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	144,617.			144,617.
	2	Less: Contributions	77,362.			77,362.
	3	Gross income (line 1 minus line 2)	67,255.			67,255.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes	68,726.			68,726.
	6	Rent/facility costs	13,510.			13,510.
	7	Food and beverages	24,372.			24,372.
	8	Entertainment				
	9	Other direct expenses	87,753.			87,753.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Subtract line 10 from line 3, column (d)					-127,106.

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
		1	Gross revenue			
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)					
8	Net gaming income summary. Subtract line 7 from line 1, column (d)					

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct 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 conducted in:
 

a 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 Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_  
 Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_  
 Gaming manager compensation ▶ \$ \_\_\_\_\_  
 Description of services provided ▶ \_\_\_\_\_  
 \_\_\_\_\_  
 Director/officer       Employee       Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:**

(I) NAME OF FUNDRAISER: SANKY COMMUNICATIONS, INC.

(I) ADDRESS OF FUNDRAISER: 599 11TH AVENUE, 6TH FLOOR, NEW YORK, NY 10036

(I) NAME OF FUNDRAISER: SHARPE GROUP

(I) ADDRESS OF FUNDRAISER:  
 855 RIDGE LAKE BOULEVARD, SUITE 300, MEMPHIS, TN 38120





**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2019**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization: **AFRICAN WILDLIFE FOUNDATION, INC.**  
 Employer identification number: **52-0781390**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as 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 .....

**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 on line 1a? .....

**3** Indicate which, if any, of the following the 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.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? ..... **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? ..... **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? ..... **4c**
- 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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? ..... **5a**
- b** Any related organization? ..... **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? ..... **6a**
- b** Any related organization? ..... **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>		<b>X</b>
<b>8</b>		<b>X</b>
<b>9</b>		

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

Schedule J (Form 990) 2019

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) KADDU SEBUNYA CEO	(i)	325,000.	0.	690.	28,000.	23,396.	377,086.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CHARLY FACHEUX VP OF CONSERVATION PROJECTS	(i)	193,225.	0.	0.	19,322.	20,695.	233,242.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) LINDSAY KOSNIK VP OF PHILANTHROPY & MKTG	(i)	194,850.	0.	1,290.	19,484.	15,759.	231,383.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) PHILIP MURUTHI VP OF SPECIES CONSERVATION	(i)	187,225.	0.	0.	18,722.	5,548.	211,495.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) BRIAN MCBREARITY VP OF MANAGEMENT SYSTEMS	(i)	170,184.	0.	450.	17,018.	10,191.	197,843.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) CRAIG SHOLLEY SENIOR VP, PHILANTHROPY AND MKTG	(i)	161,814.	0.	503.	16,181.	8,989.	187,487.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) ERIC COPPENGER VP OF PROGRAM DESIGN	(i)	153,400.	0.	300.	15,500.	16,099.	185,299.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) ALISTAIR POLE SR. DIR., PROJECT MGMT & PARTNERSHIP	(i)	146,500.	0.	0.	14,650.	19,961.	181,111.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) RICHARD HOLLY CFO	(i)	147,583.	0.	460.	0.	9,805.	157,848.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **AFRICAN WILDLIFE FOUNDATION, INC.** Employer identification number **52-0781390**

Part I Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	52	790,081.	FAIR MARKET VALUE
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 ▶ ( AUCTION ITEMS )	X	23	67,255.	FMV
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2019

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

SCHEDULE M, PART I, COLUMN (B):

AWF REPORTS THE NUMBER OF CONTRIBUTIONS IN PART I, COLUMN (B).



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

AFRICAN WILDLIFE FOUNDATION, INC.

Employer identification number

52-0781390

FORM 990, PART I, LINE 21:

THE INCREASE IN LIABILITIES SHOWN ON PART I, LINE 21 IS DUE TO THE  
ADOPTION OF A NEW ACCOUNTING STANDARD. AWF IMPLEMENTED ASU 2016-02  
DURING THE YEAR ENDED JUNE 30, 2020 AND, AS A RESULT, HAS RECORDED A  
LEASE LIABILITY EQUAL TO THE PRESENT VALUE OF THE FUTURE PAYMENTS UNDER  
THE TERMS OF THE LEASE, DISCOUNTED AT AN ESTIMATED ORGANIZATIONAL  
INCREMENTAL BORROWING RATE OF 2.5%.

FORM 990, PART III, LINE 1:

WE ENGAGE AND SUPPORT AFRICAN LEADERS AT ALL LEVELS IN THEIR EFFORTS TO  
STABILIZE WILDLIFE HABITATS, PROTECT WILDLIFE AND WILD LANDS, ELIMINATE  
ILLEGAL WILDLIFE TRADE, AND ENSURE AFRICA'S DEVELOPMENT IS INCLUSIVE  
AND GREEN.

MUCH OF OUR WORK ADDRESSES THE INTERSECTION OF WILDLIFE CONSERVATION  
AND HUMAN ACTIVITY, OFTEN IN THE CONTEXT OF LIVELIHOODS AND ECONOMIC  
DEVELOPMENT. WE OPERATE WITHIN STRATEGICALLY IMPORTANT LARGE  
LANDSCAPES, APPLYING OUR DECADES OF CONSERVATION EXPERIENCE AND PROVEN  
STRATEGIES TO CREATE PRAGMATIC SOLUTIONS IN PARTNERSHIP WITH RURAL  
COMMUNITIES AND AFRICAN GOVERNMENTS ALIKE.

AWF ALSO EMPHASIZES ADVOCACY, HAVING A SEAT AT THE TABLE WHEN IMPORTANT  
DECISIONS ARE MADE AT THE NATIONAL, CONTINENTAL, AND GLOBAL LEVELS. WE  
MAKE OUR CASE THROUGH A COMPELLING PORTFOLIO OF PROJECTS AND  
INVESTMENTS IN FOCAL COUNTRIES SPANNING SUB-SAHARAN AFRICA. ALTHOUGH

Name of the organization

AFRICAN WILDLIFE FOUNDATION, INC.

Employer identification number

52-0781390

MUCH OF THIS WORK IS FORMULATED AT THE LANDSCAPE SCALE, OUR PRIORITIES ALWAYS LINK TO FOCAL COUNTRIES' CONSERVATION AGENDAS. OUR RESULTS DEMONSTRATE HOW WILDLIFE AND WILD LANDS CAN CONTRIBUTE MEANINGFULLY TO AFRICAN ECONOMIES AND PEOPLES' WELL-BEING.

FORM 990, PART III, LINE 4A:

AWF'S WILDLIFE JUDICIAL AND PROSECUTORIAL ASSISTANCE PROGRAM DEVELOPS CAPACITY AMONG LEGAL AND JUDICIAL PROFESSIONALS THROUGH TRAINING AND MENTORSHIPS. PROGRAM ACTIVITIES HELP ENSURE THE PROFESSIONALS HAVE THE BEST COMPETENCIES TO PROSECUTE WILDLIFE CRIMES THAT INCLUDE ILLEGAL TRANSNATIONAL TRADE, CORRUPTION, AND MONEY LAUNDERING. IN FY20, AWF TRAINED FIRST RESPONDERS IN BEST PRACTICES FOR CRITICAL ACTIVITIES SUCH AS EVIDENCE HANDLING AND STORAGE; THE TRAINING ALSO PROVIDED EXPERTISE IN SERVING AS EFFECTIVE COURT WITNESSES.

AWF ALSO SUPPORTS INFRASTRUCTURE DEVELOPMENT WHERE NEEDED TO IMPROVE CASE OUTCOMES. FOR EXAMPLE, IN FY20 WE DONATED TO THE KENYA WILDLIFE SERVICE AN EVIDENCE STORAGE ROOM COMPLETE TWO DEEP FREEZERS, EVIDENCE STORAGE SAFES, AND COOLER BOXES.

AWF HELPS SAFEGUARD WILDLIFE AND HABITAT BY TRAINING RANGERS AND SCOUTS IN ECOLOGICAL MONITORING USING STATE-OF-THE-ART TECHNOLOGY.

CYBERTRACKER/SMART TRAINING IS ONE OF AWF'S MOST VITAL PROGRAMS, THE CENTERPIECE OF OUR STRATEGY TO IMPROVE PROTECTED-AREA MANAGEMENT AND CONSERVATION PLANNING. CYBERTRACKER IS AN APP THAT ALLOWS RANGERS TO CAPTURE CRITICAL FIELD OBSERVATIONS ON RUGGEDIZED SMARTPHONES. NOTES ARE DOWNLOADED TO SMART, A SPATIAL SOFTWARE DESIGNED TO MANAGE PATROL OBSERVATION DATA. THE KNOWLEDGE GAINED FROM DATA ANALYSES INFORMS

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WILDLIFE LAW-ENFORCEMENT STRATEGIES AND HELPS AUTHORITIES BETTER MONITOR DYNAMIC ENVIRONMENTAL FACTORS RELATED TO HABITAT LOSS AND WILDLIFE-POPULATION HEALTH. MAPS REVEALING HOTSPOTS OF ILLEGAL ACTIVITY (EVIDENCED BY AMMUNITION CARTRIDGES, POACHERS' CAMPS, ETC.) INFORM SUBSEQUENT PATROL ROUTES. AWF HAS PROVIDED CYBERTRACKER/SMART TRAINING (AND EQUIPMENT) IN 21 SITES ACROSS SEVEN COUNTRIES.

AWF IS RESPONDING TO THE IMPACTS OF COVID-19 IN NINE COUNTRIES IN AFRICA. OUR GOAL IS TO LIMIT THE SPREAD OF COVID-19 AND REDUCE ITS IMPACT ON VULNERABLE WILDLIFE AND WILDLANDS CONSERVATION. OBJECTIVES INCLUDE SCALING UP PREVENTIVE MEASURES TO LIMIT THE SPREAD OF COVID-19, STRENGTHENING CONSERVATION SYSTEMS AND WORKERS, AND SUPPORTING COMMUNITIES IMPACTED BY COVID-19 THROUGH SOCIO-ECONOMIC AND LIVELIHOODS EFFORTS. SUCH EFFORTS CAN OFFSET THE HARDSHIPS CREATED BY THE PANDEMIC, INCLUDING THE LOSS OF LIVELIHOODS DUE TO TRAVEL RESTRICTIONS, THUS HELPING PRESERVE HARD-WON CONSERVATION GAINS. OUR COVID-19 CRISIS INTERVENTIONS RELATED TO SPECIES PROTECTION INCLUDED DISTRIBUTING PPE TO WILDLIFE RANGERS AND SCOUTS (MASKS, HAND SANITIZER KITS, GLOVE SETS, ETC.), PROVIDING FUEL TO WILDLIFE AGENCIES TO ENABLE PROTECTED-AREA PATROLS, SUPPLEMENTING MONTHLY SALARIES FOR RANGERS, AND PROVIDING FOOD RATIONS TO WILDLIFE RANGERS.

HUMAN LIVELIHOODS- OUR COVID CRISIS RESPONSE RELATED TO HUMAN LIVELIHOODS FOCUSED ON DISEASE-TRANSMISSION PREVENTION AND OTHER FORMS OF COMMUNITY RESILIENCE. WE SOUGHT TO ENSURE THAT COMMUNITIES IN TARGET LANDSCAPES DID NOT HAVE TO TURN TO POACHING AS A SOURCE OF LIVELIHOOD. SUPPORT INCLUDED PROVIDING PPE, PREVENTION INFORMATION AND MATERIALS, HANDWASHING STATIONS ESPECIALLY FOR SCHOOLS, AND, PROBABLY MOST

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IMPORTANTLY, FOOD RATIONS. IN THE BILI UELE LANDSCAPE, FOR INSTANCE, AWF ASSISTED WOMEN IN THE PRODUCTION OF THOUSANDS OF FACE MASKS AND BARS OF SOAP.

IN SIMIEN MOUNTAINS NATIONAL PARK, AWF STARTED A CASH-FOR-WORK PROGRAM THAT PAID HUNDREDS OF COMMUNITY MEMBERS TO MAINTAIN THE PARK PICKING UP TRASH, CLEARING INVASIVE WEEDS, REPAIRING FENCES AND OTHER INFRASTRUCTURE, AND PREPARING TREE NURSERIES TO SUPPORT REFORESTATION.

THE DJA FAUNAL RESERVE IN SOUTHEASTERN CAMEROON IS ONE OF AFRICA'S MOST PRISTINE AND BIODIVERSE RAINFORESTS, AS WELL AS A WORLD HERITAGE SITE AND BIOSPHERE RESERVE. IN THIS REMOTE LOCALE, AWF SEEKS TO STRENGTHEN THE MANAGEMENT OF NATURAL RESOURCES WITHIN THE PROTECTED AREA AND PROMOTE ALTERNATIVE LIVELIHOODS THAT DO NOT COMPROMISE THE REGION'S BIODIVERSITY. AWF AND PARTNERS WORK WITH LOCAL COMMUNITIES TO DEVELOP SUSTAINABLE, COCOA-BASED AGROFORESTRY, PRODUCING TROPICAL-FOREST FOOD AND COSMETICS AS AN ALTERNATIVE TO THE BUSHMEAT TRADE. THIS PIONEERING PROGRAM NOT ONLY HELPS CONSERVE WILDLIFE AND PROMOTE SUSTAINABLE LIVELIHOODS, IT ALSO ENGENDERS AND STRENGTHENS CONSCIOUSNESS OF THE VALUE OF FORESTS.

IN SOUTHERN TANZANIA, INTENSIFIED LAND USE IS CROWDING OUT WILDLIFE, AND HUMAN-WILDLIFE CONFLICTS (HWC) ARE OCCURRING MORE FREQUENTLY. CRUCIAL ECOSYSTEM SERVICES SUCH AS WATER SUPPLY ARE AT RISK AS WELL. AWF ADDRESSES THESE ISSUES THROUGH A SUITE OF PROJECTS DESIGNED TO HELP DELIVER: SUSTAINABLE RESOURCE MANAGEMENT THAT IMPROVES FARMER INCOMES; AGRICULTURAL SOLUTIONS THAT ENHANCE RESILIENCE; HWC TOOLS; ENGAGEMENT WITH THE PRIVATE SECTOR TO PROMOTE SUSTAINABILITY; AND NEW INCENTIVES TO CONSERVE WILD LANDS. OUR EFFORTS OFFER A MODEL FOR CONSERVATION

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THROUGHOUT AFRICA, DEMONSTRATING THAT ECONOMIC DEVELOPMENT CAN GO  
HAND-IN-HAND WITH CONSERVATION OF RIVERS, WETLANDS, AND OTHER  
IRREPLACEABLE NATURAL RESOURCES.

FORM 990, PART III, LINE 4B:

CLASSROOM AFRICA'S MOST TANGIBLE SUCCESSES ARE SIX ECO-FRIENDLY,  
MODERN, AND BRIGHTLY LIT SCHOOLS THAT WE'VE BUILT IN FIVE COUNTRIES  
(DEMOCRATIC REPUBLIC OF THE CONGO, ETHIOPIA, TANZANIA, UGANDA, AND  
ZAMBIA). THESE SCHOOLS HAVE NOT ONLY HELPED IMPROVE THE LIVES OF OVER  
2,000 STUDENTS, BUT THEY HAVE ALSO SUPPORTED THE PROFESSIONAL  
DEVELOPMENT OF SCORES OF TEACHERS. ON THE CONSERVATION SIDE, CLASSROOM  
AFRICA'S LAND-USE COVENANTS WITH COMMUNITIES HAVE PROTECTED MORE THAN  
223,000 ACRES OF FOREST AND OTHER WILD LANDS. IN FY20, AWF OFFICIALLY  
OPENED TWO SCHOOLS IN THE KIDEPO REGION OF NORTHERN UGANDA KIDEPO  
PRIMARY SCHOOL AND SARACHOM PRIMARY SCHOOL. EACH UGANDA SCHOOL HAS  
ENROLLED OVER 400 STUDENTS.

AWF HAS TAKEN A LEADING ROLE IN PROMOTING CHINA-AFRICA CONSERVATION  
DIALOGUE. WE WORK TO ENSURE THAT AFRICA'S WILDLIFE POPULATIONS AND  
ESSENTIAL ECOSYSTEMS ARE REPRESENTED IN CHINA'S DEVELOPMENT AGENDA ON  
THE CONTINENT. WE ALSO PROMOTE AND SUPPORT YOUTH ENGAGEMENT. IN FY20,  
AWF AND PARTNERS HELD THE FIRST CHINA-AFRICA VIRTUAL YOUTH DIALOGUE TO  
BUILD YOUNG PARTICIPANTS' CAPACITY IN CONSERVATION ADVOCACY AND ELEVATE  
THEIR UNDERSTANDING OF THE CONVENTION OF BIOLOGICAL DIVERSITY, AN  
INTERNATIONAL LEGALLY BINDING TREATY DESIGNED TO PROMOTE CONSERVATION  
OF BIODIVERSITY AND SUSTAINABLE USE OF RESOURCES.

RECOGNIZING THE INFLUENCE OF CONSUMER CHOICES IN CHINA, AWF ALSO

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ENGAGES WITH STRATEGIC PARTNERS ON THE MAINLAND TO PROMOTE CONSERVATION AND ENDANGERED-SPECIES AWARENESS. WE HAVE ORGANIZED "SAVING AFRICA'S ENDANGERED SPECIES" EXHIBITIONS AT THE BEIJING AND SHANGHAI ZOOS TO BUILD UNDERSTANDING OF THE ENDANGERED STATUS OF ELEPHANTS, RHINOS, AND OTHER AFRICAN WILDLIFE, INCLUDING PANGOLINS. GREATER AWARENESS IS CRITICAL TO HELPING TO REDUCE DEMAND FOR ILLEGAL WILDLIFE PRODUCTS SUCH AS PANGOLIN SCALES.

AWF'S STRATEGIC MULTI-CHANNEL OUTREACH TO OUR COMMUNITY AND THE PUBLIC VIA SEVERAL PLATFORMS INCLUDING OUR WEBSITE AND EMAIL NEWSLETTER, AS WELL AS PRINT COMMUNICATIONS AND VIDEOS HELP EDUCATE PEOPLE ABOUT KEY CONSERVATION ISSUES AND AWF'S WORK. WE ARE A LEADER IN THE SOCIAL MEDIA SPHERE, AMONG THE TOP CONSERVATION ORGANIZATIONS ON FACEBOOK, AND WE HAVE ACTIVE COMMUNITIES ON INSTAGRAM AND TWITTER PLATFORMS AS WELL. THESE SOCIAL MEDIA FEEDS AND OUR OTHER COMMUNICATIONS CHANNELS KEEP THE PUBLIC INFORMED ABOUT POLICY ISSUES RELATED TO AFRICAN WILDLIFE AND RAISE CONSCIOUSNESS OF THE INHERENT VALUE AND CONSERVATION STATUS OF ELEPHANTS, RHINOS, LIONS, GIRAFFE, AND OTHER ICONIC SPECIES. OUR GOAL IS TO KEEP PEOPLE INFORMED ABOUT OUR WORK AND PROVIDE OUR NETWORKS THE INFORMATION THEY NEED TO SERVE AS AMBASSADORS FOR AWF AND, MORE IMPORTANTLY, FOR AFRICAN WILDLIFE AND WILD LANDS.

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:  
 CONGO, DEM REP, ETHIOPIA, KENYA, SOUTH AFRICA,  
 TANZANIA, UGANDA, UNITED KINGDOM, ZAMBIA,  
 MAURITIUS, CANADA, RWANDA, CAMEROON



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

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 DRAFT VERSION OF THE FEDERAL FORM 990 FROM AWF'S TAX ACCOUNTANTS, THE COMPLETED RETURN UNDERGOES A SECOND LEVEL OF REVIEW BY THE CFO. CHANGES ARE COMMUNICATED TO THE TAX ACCOUNTANTS AS NECESSARY AND APPROPRIATE. AFTER A SUBSEQUENT REVIEW BY THE CFO, THE FINAL DRAFT IS REVIEWED BY THE AUDIT COMMITTEE. THEREAFTER, A COPY OF THE FINAL DRAFT 990 IS PROVIDED TO THE FULL BOARD OF TRUSTEES BEFORE FILING WITH THE INTERNAL REVENUE SERVICE.

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

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 RESEARCH WITH REVIEW BY THE COO AND OTHER MEMBERS OF EXECUTIVE MANAGEMENT AS NECESSARY.

WITH REGARD TO CONTRACT REVIEW, THE 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

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FORWARDED TO THE CEO/COO FOR REVIEW.

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

A SALARY REVIEW FOR OFFICERS AND KEY EMPLOYEES IS PERFORMED ANNUALLY BY THE HUMAN RESOURCES DEPARTMENT. FORMALIZED SALARY SURVEYS BY AN OUTSIDE FIRM ARE CONDUCTED EVERY 3-5 YEARS FOR OFFICERS, KEY EMPLOYEES AND HIGHLY COMPENSATED EMPLOYEES. FOR ALL OFFICERS AND KEY STAFF LOCATED WITHIN THE UNITED STATES, INFORMATION FROM COMPARABLE ORGANIZATIONS IS COLLECTED THROUGH PUBLICLY AVAILABLE FEDERAL FORM 990S. 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 CHIEF EXECUTIVE OFFICER (CEO), AND PROVIDES GUIDELINES FOR THE CEO TO SET OTHER EXECUTIVE SALARIES.

VARIOUS SALARY SURVEY TOOLS AND BENCHMARK STUDIES ARE EMPLOYED WHEN DETERMINING COMPENSATION FOR NEW HIRES AND FOR PROMOTIONS.

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

AL, AR, CA, CT, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, OR, PA, RI, SC, TN  
UT, VA, WV, WI

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

AWF GOVERNING DOCUMENTS, POLICIES, FINANCIAL STATEMENTS, AND FEDERAL FORM 990 ARE AVAILABLE TO THE PUBLIC UPON REQUEST. ADDITIONALLY, COPIES OF THE



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

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

ADJUSTMENT FOR INVESTMENT IN SUBSIDIARY

-390,672.

**COPY**

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public Inspection

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**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(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 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
AWC CB1 LIMITED C/O AXIS FIDUCIARY, 18N FRERE FELIX DE VALOIS PORT LOUIS, PORT LOUIS, MAURITIUS	PROVISION OF CAPITAL FOR CONSERVATION ENTERPRISES	MAURITIUS	UMLIKI LIMITED	C CORP	157,562.	0.	100%	X	
AWC CB2 LIMITED C/O AXIS FIDUCIARY, 18N FRERE FELIX DE VALOIS PORT LOUIS, PORT LOUIS, MAURITIUS	PROVISION OF CAPITAL FOR CONSERVATION ENTERPRISES	MAURITIUS	UMLIKI LIMITED	C CORP	488,414.	0.	100%	X	

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

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

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....	X	
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) AWC CB1 LIMITED	A	157,562.	FMV
(2) AWC CB2 LIMITED	A	488,414.	FMV
(3)			
(4)			
(5)			
(6)			

