			P	UBLIC	DISCLOS	SURE COP	•Y				
				EXT	ENDED TO	MAY 16,	2022				
	Beturn of Organization Exempt From Income Tax										
Form 990 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)									2020		
Den	Do not enter social security numbers on this form as it may be made public.									Open to Public	
											Inspection
	A For the 2020 calendar year, or tax year beginning JUL 1, 2020 and ending JUN 30, 2021										
B Check if applicable: C Name of organization D Employer identification numbers of the control o										ion number	
	Addr	ess AFRT	CAN WILDI	TEE FOI	ΙΝΓΙΔΨΤΟΝ	TNC					
	chan Nam chan	e	usiness as	<u></u>	<u>MDAIION,</u>	1110.			52-078	1390)
	Initia		and street (or P.0), box if mail is r	not delivered to str	eet address)	Room/s	uite	E Telephone nu		
	Final retur	1100	NEW JERS			,	900		202-93		33
	termi ated	in- City or te	own, state or prov	vince, country,	, and ZIP or forei	gn postal code			G Gross receipts \$		35,773,908.
	Amer	n WASH	INGTON, I						H(a) Is this a gro	up retur	
	Appl tion pend	F Name a	nd address of prir		KADDU SEE	BUNYA			for subordin	ates?	Yes X No
		SAME	AS C ABOV						H(b) Are all subordina		
		kempt status:		501(c) () 🗲 (insert r	10.) 4947(a)(1) or	527			. See instructions
		ite: WWW .		Trust	Association	Other 🕨		/	H(c) Group exem		umber • tate of legal domicile: DC
	art I			11051	ASSOCIATION		L 1	ear c	or formation: 190	T M 2	tate of legal domicile: DC
_	1	-	e the organization	n's mission or	most significant	activities AWF	WORK	s r	TO ENSURE	WTT	DLIFE AND
ce	.		DS THRIVE								
Activities & Governance	2	Check this bo					oosed of m	ore	than 25% of its ne	t assets	
ver	3	Number of vot	ing members of t							3	27
ğ	4	Number of ind	ependent voting	members of th	ne governing bod	ly (Part VI, line 1b)			4	26
es é	5					Part V, line 2a) \dots				5	52
iviti	6									6	56
Act	7 a					ne 12				7a	0.
		Net unrelated	business taxable	Income from H	-orm 990-1, Part	I, line 11	<u></u>			7b	
	8	Contributions	and grants (Part '	VIII line 1h)					<u>Prior Year</u> 28,651,69	1.	Current Year 31,809,676.
ant	9		ce revenue (Part)						105,14		0.
Revenue	10	•							2,209,73		1,011,529.
ă	11					nd 11e)			169,20		49,545.
	12					olumn (A), line 12)			31,135,77	8.	32,870,750.
	13	Grants and sir	nilar amounts pai	d (Part IX, colı	umn (A), lines 1-3)			3,144,33	4.	3,492,589.
	14	Benefits paid	o or for members	s (Part IX, colu	mn (A), line 4)					0.	0.
ŝ	15		•			umn (A), lines 5-10			12,055,67		13,378,930.
sus	16 a				(A), line 11e)				280,80	3.	288,832.
Expenses	b		ng expenses (Par			4,419,			10 016 27		15 001 010
	1 11					A) II - 05)			<u>12,816,37</u> 28,297,19		<u>15,231,310.</u> 32,391,661.
	18	-				A), line 25)			2,838,58		479,089.
	19	Revenue less	expenses. Subtra			<u></u>		Ber	jinning of Current Y		End of Year
ets c	20	Total assets (F	Part X line 16)						53,071,77		56,596,202.
Assi	21	-	(Part X, line 26)						10,132,54		8,392,666.
Net Assets or	22		,						42,939,22		48,203,536.
	art II										
										of my kn	owledge and belief, it is
true	e, corre	ect, and complete.	Declaration of prep	parer (other than	n officer) is based o	on all information of	which prep	arer h	nas any knowledge.		

Sign	Signature of officer	Date					
Here	RICHARD HOLLY, CHIEF FINANCIAL OFFICER						
	Type or print name and title						
	Print/Type preparer's name Preparer's signature	Date Check PTIN					
Paid	J. ANDREW SMITH J. ANDREW SMITH	04/25/22 self-employed P00635175					
Preparer	Firm's name 🕒 CLIFTONLARSONALLEN LLP	Firm's EIN ▶ 41-0746749					
Use Only							
	Phone no. 571 – 227 – 9500						
May the If	S discuss this return with the preparer shown above? See instructions	X Yes No					
032001 12-2	LHA For Paperwork Reduction Act Notice, see the separate instructions.	Form 990 (2020)					

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	n 990 (2020) AFRICAN WILDLIFE FOUNDATION, INC. 52-0781390 Page
Pa	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: AWF'S MISSION IS TO ENSURE THAT WILDLIFE AND WILD LANDS THRIVE IN
	MODERN AFRICA. AWF'S VISION IS OF AN AFRICA WHERE SUSTAINABLE
	DEVELOPMENT INCLUDES THRIVING WILDLIFE AND WILD LANDS AS A CULTURAL
	AND ECONOMIC ASSET FOR AFRICA'S FUTURE GENERATIONS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	
	SPECIES
	AWF WORKS ACROSS A WIDE SPECTRUM OF GOVERNMENT AGENCIES AND LAW
	ENFORCEMENT ORGANIZATIONS TO CONSERVE SOME OF THE WORLD'S MOST
	ENDANGERED SPECIES, INCLUDING THE AFRICAN SAVANNAH ELEPHANT, MOUNTAIN
	GORILLA, GREVY'S ZEBRA, AND THE ETHIOPIAN WOLF. WE TRAIN AND EQUIP
	NUMEROUS RANGER DEPARTMENTS AND PROVIDE WILDLIFE DETECTION DOGS TO SIX
	AFRICAN COUNTRIES TO HELP INTERDICT BLACK MARKET TRAFFICKING NETWORKS,
	UTILIZE THE LATEST ADVANCEMENTS IN TECHNOLOGY TO SUPPORT ANTI-POACHING
	EFFORTS, AND ASSIST NATIONAL INITIATIVES TO IDENTIFY AND REDUCE GROWING
	THREATS TO WILDLIFE, BOTH MANMADE AND OCCURRING IN THE NATURAL
	ENVIRONMENT. AN OVERARCHING THEME IN AWF'S WORK TO PROTECT SPECIES IS
	OUR COMMITMENT TO EMPOWER LOCAL COMMUNITIES THROUGH
4b	(Code:) (Expenses \$8 , 785 , 122 . including grants of \$) (Revenue \$)
	LAND CONSERVATION
	AWF WORKS IN LARGE-LANDSCAPES TO DEVELOP CONSERVATION AREAS WHERE RURAL
	AFRICAN COMMUNITIES CAN CO-EXIST WITH AND BENEFIT FROM THE DIVERSE
	WILDLIFE AND ECOSYSTEMS AROUND THEM. PROTECTED AREA PLANS, HOW WE
	PURSUE COMPREHENSIVE CONSERVATION, SOCIAL AND ECONOMIC DEVELOPMENT
	PLANS THAT BENEFIT PEOPLE, WILDLIFE AND LAND, AND METHODS FOR FINANCING
	CONSERVATION EFFORTS ARE ALL PIECES OF A COLLABORATIVE PROCESS. AWF
	PROGRAMS IN THESE AREAS IMPROVE CONSERVATION CAPACITY, PROVIDE SUPPORT
	FOR SUSTAINABLE ENTERPRISE & MICROENTERPRISES, AND TEACH HUMAN-WILDLIFE
	CONFLICT MITIGATION.
	LOCATED IN NORTHERN CAMEROON, FARO NATIONAL PARK IS AN ESSENTIAL
4c	(Code:) (Expenses \$ 8,417,029. including grants of \$) (Revenue \$)
	EDUCATION AND LEADERSHIP
	AWF INVESTS IN CONSERVATION EDUCATION AND LEADERSHIP THROUGH PROGRAMS
	STRENGTHENING TEACHING AND LEARNING, AND AFRICAN GOVERNMENTS' PRIMARY
	EDUCATION SYSTEMS SUPPORTING CRITICAL WILDLIFE ECOSYSTEMS. TO ASSIST
	BUDDING CONSERVATION LEADERS IN COLLEGE, WE LEVERAGE HIGHER EDUCATION
	OPPORTUNITIES, INCLUDING LEADERSHIP NETWORKS FOCUSED ON
	CAPACITY-BUILDING FOR A GROWING CADRE OF POWERFUL MANAGERS, ADVOCATES
	AND LEADERS. THROUGH THESE INITIATIVES, AWF HELPS TO BUILD AND
	CATALYZE THE FULL POTENTIAL OF A RAPIDLY GROWING YOUTH POPULATION
	ACROSS THE CONTINENT, WHO REPRESENT A CRITICAL FORCE TODAY AND THE KEY
	TO UNLOCKING A FUTURE OF SUSTAINABLE DEVELOPMENT AND HEALTHY, THRIVING
	WILDLIFE AND WILD LANDS. WE SEEK TO EMPOWER YOUTH INFLUENCERS AND
4d	Other program services (Describe on Schedule O.)
-	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 26,265,602.
	Form 990 (202
3200	SEE SCHEDULE O FOR CONTINUATION(S)
0.4	2 426 131839 064-100098 2020.05093 AFRICAN WILDLIFE FOUNDATI 064-
υ4	+20 IJIOJA UC4-IUUUAO ZUZU.UJUJA AFRICAN WILDLIFE FOUNDATI UC4-

Form	aan	(2020)

Part IV Checklist of Required Schedules

AFRICAN WILDLIFE FOUNDATION, INC.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			37
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		х
•	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete</i>	8		x
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	o		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	x	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		_X_
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		v	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	Х	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	^	<u> </u>
D	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			
		14b	х	
15	or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			<u> </u>
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х
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 Form 990 (2020)
 AFRICAN WILDLIFE FOUNDATION, INC.
 52-0781390
 Page 4

 Part IV
 Checklist of Required Schedules (continued)
 Continued)
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 Contin
 Co

			Yes	No			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on						
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current						
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete						
	Schedule J	23	Х				
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the						
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete						
-	Schedule K. If "No," go to line 25a	24a		X			
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b					
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	~					
	any tax-exempt bonds?	24c		<u> </u>			
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d					
258	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x			
h	transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	258		- 23			
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete						
		25b		x			
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	250					
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%						
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x			
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,						
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled						
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x			
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV						
	instructions, for applicable filing thresholds, conditions, and exceptions):						
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If						
	"Yes," complete Schedule L, Part IV	28a		X			
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X			
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If						
	"Yes," complete Schedule L, Part IV	28c		X			
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х				
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation						
	contributions? If "Yes," complete Schedule M	30		X			
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X			
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete						
	Schedule N, Part II	32		X			
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations						
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X			
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and						
	Part V, line 1	34		X			
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x			
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity						
~~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b					
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36		x			
07	If "Yes," complete Schedule R, Part V, line 2						
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		x			
20	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37					
38		38	х				
Pa	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	30	23	<u> </u>			
	Check if Schedule O contains a response or note to any line in this Part V			X			
			Yes	No			
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 12		103				
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0						
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming						
5	(gambling) winnings to prize winners?	1c					
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^{2020.05093} AFRICAN WILDLIFE FOUNDATI 064-1001

Part V Statements Regarding Other IRS Flings and Tax Compliance (continued) Ves No 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements. 2a 52 b If a least one is reported on line 2a, diff the organization file all required fedral employment tax returns? 2b X 3a Dut the organization have urrelated business gross necence of \$1,000 or more during the year? 3a X 3b Dut the organization have urrelated business gross necence of \$1,000 or more during the year? 3a X 3b Dut the organization have urrelated business gross necence of \$1,000 or more during the year? 3a X 3b If "Yee," investigation country by the tax is a brank account, securities account, or other intancial account? 4a X b If any taxable party notify the organization the reparator of from RB 100 000, and did the organization solid tar organization notify the donard tar solid account? 5a X b If any buside party notify the organization in the reparator in the remailing reguments for the BBS ? 7a X b If "Yee," idd the organization in the remainance account, securities account, securi	Form	990 (2020) AFRICAN WILDLIFE FOUNDATION, INC. 52-0781	390	Р	age 5
2a Enter the number of employees reported on Fam W4, Transmittal of Wage and Tax Statements, 2a 52 b If at least one is reported on line 2a, did the organization file all required tedral employment tax returns? 2b X Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e_die Gee instructions! 3a X 3b Did the organization have unretable busines groups income of 31, 000 more during the year? 3b X 3b They, 'has if flied 3 form 390 if for this year, did the organization have an interest in, or a significative or other autority over, a financial account in a forsign country. SEE SEE SCHEDULE 0 3b 3c X x SEE SEE SCHEDULE 0 See instructions for fling requirements for FarCEN Form 114, Report of Foreign Bark and Financial Accounts (FBAR). Sa X 3c W the organization have annual groos receipts that are normally greater than \$100,000, and did the organization self. Sa X 3c V the organization self. Sa is a contributed set selfer transaction are self. Sa X 3c V the organization neaving more self. Sa is a contributed set self. Sa X 3c V the organization neaving more self. Sa is a difficit on o	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
tied for the calendary year ending with or within the year covered by this return Image: Source in the set of the				Yes	No
b If at least one is reported on line 2a, did the organization if all required fearly equivated to a-fiel (see instructions) 3a X 3a Dot the organization have unmalade business gross income of \$1,000 or more during the system? 3a X 3b Thes: "has it field a form 98D." for this yar? If %o' to fine 3b, provide an explanation on Schedule O 3a X 3b If "Yes," that it field a form 98D." for this yar? If %o' to fine 3b, provide an explanation or other matchingt your, a financial accountly explained on the organization have annual press of the press." A start yittee the name of the organization in the foreign country. 4a X 10 If 'Yes," inter the name of the organization the form 88D." Start your of the financial accounts (FBAPI). 5a X 5b Start your of the organization approximation approximatin approximation approximapproximation approximatin app	2a				
Note: If the sum of these 1a and 2a is greater than 250, you may be required to e-fite (see instructions) Image: Section 2000 Image: Section 2000 <thimage: 2000<="" section="" th=""> <</thimage:>					
3a Det the organization have unrelated business gross income of \$1.000 or more during the ya? 3a X bit "Yes", inst field a Form S000 Tor this yes? (Y Mo' to field S0, 20 yoorkide an exploration on S00-educ) 0. 3b - 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? 4a X bit "Yes", inst the name of the foreign country, BCBE SCHEDLED O 0 5c X bit "Yes", inst the asset of the organization have an interest in, or a signature or other authority over, a financial account? 5c X bit "Yes", inst the asset of the organization have short transaction at any time during the tax yea? 5c X 5c 0 2 5c X 6c 0 2 5c X 7 0 2 4 X 5c X 6c 0 2 X 5c X 6c 0 2 X 5c X 7 0 2 5c X 5c X 7 0 2 5c X 5c X 7 0	b		2b	X	
b If "Yes," fail field a form 90-T for this yea? If Yes," that it field a form 90-T for this yea? If a At any time during the calendar year, did the organization have an interest in, or a signature or other authonity over, a francail account in a foreign country (such as a bank account, securities account, or other financial account)? If a X b If Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial accounts (FEAR), If a X 58 Sec instructions for filing requirements for Finic Porm 114, Report of Foreign Bank and Financial Accounts (FEAR), If a X 50 Max the organization a party to a prohibited tax sheter transaction? If a X 50 Dod any taxable party notify the organization hile form 8886-17 If a sequence of the organization related with very solicitation an express statement that such contributions cripts If a X 61 Dod any taxable party notify the organization include with very solicitation an express statement that such contributions cripts If a X 70 Organization setulate angular the orein state of the organization setulate setulation relate a spatement in excess St37 for adip party as a citrabilition any probable setulation relative aspect of the organization setulate setulation relative aspect of the organization forein aspect angular period of the organization forein aspect angularet and the organization forein aspect angular period of the organi					
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountil, a trong country (but has a bank account, excurities account, or other financial account). 4a X b If "Yes," enter the name of the foreign country ▶ SEE SCHEDULE O 5e See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5e 5a Was the organization at she ther transaction at any time during the tax year? 5e X b Id any taxable party notify the organization that it was or is a party to a prohibited as she ther transaction? 5e X 6a Dees the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solit any contributions that tway receive deductible contributions and aver the tax douctible or the value of the organization could will every solicitation an express statement that such contributions or gifs were not tax douctible? 6a X 0 If "Yes," did the organization inolity the donor of the value of the organization could be organization. 7a X 1 If "Yes," did the organization inolity the donor of the value of the organization could be organization. 7a X 0 If the organization notify the donor of the value of the organization could be organization. 7a X 0 If "Yes," idicate the number of Forms 8282 filed during the year 7d 7d 7d 7d 7d					X
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10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves on hand 14a X 15 Is the organization receive any payments for indoor tanning services during the tax year? 14a X 15 Is the organization and file Form 4720, Schedule N. 16 Is the organization and dile form 4720, Schedule N.	-				
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b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: 11a a Gross income from members or shareholders 11a b Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note: See the instructions for additional information the organization must report on Schedule O. 13a 14a X b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14a X 15 Is the organization subject to the section 4960 tax on payment for on payment and pile form 4720, Schedule N. 15 X 16 X					
11 Section 501(c)(12) organizations. Enter: 11a 11a a Gross income from members or shareholders 11a 11b b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note: See the instructions for additional information the organization must report on Schedule O. 13b 13a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14a X b If "Yes," see instructions and file Form 4720, Schedule N. 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 X					
a Gross income from members or shareholders 11a 11b 11b b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 11b 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note: See the instructions for additional information the organization must report on Schedule O. 13b 13b 13c c Enter the amount of reserves on hand 13b 13c 14a X 14 Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b 15 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 16 X	11				
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b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. 13b 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13b c Enter the amount of reserves on hand 13c 14a X 144 Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 X		amounts due or received from them.)			
13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. 13b b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X	12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 If "Yes," see instructions and file Form 4720, Schedule N. 16 X	b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
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15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 X 16 X	-				
excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 X 16 X			140		
If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	15		15		x
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?					
	16	Is the convertice on advice time liketime as highly the postion 4000 suring tax or not investment income 0	16		x
		•			

Form **990** (2020)

032005 12-23-20

AFRICAN WILDLIFE FOUNDATION, INC.

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				
Sect	tion A. Governing Body and Management									
					Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1 a	27							
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.									
b	Enter the number of voting members included on line 1a, above, who are independent	1b	26							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with a	any other							
	officer, director, trustee, or key employee?			2	Х					
3	Did the organization delegate control over management duties customarily performed by or under the	e direct	supervision							
	of officers, directors, trustees, or key employees to a management company or other person?			3		X				
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	4		X X				
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets?									
6										
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	opoint o	one or							
	more members of the governing body?			7a		X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	tockho	ders, or							
	persons other than the governing body?			7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the	following:							
а	The governing body?			8a	Х					
b	Each committee with authority to act on behalf of the governing body?			8b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	t the							
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)							
					Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?			10a		X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes? $\hfill \hfill \h$			10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y befor	e filing the form?	11a	Х					
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
12a	a Did the organization have a written conflict of interest policy? If "No," go to line 13									
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х					
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "	Yes," d	escribe		37					
	in Schedule O how this was done			12c	X					
13	Did the organization have a written whistleblower policy?			13	X					
14	Did the organization have a written document retention and destruction policy?			14	Х					
15	Did the process for determining compensation of the following persons include a review and approva		dependent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			45	v					
	The organization's CEO, Executive Director, or top management official			15a	X X	<u> </u>				
b	Other officers or key employees of the organization			15b	Δ					
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
168	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger			40-		x				
Б	taxable entity during the year?			16a						
a	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation is is in the organization and the organization to evaluate the organization of the organization o		-							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ			166						
Sec	exempt status with respect to such arrangements?			16b						
17	List the states with which a copy of this Form 990 is required to be filed AL , AR , CA , CT , F	'L. G	A.HT.TL.KS	. KY	MD	MA				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and									
	for public inspection. Indicate how you made these available. Check all that apply.			<i>j</i>)						
	X Own website Another's website X Upon request Other (explain	on Sc	hedule ()							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	l financ	ial					
	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 boo	oks and	I records							
	RICHARD HOLLY - 202-939-3333									
	1100 NEW JERSEY AVENUE, SE, SUITE 900, WASHINGTON,	DC	20003							
032006	12-23-20 SEE SCHEDULE O FOR FULL LIST OF STATES			Form	990	(2020)				
	6									

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 Т

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(10	Position (do not check more than one					Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson is	s both	an	compensation	compensation	amount of
	week		cer an	d a di	irecto	r/trust	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	trust		96	bens		(W-2/1099-MISC)		organization and related
	organizations below	ual tr	tional		volqr	st con vee	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) KADDU SEBUNYA	40.00			0	-	<u> </u>	ш.			
PRESIDENT, THEN CEO		х		х				366,290.	0.	65,486.
(2) CRAIG SHOLLEY	40.00									
SENIOR VP, PHILANTHROPY AND MARKETIN				Х				120,800.	0.	22,337.
(3) RICHARD HOLLY	40.00									
CFO				Х				220,690.	0.	29,188.
(4) ERIC COPPENGER	40.00									
CHIEF OF STAFF				Х				166,774.	0.	33,348.
(5) LINDSAY KOSNIK	40.00									
SENIOR VP, PHILANTHROPY AND MARKETIN				Х				205,990.	0.	37,993.
(6) CHARLY FACHEUX	40.00									44
SR VP, CONSERVATION STRATEGY, IMPACT	10.00			Х				209,768.	0.	41,753.
(7) PHILIP MURUTHI	40.00							405 500	•	
VP - SPECIES CONSERVATION AND SCIENC	10.00			Х				187,538.	0.	24,491.
(8) FELIX OTIENO	40.00							105 260	0	25 220
DIRECTOR OF IT AND GOVERNANCE	10.00					X		125,369.	0.	35,330.
(9) DAVID WILLIAMS	40.00							105 550	0	21 01 0
DIRECTOR OF CONSERVATION GEOGRAPHY	40.00					X		125,552.	0.	31,916.
(10) FREDERICK KUMAH	40.00			v				156 006	0	27 005
VP OF GLOBAL LEADERSHIP (11) ALTHEA WILSON	40.00			Χ				156,996.	0.	37,895.
SENIOR DIR. OF CORP. AND FND RELATIO	40.00					x		142,831.	0.	22 722
(12) ALISTAIR POLE	40.00					^		142,031.	0.	33,723.
SENIOR DIRECTOR, PROJECT MANAGEMENT						x		158,000.	0.	36,595.
(13) ANDREA ATHANAS	40.00					- 23		130,000		30,333.
SENIOR DIRECTOR, BUSINESS ENGAGEMENT						x		140,360.	0.	27,010.
(14) MYMA BELO-OSAGIE	4.00							110,000		2770100
SECRETARY		x		х				0.	Ο.	0.
(15) MARLEEN GROEN	4.00									
TREASURER		х		х				0.	0.	0.
(16) HEATHER STURT HAAGA	4.00									
CHAIRMAN		х		х				0.	0.	0.
(17) CHARLES R. WALL (UNTIL 5/21)	4.00	1								
VICE CHAIRMAN		Х						0.	0.	0.
032007 12-23-20										Form 990 (2020)

Form 990 (2020) AFRICAN W	ILDLIFE	F	'OU	ND)AT	'IO	N,	INC.	52-0	781	390	Pa	age 8
Part VII Section A. Officers, Directors, Trust		oloye	ees,			ghes	t C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per	box,	not cl , unles	Pos heck ss per	rson i	than c s both	an	(D) (E) Reportable Reportable compensation compensatio				(F) timate ount c	
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Offlicer 0		Highest compensated	,	from the organization (W-2/1099-MISC)	from related organization (W-2/1099-MK	s	comp fro orga and	other pensat om the anization relate nization	e on ed
(18) SARA AVIEL TRUSTEE	2.00	х						0.		0.			0.
(19) MARK BURSTEIN (AS OF 2/21)	1.00												
TRUSTEE	2 00	Х						0.		0.			0.
(20) PAYSON COLEMAN	3.00	x						0					0
TRUSTEE (21) LYNN DOLNICK	3.00	~						0.		0.			0.
TRUSTEE		х						0.		0.			0.
(22) GREG EDWARDS TRUSTEE	1.00	х						0.		0.			0.
(23) STEPHEN GOLDEN	1.00												
TRUSTEE	2.00	Х						0.		0.			0.
(24) DONALD GRAY	3.00	x						0					0
TRUSTEE (25) LARRY GREEN	2.00	~						0.		0.			0.
TRUSTEE	2.00	х						0.		0.			0.
(26) GILLES HARERIMANA (AS OF 8/20)	1.00												
TRUSTEE		х						0.		0.			0.
1b Subtotal								2,326,958.		0.	457	7,06	
c Total from continuation sheets to Part VI								0.		0.	4		0.
d Total (add lines 1b and 1c)								2,326,958.		0.	457	7,06	.5.
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	9			23
compensation from the organization												Yes	No
3 Did the organization list any former officer,	director. truste	ee. k	ev e	empl	love	e. or	hia	hest compensated empl	ovee on	ĺ			
line 1a? If "Yes," complete Schedule J for su	-		•	•	•		Ŭ	• • •			3		Х
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150	,000? If "Yes,	" со	mple	ete S	Sche	edule	J f	or such individual			4	X	
5 Did any person listed on line 1a receive or a	•				-			•					37
rendered to the organization? <i>If</i> "Yes," <i>com</i> Section B. Independent Contractors	plete Schedule	e J fo	or su	ich i	oers	on .					5		X
1 Complete this table for your five highest cor	npensated ind	epe	nder	nt co	ontra	actor	s th	nat received more than \$	100,000 of com	pensat	ion froi	m	
the organization. Report compensation for t	he calendar ye	ear e	endin	ıg w	ith c	or wit	hin	the organization's tax y	ear.				
(A) Name and business	address							(B) Description of s	ervices	С	(C) ompen		۱
SANKY COMMUNICATIONS, INC								MAIL & ONLII	NE				
599 11TH AVE. 6TH FLOOR, NEW YORK, NY 10036 FUNDRAISING 2,488,476. SQUARE 742, LLC, 1100 NEW JERSEY AVE. SE									/6.				
				•	SE						0 2 5	: ^^	20
<u>STE 100, WASHINGTON, DC 2</u> SALAKA, 6TH/7TH FLOOR DIA				DT.	NC		_	<u>SPACE RENTAL</u> CANINE PROCUI	REMENT		040	5,09	
LE CAUDAN WATERFRONT, CAU		20		<u>с</u> т.		'		AND TRAINING			487	7,78	33.
MAISHA CONSULTING							_	RISK MANAGEM	ENT AND		/	<u>,</u>	
YAVNE ST 30, , TEL AVIV,	ISRAEL	65	79	20	5			SECURITY CON			472	2,26	55.
SPACE FOR GIANTS							T						
<u>PO BOX 174, , NANYUKI, KE</u>	NYA							CONSERVATION	SCIENCE		212	2,58	35.

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **>** 23 2

\$100,000 of compensation from the organization ► 23 SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2020)

032008 12-23-20

8

Part VII Section A. Officers, Directors, Trust (A) Name and title Name and title or (27) CHRISTINE HEMRICK or (28) MICHAEL HOFFMAN or (29) STEPHEN JUELSGAARD (AS OF 11/11) or (30) ANDREW KAIRU (AS OF 8/6/20) or (31) CHRISTOPHER LEE or (32) ANDREW MALK or (33) H.E. FESTUS G. MOGAE or (33) H.E. FESTUS G. MOGAE or (34) EMERY RUBANGENGA or (35) ANNE SCOTT or (35) ANNE SCOTT or	tees, Key En (B) Average hours per week (list any hours for related organizations below line) 3 • 0 0		heck	(C Posi	C) ition			(D) Reportable	(E) Reportable	(F) Estimated
Name and title or 227) CHRISTINE HEMRICK or PRUSTEE 28 228) MICHAEL HOFFMAN or PRUSTEE 29 30) ANDREW KAIRU (AS OF 8/6/20) or PRUSTEE 231) CHRISTOPHER LEE 331) CHRISTOPHER LEE or PRUSTEE 232) ANDREW MALK PRUSTEE or 333) H.E. FESTUS G. MOGAE or PRUSTEE or 331 H.E. FESTUS G. MOGAE or PRUSTEE or 34) EMERY RUBANGENGA or PRUSTEE or 35) ANNE SCOTT or	Average hours per week (list any hours for related organizations below line)		heck	Posi	ition		V)	Reportable	Reportable	
27) CHRISTINE HEMRICK PRUSTEE 28) MICHAEL HOFFMAN PRUSTEE 29) STEPHEN JUELSGAARD (AS OF 11/11) PRUSTEE 30) ANDREW KAIRU (AS OF 8/6/20) PRUSTEE 30) ANDREW KAIRU (AS OF 8/6/20) PRUSTEE 31) CHRISTOPHER LEE PRUSTEE 32) ANDREW MALK PRUSTEE 33) H.E. FESTUS G. MOGAE PRUSTEE 33) H.E. FESTUS G. MOGAE PRUSTEE 34) EMERY RUBANGENGA PRUSTEE 35) ANNE SCOTT	hours per week (list any hours for related organizations below line)		heck				V)			Estimated
227) CHRISTINE HEMRICK PRUSTEE 228) MICHAEL HOFFMAN PRUSTEE 229) STEPHEN JUELSGAARD (AS OF 11/11) PRUSTEE 30) ANDREW KAIRU (AS OF 8/6/20) PRUSTEE 31) CHRISTOPHER LEE PRUSTEE 32) ANDREW MALK PRUSTEE 33) H.E. FESTUS G. MOGAE PRUSTEE 33) H.E. FESTUS G. MOGAE PRUSTEE 34) EMERY RUBANGENGA PRUSTEE 35) ANNE SCOTT	per week (list any hours for related organizations below line)					app		componention	Reportable compensation	amount of
227) CHRISTINE HEMRICK PRUSTEE 228) MICHAEL HOFFMAN PRUSTEE 229) STEPHEN JUELSGAARD (AS OF 11/11) PRUSTEE 30) ANDREW KAIRU (AS OF 8/6/20) PRUSTEE 31) CHRISTOPHER LEE PRUSTEE 32) ANDREW MALK PRUSTEE 33) H.E. FESTUS G. MOGAE PRUSTEE 33) H.E. FESTUS G. MOGAE PRUSTEE 34) EMERY RUBANGENGA PRUSTEE 35) ANNE SCOTT	week (list any hours for related organizations below line)	ual trustee or director	ustee				.,,	compensation from	from related	other
227) CHRISTINE HEMRICK PRUSTEE 228) MICHAEL HOFFMAN PRUSTEE 229) STEPHEN JUELSGAARD (AS OF 11/11) PRUSTEE 30) ANDREW KAIRU (AS OF 8/6/20) PRUSTEE 31) CHRISTOPHER LEE PRUSTEE 32) ANDREW MALK PRUSTEE 33) H.E. FESTUS G. MOGAE PRUSTEE 33) H.E. FESTUS G. MOGAE PRUSTEE 34) EMERY RUBANGENGA PRUSTEE 35) ANNE SCOTT	(list any hours for related organizations below line)	ual trustee or director	ustee			ee		the	organizations	compensation
227) CHRISTINE HEMRICK PRUSTEE 228) MICHAEL HOFFMAN PRUSTEE 229) STEPHEN JUELSGAARD (AS OF 11/11) PRUSTEE 30) ANDREW KAIRU (AS OF 8/6/20) PRUSTEE 31) CHRISTOPHER LEE PRUSTEE 32) ANDREW MALK PRUSTEE 33) H.E. FESTUS G. MOGAE PRUSTEE 33) H.E. FESTUS G. MOGAE PRUSTEE 34) EMERY RUBANGENGA PRUSTEE 35) ANNE SCOTT	related organizations below line)	ual trustee or dire	ustee			nploy		organization	(W-2/1099-MISC)	from the
227) CHRISTINE HEMRICK PRUSTEE 228) MICHAEL HOFFMAN PRUSTEE 229) STEPHEN JUELSGAARD (AS OF 11/11) PRUSTEE 30) ANDREW KAIRU (AS OF 8/6/20) PRUSTEE 31) CHRISTOPHER LEE PRUSTEE 32) ANDREW MALK PRUSTEE 33) H.E. FESTUS G. MOGAE PRUSTEE 33) H.E. FESTUS G. MOGAE PRUSTEE 34) EMERY RUBANGENGA PRUSTEE 35) ANNE SCOTT	organizations below line)	ual trustee o	uste			ted er		(W-2/1099-MISC)		organization
227) CHRISTINE HEMRICK PRUSTEE 228) MICHAEL HOFFMAN PRUSTEE 229) STEPHEN JUELSGAARD (AS OF 11/11) PRUSTEE 30) ANDREW KAIRU (AS OF 8/6/20) PRUSTEE 31) CHRISTOPHER LEE PRUSTEE 32) ANDREW MALK PRUSTEE 33) H.E. FESTUS G. MOGAE PRUSTEE 33) H.E. FESTUS G. MOGAE PRUSTEE 34) EMERY RUBANGENGA PRUSTEE 35) ANNE SCOTT	below line)	ual tru	1 5		æ	pensa				and related
TRUSTEE (28) MICHAEL HOFFMAN RUSTEE (29) STEPHEN JUELSGAARD (AS OF 11/11) PRUSTEE (30) ANDREW KAIRU (AS OF 8/6/20) PRUSTEE (31) CHRISTOPHER LEE (32) ANDREW MALK PRUSTEE (33) H.E. FESTUS G. MOGAE PRUSTEE (33) H.E. FESTUS G. MOGAE PRUSTEE (34) EMERY RUBANGENGA PRUSTEE (35) ANNE SCOTT	line)		onal t		ploye	com				organizations
TRUSTEE (28) MICHAEL HOFFMAN RUSTEE (29) STEPHEN JUELSGAARD (AS OF 11/11) PRUSTEE (30) ANDREW KAIRU (AS OF 8/6/20) PRUSTEE (31) CHRISTOPHER LEE (32) ANDREW MALK PRUSTEE (33) H.E. FESTUS G. MOGAE PRUSTEE (33) H.E. FESTUS G. MOGAE PRUSTEE (34) EMERY RUBANGENGA PRUSTEE (35) ANNE SCOTT		bivid	Institutional trustee	Officer	Key employee	Highest com pen sated em ployee	Former			
28) MICHAEL HOFFMAN PRUSTEE (29) STEPHEN JUELSGAARD (AS OF 11/11) PRUSTEE (30) ANDREW KAIRU (AS OF 8/6/20) PRUSTEE (31) CHRISTOPHER LEE (32) ANDREW MALK PRUSTEE (33) H.E. FESTUS G. MOGAE PRUSTEE (34) EMERY RUBANGENGA PRUSTEE (35) ANNE SCOTT		_	_	0	×	-	Ξ.			
TRUSTEE		x						0.	0.	0.
29) STEPHEN JUELSGAARD (AS OF 11/11 PRUSTEE 30) ANDREW KAIRU (AS OF 8/6/20) PRUSTEE 31) CHRISTOPHER LEE PRUSTEE 32) ANDREW MALK PRUSTEE 33) H.E. FESTUS G. MOGAE PRUSTEE 34) EMERY RUBANGENGA PRUSTEE 35) ANNE SCOTT	2.00									
TRUSTEE (30) ANDREW KAIRU (AS OF 8/6/20) PRUSTEE (31) CHRISTOPHER LEE (31) CHRISTOPHER LEE (32) ANDREW MALK PRUSTEE (32) ANDREW MALK (33) H.E. FESTUS G. MOGAE (33) H.E. FESTUS G. MOGAE PRUSTEE (34) EMERY RUBANGENGA PRUSTEE (35) ANNE SCOTT		х						Ο.	0.	0.
30) ANDREW KAIRU (AS OF 8/6/20) PRUSTEE 31) CHRISTOPHER LEE PRUSTEE 32) ANDREW MALK PRUSTEE 33) H.E. FESTUS G. MOGAE PRUSTEE 34) EMERY RUBANGENGA PRUSTEE 35) ANNE SCOTT	1.00									
TRUSTEE		Х						0.	0.	0.
31) CHRISTOPHER LEE PRUSTEE (32) ANDREW MALK PRUSTEE (33) H.E. FESTUS G. MOGAE PRUSTEE (34) EMERY RUBANGENGA PRUSTEE (35) ANNE SCOTT	1.00	1								
TRUSTEE		x						0.	0.	0.
32) ANDREW MALK PRUSTEE (33) H.E. FESTUS G. MOGAE PRUSTEE (34) EMERY RUBANGENGA PRUSTEE (35) ANNE SCOTT	2.00									
TRUSTEE		х						0.	0.	0.
(33) H.E. FESTUS G. MOGAE PRUSTEE (34) EMERY RUBANGENGA PRUSTEE (35) ANNE SCOTT	2.00									
TRUSTEE (34) EMERY RUBANGENGA TRUSTEE (35) ANNE SCOTT		х						0.	0.	0.
34) EMERY RUBANGENGA	1.00									
(35) ANNE SCOTT		Х						0.	0.	0.
(35) ANNE SCOTT	2.00									
· · ·		Х						0.	0.	0.
TRUSTER	1.00									
		Х						0.	0.	0.
(36) FRED STEINER (AS OF 5/21)	1.00									
TRUSTEE	1 0 0	Х						0.	0.	0.
37) PIERRE TRAPANESE (AS OF 11/20)	1.00							0	0	0
TRUSTEE	0 00	X						0.	0.	0.
(38) WARREN WALKER	2.00							0	0	0
	1 0 0	X						0.	0.	0.
(39) LINDSAY WEISSERT	1.00							0	0	0
TRUSTEE	2 00	Х						0.	0.	0.
(40) MARIA WILHELM	2.00	x						Ο.	0.	0.
RUSTEE		~						0.	0.	0.
		1								
F		1								
		L								
L L										
Fotal to Part VII, Section A, line 1c										

032201 04-01-20

14	πν	/ 111				nco /	or noto to any ling	in this Part VIII			
			Check if Schedule O	conta	uns a respo	nse	or note to any line	(A)	(B)	(C)	[D]
								Total revenue	Related or exempt	Unrelated	Revenue excluded
									function revenue	business revenue	from tax under sections 512 - 514
ω o	1	а	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues								
٦Ę			Fundraising events								
ifts			Related organizations								
ية Bil			Government grants (conti				9,959,152.				
ŝ			All other contributions, gifts,								
her			similar amounts not included				21,850,524.				
Ē		g	Noncash contributions included in			;	1,204,463.				
Cor		•	Total. Add lines 1a-1f				▶	31,809,676.			
							Business Code				
Ð	2	а									
, vic	_	b									
Ser		с									
me Se		d									
Program Service Revenue		е									
Pr		f	All other program service	rever	nue						
			Total. Add lines 2a-2f								
	3		Investment income (inclue								
			other similar amounts)				►	569,820.			569,820.
	4		Income from investment of								
	5		Royalties	<u></u>			🕨 [
					(i) Real		(ii) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses	6b							
		с	Rental income or (loss)	6c							
		d	Net rental income or (loss	s) <u></u>			<u> </u>				
	7	а	Gross amount from sales of		(i) Securiti	ies	(ii) Other				
			assets other than inventory	7a	3,340,0	17.	4,850.				
		b	Less: cost or other basis								
iue			and sales expenses	7b	2,903,1		0.				
Revenue		С	Gain or (loss)	7c	436,8	59.	4,850.				
Re		d	Net gain or (loss)			· <u>·····</u>	🕨	441,709.			441,709.
her	8	а	Gross income from fundraisi	ing eve	ents (not						
Ğ			including \$		of						
			contributions reported on								
			Part IV, line 18			<u>8a</u>					
			Less: direct expenses			8b					
			Net income or (loss) from		•		🕨				
	9	а	Gross income from gamir	-							
			Part IV, line 19			<u>9a</u>					
						9b					
			Net income or (loss) from	•	0	°	▶				
	10	а	Gross sales of inventory,								
			and allowances			10a					
			Less: cost of goods sold			10b					
		С	Net income or (loss) from	sales	of inventor	у					
s			OMUED INCOME				Business Code	20.222			20.222
eor	11	-	OTHER INCOME		P		900099 900099	30,333.			30,333.
ellane evenu		-	VEHICLE POOL NET RE		6		900099	7,830.	<u> </u>		7,830.
Miscellaneous Revenue		-	LIST RENTAL REVENUE				900099	7,512.	<u> </u>		7,512.
Ξ			All other revenue					3,870.			3,870.
	40		Total. Add lines 11a-11d		<u></u>	<u></u>	····· P	49,545.	0.	0.	1,061,074.
-	12	-23-2	Total revenue. See instruction	UIIS			····· 🕨	32,870,750.	I 0.	I ⁰ .	Form 990 (2020

AFRICAN WILDLIFE FOUNDATION, INC.

Form 990 (2020)

Page **9**

52-0781390

AFRICAN WILDLIFE FOUNDATION, 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 respon	se or note to any line in	this Part IX	nplete column (A).	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21			-	· ·
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	3,492,589.	3,492,589.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	2,030,331.	1,644,568.	101,517.	284,246.
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	7,130,706.	5,304,844.	478,408.	1,347,454.
8	Pension plan accruals and contributions (include	BBE 455			
	section 401(k) and 403(b) employer contributions)	775,055.	775,055.	24 - 222	0.05 554
9	Other employee benefits	2,979,801.	1,856,841.	317,209.	805,751.
10	Payroll taxes	463,037.	463,037.		
11	Fees for services (nonemployees):				
	Management		40.001	4 010	10 (77
	Legal	63,557.	48,861.	4,019. 55,124.	10,677. 1,111.
	Accounting	130,477.	74,242.	55,124.	1,111.
d	Lobbying	000 000			000 000
е	Professional fundraising services. See Part IV, line 17	288,832.	46.000	2 945	288,832.
f	Investment management fees	56,904.	46,092.	2,845.	7,967.
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	658,093.	471,507.	190.	186,396.
12	Advertising and promotion	1,909,854.	1,240,580.	39,893.	629,381.
13	Office expenses	878,375.	571,425.	119,175.	187,775.
14	Information technology	010,515.	571,425.	119,175.	107,775.
15 16	Royalties	1,315,592.	961,407.	232,592.	121,593.
10 17	Occupancy	1,095,378.	1,083,704.	3,607.	8,067.
18	Travel Payments of travel or entertainment expenses	1,000,070.	1,003,7010	5,007.	0,007.
0	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	1,409,534.	1,386,768.	7,578.	15,188.
20	Interest	243,772.	78,934.	562.	164,276.
21	Payments to affiliates		,		
22	Depreciation, depletion, and amortization	237,006.	124,021.	108,458.	4,527.
23	Insurance	93,251.	79,415.	13,836.	
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 0.)				
а		2,418,118.	2,194,001.	82,135.	141,982.
b		1,577,179.	1,560,646.	8,082.	8,451.
с	EQUIPMENT RENTAL AND MA	1,113,574.	1,112,786.	247.	541.
d	ALLOWINGE BOD LOGGEG	664,774.	394,813.	69,060.	200,901.
е	All other expenses	1,365,872.	1,299,466.	62,464.	3,942.
25	Total functional expenses. Add lines 1 through 24e	32,391,661.	26,265,602.	1,707,001.	4,419,058.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here X if following SOP 98-2 (ASC 958-720)	2,472,873.	1,330,241.	0.	1,142,632.

INC.

032010 12-23-20

16480426 131839 064-100098

11

Form 990 (2020)

16480426 131839 064-100098

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42,939,223.

53,071,771.

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32

33

Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year 5,595,065. Cash - non-interest-bearing 10,081,045. Savings and temporary cash investments 6,124,759. Pledges and grants receivable, net

Organizations that do not follow FASB ASC 958, check here

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

and complete lines 29 through 33.

Total liabilities and net assets/fund balances

208,670. 132,003. 4 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, 5 trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disgualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 684,454. 511,576. Notes and loans receivable, net 7 7 Assets 8 Inventories for sale or use 8 646,001. 627,418. 9 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other 7,499,755. basis. Complete Part VI of Schedule D _____ 10a 3,359,928. 4,123,355. 4,139,827. b Less: accumulated depreciation _____ 10b 10c 20,938,402. 28,741,915. Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 4,670,020. 4,497,871. Other assets. See Part IV, line 11 15 15 53,071,771. 56,596,202. 16 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 2,191,161. 2,118,036. 17 Accounts payable and accrued expenses 17 18 18 Grants payable 1,012,195. 552,823. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Ο. Secured mortgages and notes payable to unrelated third parties 23 23 802,337. 0. 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 6,199,980. 5,648,682. of Schedule D 25 8,392,666. 10,132,548. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here \blacktriangleright \overline{X} Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 35,327,664. 28,516,802. 27 Net assets without donor restrictions 27 14,422,421. Net assets with donor restrictions 12,875,872. 28 28

AFRICAN WILDLIFE FOUNDATION, INC.

48,203,536. 56,596,202.

Form 990 (2020)

1

2

3

(B)

End of year

3,643,888.

5,017,893.

9,283,811.

Form 990 (2020) Part X | Balance Sheet

1

2

3

Form	AFRICAN WILDLIFE FOUNDATION, INC.	52-0	781390	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1 2 3 4 5 6 7 8 9	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain on Schedule O)	1 2 3 4 5 6 7 8 9	32,870 32,391	L,60 9,08 9,22 L,5	50. 61. 89. 23. 34.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			, .	
	column (B))	10	48,203	3,5	36.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	<u></u>		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.	-	Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 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		2b	x	
с	consolidated basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Sch		<u>2</u> c	x	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin Act and OMB Circular A-133?		3a	x	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	x	
			-	aan	(0.0.0.)

Form **990** (2020)

SCH	EDU	LE A
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(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2020

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

		of the Treasury enue Service			Attach to Form 990 or F					Inspection
		f the organizat		Go to www.irs.gov	/Form990 for instruction	ons and tr	ie latest in		Employer	identification number
Nall	ie oi	i the organizat		OAN WITTOTT		T TN	r			2-0781390
Pa	rt I	Descon			FE FOUNDATION (All organizations must c			: t		2-0/01390
								ee instructions	5.	
	orga	1	-		For lines 1 through 12, cl	•				
1		۰ ۲			n of churches described)(A)(i).		
2		1			Attach Schedule E (Form					
3		-	-		anization described in se			-		
4		A medical re	search organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,
		city, and stat	-							
5		An organizat	ion operated fo	or the benefit of a col	lege or university owned	or operat	ed by a go	vernmental ur	nit describe	ed in
		section 170)(b)(1)(A)(iv). (⊂	Complete Part II.)						
6			ate, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X] An organizat	ion that norma	lly receives a substar	ntial part of its support fr	om a gove	ernmental u	unit or from th	e general p	oublic described in
		section 170	(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community	y trust describe	ed in section 170(b)((1)(A)(vi). (Complete Parl	: II.)				
9		An agricultur	al research org	anization described	in section 170(b)(1)(A)(i	x) operate	ed in conju	nction with a	land-grant	college
		or university	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city,	, and state of t	the college	or
		university:								
10] An organizat	ion that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membershi	p fees, and	d gross receipts from
		activities rela	ated to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	support fi	rom gross investment
		income and	unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acquir	red by the org	anization a	ifter June 30, 1975.
		See section	509(a)(2). (Cor	mplete Part III.)						
11] An organizat	ion organized a	and operated exclusi	vely to test for public saf	ety. See	section 50)9(a)(4).		
12		An organizat	ion organized a	and operated exclusi	vely for the benefit of, to	perform t	he functior	ns of, or to car	ry out the	purposes of one or
		-	-	-	d in section 509(a)(1) o	-			•	
			• • • •	-	f supporting organization					
а			-	• •	upervised, or controlled				-	aivina
	_				gularly appoint or elect a	• • • •	-			
			-	complete Part IV, Se						1-1
b	Γ			-	or controlled in connect	ion with its	s supporte	d organization	n(s), by hav	vina
-				-	anization vested in the sa			-		•
			-	t complete Part IV,				in or or manag		
с	Г				g organization operated	in connect	tion with a	and functionall	v integrate	ed with
Ŭ			-). You must complete F				y intograto	
d	Г		-		orting organization oper				ed organiz	zation(s)
			-	• · ·	ation generally must sati			• •	•	. ,
					nplete Part IV, Sections				an actoriai	
е	Г				written determination from				Type III	
-			•		nally integrated supportir			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	., . , p e	
f	Fn	ter the number				.9 0.94				
			••	about the supporte	d organization(s).					
		(i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of	monetary	(vi) Amount of other
		organizatio	n		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)
Tota	ıl									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 14

Schedule A (Form 990 or 990-EZ) 2020 AFRICAN WILDLIFE FOUNDATION, INC. Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv

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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.")	24185152.	25416311.	27913456.	28651691.	31809676.	137976286
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	24185152.	25416311.	27913456.	28651691.	31809676.	137976286
	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)						3075230.
6	Public support. Subtract line 5 from line 4.						134901056
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	24185152.	25416311.	27913456.	28651691.	31809676.	137976286
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	691,600.	714,999.	817,459.	739,748.	569,820.	3533626.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	87,687.	-4,279.		238,111.		371,064.
11	Total support. Add lines 7 through 10						141880976
12	Gross receipts from related activities,	etc. (see instructio	ons)			12 1	<u>,953,907.</u>
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publi	ic Support Per	centage				
	Public support percentage for 2020 (I		•			14	95.08 %
	Public support percentage from 2019					15	94.46 %
1 6a	33 1/3% support test - 2020. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2019. If the o	-			l line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact			-	-	VI how the organiz	zation
	meets the facts-and-circumstances te	-		• • • •			
b	10% -facts-and-circumstances test					-	10% or
	more, and if the organization meets the						. —
	organization meets the facts-and-circu		•		•		
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b			
					Sche	edule A (Form 990	or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 AFRICAN WILDLIFE FOUNDATION, INC. 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.)

Sec	ction A. Public Support		1				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	i01(c)(3) organizati	on,
_							
Sec	ction C. Computation of Publi	c Support Per	rcentage			, <u>,</u>	
15	Public support percentage for 2020 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
	Public support percentage from 2019					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20)20 (line 10c, colur	mn (f), divided by	ine 13, column (f))		17	%
18	Investment income percentage from a					18	%
1 9a	33 1/3% support tests - 2020. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	-	•				▶∟
b	33 1/3% support tests - 2019. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t			▶∟
03202	23 01-25-21		16	5	Sch	edule A (Form 99	0 or 990-EZ) 2020

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Schedule A (Form 990 or 990-EZ) 2020 AFRICAN WILDLIFE FOUNDATION, INC.

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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10b

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 AFRICAN WILDLIFE FOUNDATION, INC.

Pa	rt IV	Supporting Organizations (continued)			<u> </u>
				Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c b	elow, the governing body of a supported organization?	11a		
b	A fam	ily member of a person described in line 11a above?	11b		
с	A 35%	6 controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	in Part VI.	11c		
Sec	tion E	3. Type I Supporting Organizations			
				Yes	No
1		e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported			
	organi	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		$\prime l$ how providing such benefit carried out the purposes of the supported organization(s) that operated,			
0	super	vised, or controlled the supporting organization.	2		
Sec		C. Type II Supporting Organizations			
				Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
Sec	<u>the su</u>	pported organization(s). D. All Type III Supporting Organizations	1		
				Vaa	Ne
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
•		ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	Ũ	(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	•	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
2		ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		ason of the relationship described in line 2, above, did the organization's supported organizations have a	-		
•	-	cant voice in the organization's investment policies and in directing the use of the organization's			
	•				
	Incom	IE UI ASSELS AL ALI LITTES UUTITU LITE LAX VEAL (IT "YES" "DESCRIPE IN PAIL VI THE ROLE THE ORDANIZATION'S			
		e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's orted organizations played in this regard.	3		

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** below.

С		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	
---	--	---	---	--

18

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a 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? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

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Schedule A (Form 990 or 990-EZ) 2020

2a

2b

3a

3b

Yes No

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	dule A (Form 990 or 990 EZ) 2020 AFRICAN WILDLIFE FOUNDA			52-0781390 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying		,	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	complete	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount	_	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
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	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount	_		Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	y integra	ted Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2020

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instructions).

Schedule A (Form 990 or 990-EZ) 2020 AFRICAN WILDLIFE FOUNDATION, INC.

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	inizations (continu	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (<i>describe in Part VI</i>). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive	1		
	(provide details in Part VI). See instructions.	-		8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2020	ns	Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
C	From 2017				
d	From 2018				
e	e From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	h Applied to 2020 distributable amount				
i					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2016				
b	Excess from 2017				
с	Excess from 2018				
d	Excess from 2019				
	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A	(Form 990 or 990-EZ) 2020 AFRI	CAN WILDLIFE	FOUNDATION,	INC.	52-0781390	Page 8
Part VI	Supplemental Information. Part IV, Section A, lines 1, 2, 3b, 3c line 1; Part IV, Section D, lines 2 an Section D, lines 5, 6, and 8; and Pa	Provide the explanation , 4b, 4c, 5a, 6, 9a, 9b, 9c d 3; Part IV, Section E, lir	s required by Part II, line , 11a, 11b, and 11c; Pa nes 1c, 2a, 2b, 3a, and 3	e 10; Part II, line 17a or rt IV, Section B, lines 1 b; Part V, line 1; Part \	[.] 17b; Part III, line 12; and 2; Part IV, Section /, Section B, line 1e; Pa	C,
	(See instructions.)			-		
032028 01-25-2	21		21	Schedu	le A (Form 990 or 990-l	E Z) 2020

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2020

Name of	the organization	Employer identification number
	AFRICAN WILDLIFE FOUNDATION, INC.	52-0781390
Organiza	ation type (check one):	
Filers of	Section:	
Form 990	o or 990-EZ (X) 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	
	your organization is covered by the General Rule or a Special Rule. Ily a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Specia	Rule. See instructions.
General	Rule	
	For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions tot property) from any one contributor. Complete Parts I and II. See instructions for determining a contribu	
Special	Rules	
	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% supposections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 1 any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the a or (ii) Form 990-EZ, line 1. Complete Parts I and II.	6a, or 16b, and that received from
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received fr contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts "N/A" in column (b) instead of the contributor name and address), II, and III.	, scientific,
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received fr	

utions exclusively for religious, charitable, etc., purposes, but no such contributions totaled mor 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).

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

Name of organization

Employer identification number

52-0781390

AFRICAN WILDLIFE FOUNDATION, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

	<i>•</i> • •	<i>(</i>)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>755,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>1,272,697.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>1,001,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>802,337.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

023452 11-25-20

Employer identification number

52-0781390

AFRICAN WILDLIFE FOUNDATION, INC.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

	Noncash Froperty (see instructions). Use duplicate copies of Par	•	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	

25

16480426 131839 064-100098

Schedule E	3 (Form 990, 990-EZ, or 990-PF) (2020)		Page 4
Name of or	ganization		Employer identification number
AFRICA	AN WILDLIFE FOUNDATION,	TNC.	52-0781390
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a	ons to organizations described in sec	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or le	ess for the year. (Enter this info. once.) \$
(a) No.	Use duplicate copies of Part III if additional	space is needed.	
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
	T		
F	Transferee's name, address, a		Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I		(0) 000 01 gint	
-		(e) Transfer of gift	
		(-,	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
F			
I		I	

023454 11-25-20

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

16480426 131839 064-100098

SCHEDULE D)
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Department of the Treasury Internal Revenue Service

032051 12-01-20

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.





Employer identification number 52-0781390

Name of the organization

AFRICAN WILDLIFE FOUNDATION, INC.

Pa	t I Organizations Maintaining Donor Advise	d Funds or Other S	imilar Funds or A	ccounts. Complete if the	;
	organization answered "Yes" on Form 990, Part IV, lin	e 6.			
		(a) Donor advise	d funds	(b) Funds and other accoun	ts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in v	writing that the assets he	ld in donor advised fun	ds	
	are the organization's property, subject to the organization's	exclusive legal control?		Yes	No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that gra	int funds can be used c	only	
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for an	y other purpose confer	ring	
_	impermissible private benefit?				No
Pa	t II Conservation Easements. Complete if the org	ganization answered "Ye	s" on Form 990, Part IV	, line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	-		
	Preservation of land for public use (for example, recrea	tion or education)	•	orically important land area	
	Protection of natural habitat		Preservation of a cert	ified historic structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution	ution in the form of a co		
	day of the tax year.			Held at the End of the	Tax Year
а	Total number of conservation easements			2a	
b				2b	
c	Number of conservation easements on a certified historic stru			2c	
d	Number of conservation easements included in (c) acquired a	,			
•	listed in the National Register			2d	
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or t	erminated by the organ	ization during the tax	
	year				
4	Number of states where property subject to conservation eas		ion bondling of		
5	Does the organization have a written policy regarding the per violations, and enforcement of the conservation easements it			Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting,		d enforcing conservatio		
0		nandling of violations, an	d enforcing conservation	on easements during the yea	1
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and en	forcing conservation ea	sements during the year	
•		ing of violations, and off		somerice daming the year	
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirement	s of section 170(h)(4)(B))(i)	
	and section 170(h)(4)(B)(ii)?				No
9	In Part XIII, describe how the organization reports conservation				
	balance sheet, and include, if applicable, the text of the footr				
	organization's accounting for conservation easements.	Ũ			
Pa	t III Organizations Maintaining Collections of	Art, Historical Trea	asures, or Other S	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 95	8, not to report in its reve	nue statement and bal	ance sheet works	
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education,	or research in furthera	nce of public	
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that des	cribes these items.		
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue	statement and balance	e sheet works of	
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in furtherance	e of public service,	
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1				
2	If the organization received or held works of art, historical treater			provide	
	the following amounts required to be reported under FASB A				
а	Revenue included on Form 990, Part VIII, line 1				
	Assets included in Form 990, Part X				
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.		Schedule D (Form 9	90) 2020

Sche		WILDLIFE E					52-07			_{age} 2
Par	t III Organizations Maintaining C	ollections of Art	, Historical T	reasures, c	or Other	r Similar	· Assets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of th	e following that	at make si	gnificant u	use of its			
	collection items (check all that apply):									
а	Public exhibition	d	Loan or e	xchange prog	ram					
b	Scholarly research	е		0.0						
с	Preservation for future generations									
4	Provide a description of the organization's co	ellections and explain	how they furthe	the organizati	ion's exen	npt purpos	se in Part	XIII.		
5	During the year, did the organization solicit o									
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arrang						. Part IV.			
	reported an amount on Form 990, Par		ine in the englishing				, · , .			
	Is the organization an agent, trustee, custodi		ary for contributi	ons or other as	sets not i	ncluded				
14	on Form 990, Part X?							Yes		No
h	If "Yes," explain the arrangement in Part XIII						∟		L	
U.			owing table.					Amount		
								Amount		
	Beginning balance									
	Additions during the year									
е	Distributions during the year									
Ť	Ending balance					. 1 f		7		
	Did the organization include an amount on Fo					ity?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.						<u></u>			
Par	t V Endowment Funds. Complete i	ŭ								
		(a) Current year	(b) Prior year	(c) Two yea		(d) Three y		(e) Four		
1a	Beginning of year balance	30,538,377.	29,737,62		7,774.		88,660.			553.
b	Contributions									
С	Net investment earnings, gains, and losses	5,881,291.	645,75	3. 1,74	10,423.	2,0	99,073.	З,	334,	961.
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	888,238.	845,00	0. 55	50,573.	1	25,500.	З,	829,	199.
f	Administrative expenses									
g	End of year balance	33,431,430.	30,538,37	7. 29,73	7,624.	28,5	47,774.	26,	188,	660.
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column	(a)) held as:						
а	Board designated or quasi-endowment	84.9400	%							
b	Permanent endowment 9.3100	%	_							
с	E 8500	%								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
3a	Are there endowment funds not in the posse	-	tion that are held	and administe	ered for th	e organiza	ation			
	by:	-				5		Г	Yes	No
	(i) Unrelated organizations							3a(i)		X
	(ii) Related organizations							3a(ii)		X
h	If "Yes" on line 3a(ii), are the related organiza							3b		
4	Describe in Part XIII the intended uses of the							00		
	t VI Land, Buildings, and Equipm		ment lunus.							
	Complete if the organization answered		Dart IV line 11a	Soo Form 00	0 Dort V	lino 10				
	Description of property	(a) Cost or of basis (investm	. ,	ost or other	1	ccumulate preciation	a	(d) Book	value	e
			,	sis (other)		preciation		0.0.2	1	57.
	Land					11 7	26			
	Buildings			20,249.		514,78		1,905		
	Leasehold improvements			28,228.		<u>427,3</u>		800		
d	Equipment			73,630.		358,00				65.
	Other			584,491.	1, 5	559,69		124	<u> </u>	
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part)	K, column (B), line	<u>e 10c.)</u>				4,139	,82	27.
							Schedule	D (Form	990)	2020

(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)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	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)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets.			
	on Form 000 Dart IV/ line :	11d Soo Form 000 Dart V line 15	
Complete if the organization answered "Yes" c	Description	The See Form 390, Fait A, line 13.	(b) Book value
(1) ADVANCE TO PARTNERS			452,729.
			87,821.
			3,957,321.
			5,957,541.
<u>(4)</u>			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities.	<u>15.)</u>		4,497,871.
Complete if the organization answered "Yes" of	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 INCE	INTIVES		5,500,325.
(3) ANNUITIES PAYABLE			148,357.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	25 \		5,648,682.
Total. (Column (b) must equal Form 990, Part X, col. (B) line 2. Liability for uncertain tax positions. In Part XIII, provide	,		

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2020

X

52-0781390 Page 3

032053 12-01-20

16480426 131839 064-100098

AFRICAN WILDLIFE FOUNDATION, INC. Schedule D (Form 990) 2020 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)		

	edule D (Form 990) 2020 AFRICAN WILDLIFE FOUNDATIO		0781390 Page 4							
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	ents Wit	h Revenue per R	eturn						
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.									
1	Total revenue, gains, and other support per audited financial statements			1	37,671,302.					
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:									
а			4,941,534							
b	Donated services and use of facilities	. 2b	72,232	•						
с	Recoveries of prior year grants	. 2c								
d	Other (Describe in Part XIII.)	2d	-156,310	•						
е	Add lines 2a through 2d			2e	4,857,456.					
3	Subtract line 2e from line 1			3	32,813,846.					
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:									
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	56,904	•						
b	Other (Describe in Part XIII.)	. 4b								
с	Add lines 4a and 4b	4c	56,904.							
			5 Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)							
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	32,870,750.					
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem	ents Wi	th Expenses per							
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	ents Wi	th Expenses per	Retur	'n.					
5 Ра 1	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem	ents Wi	th Expenses per							
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents Wi	th Expenses per	Retur	'n.					
1	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents Wi	th Expenses per	Retur	'n.					
1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	ents Wi	th Expenses per	Retur	'n.					
1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	ents Wi	th Expenses per	Retur	'n.					
1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	ents Wi 	th Expenses per	Retur	m. 32,406,989.					
1 2 b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	ents Wi 2a 2b 2c 2d	th Expenses per	Retur	m. 32,406,989.					
1 2 b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	ents Wi 	th Expenses per	Retur	'n.					
1 2 b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	ents Wi 	72,232	Retur	m. 32,406,989.					
1 2 b c d 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	ents Wi	th Expenses per	Retur	m. 32,406,989.					
1 2 6 6 8 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other losses Other state in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	ents Wi 2a 2b 2c 2d	72,232	Retur	m. 32,406,989. 72,232. 32,334,757.					
1 2 d c d e 3 4 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	ents Wi 2a 2b 2c 2d 2d	th Expenses per 72,232 56,904	Retur	m. <u>32,406,989</u> . <u>72,232</u> . <u>32,334,757</u> . <u>56,904</u> .					
1 2 d e 3 4 b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	ents Wi 2a 2b 2c 2d 4a 4b	th Expenses per 72,232 56,904	Retur	m. 32,406,989. 72,232. 32,334,757.					

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 FOUR
FISCAL YEARS, OF THE BOARD-DESIGNATED ENDOWMENT TO MEET BOARD APPROVED
BUDGETED EXPENDITURES. 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:

AWF PERFORMED AN EVALUATION OF UNCERTAINTY IN INCOME TAXES FOR THE YEAR

ENDED JUNE 30, 2021, AND DETERMINED THAT THERE WERE NO MATTERS THAT WOULD 032054 12-01-20
Schedule D (Form 990) 2020
30

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Schedule D (Form 990) 2020 AFRICAN WILDLIFE FOUNDATION, INC. 52 Part XIII Supplemental Information (continued)	-0781390 Page	e 5
REQUIRE RECOGNITION OR DISCLOSURE IN THESE CONSOLIDATED FINANCI	AL	
STATEMENTS OR WHICH MAY HAVE AN EFFECT ON THE TAX-EXEMPT STATUS	OF AWF,	
INC.		
PART XI, LINE 2D - OTHER ADJUSTMENTS:		
UNREALIZED GAIN/LOSS ON CGA	43,690	•
UNREALIZED GAIN/LOSS ON LIMALIMO LODGE	-200,000	•
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-156,310	•
Sci	hedule D (Form 990) 2	020

032055 12-01-20

SCHEDULE F	Stateme	nt of Act	ivities Outside the Ur	nited Sta	ites [°]	MB No. 1545-0047
(Form 990)			n answered "Yes" on Form 990, Part			2020
Department of the Treasury			Attach to Form 990.			n to Public
Internal Revenue Service	Go to v	www.irs.gov/Fo	rm990 for instructions and the latest	t information.		ection
Name of the organization					Employer identi	fication number
AFRICAN WILDLIF	E FOUNDA	FION, INC	2.		52-078139	90
Part I General Info	rmation on A	ctivities Out	side the United States. Compl	ete if the organ		
Form 990, Part	IV, line 14b.					
=	-		ds to substantiate the amount of its gra			1
the grantees' eligibility	for the grants or a	ssistance, and t	he selection criteria used to award the	grants or assis	tance? X	Yes No
2 For grantmakers. Des	cribo in Part V the	organization's	procedures for monitoring the use of its	arants and at	hor assistance out	vido tho
United States.		organization s	procedures for monitoring the use of its	s grants and ot		
	The following Part	I, line 3 table ca	an be duplicated if additional space is r	eeded.)		
(a) Region	(b) Number of	(c) Number of employees,	(d) Activities conducted in the region		vity listed in (d)	(f) Total
	offices in the region	agents, and	(by type) (such as, fundraising, pro- gram services, investments, grants to		gram service, e specific type	expenditures for and
	in the region	independent contractors	recipients located in the region)		(s) in the region	investments in the region
		in the region			NS AN ARRAY	
					DESIGNED TO	
					PRESERVATION	
SUB-SAHARAN AFRICA	22	175	PROGRAM SERVICES	OF WILD LAN	IDS AND	27,815,915.
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS	MANAGING AW SUBRECIPIEN		2 402 500
SOB-SANAKAN AFRICA	0	0	GRANIS TO RECIFIENTS	DUBRECIFIEN	15	3,492,590.
EUROPE (INCLUDING						
ICELAND & GREENLAND)	3	3	FUNDRAISING			326,982.
				GLOBAL LEAD		
					THE VOLCANO	
EUROPE (INCLUDING ICELAND & GREENLAND)	1	1	PROGRAM SERVICES		RK EXPANSION RWANDA, OUR	226,477.
ICEDAND & GREENDAND,	1	<u>+</u>	FROMAN BERVICES	FRODECT IN	KWANDA, OOK	220,477.
3 a Subtotal	26	179				31,861,964.
b Total from continuation						
sheets to Part I	0	0				0.
c Totals (add lines 3a and 3b)	26	179				31,861,964.
	20	·				, ,

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART V FOR COLUMN (E) DESCRIPTIONS Schedule F (Form 990) 2020

OMB No. 1545-0047

032071 12-03-20

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, FM\ appraisal, other)
		SUB-SAHARAN	SUPPORT TO FARO					
		AFRICA	NATIONAL PARK	172,842.	WIRE TRANSFER	0.		
			PARTNERSHIP FOR					
			IMPROVED					
		SUB-SAHARAN	ANTI-POACHING AND					
		AFRICA	COMPATIBLE LAND USE	46,051.	WIRE TRANSFER	0.		
			GUDDODE EO NAGAT					
		SUB-SAHARAN	SUPPORT TO MASSAI					
		AFRICA	MARA WILDLIFE CONSERVANCY	149 529	WIRE TRANSFER	0.		
		AFRICA	CONSERVANCI	140, 525.	WIKE IKANSFER	0.		
		SUB-SAHARAN						
		AFRICA	AIRPORT SNIFFER DOGS	57,856.	WIRE TRANSFER	0.		
		SUB-SAHARAN	SUPPORT TO GICH					
		AFRICA	COMMUNITY ETHIOPIA	32,967.	WIRE TRANSFER	0.		
			SUPPORT TO GLOBAL					
		SUB-SAHARAN AFRICA	YOUTH BIODIVERSITY NETWORK	19 300	WIRE TRANSFER	0.		
		AFRICA	NEIWORK	19,300.	WIKE IKANSFER	0.		
			ANTI-POACHING					
		SUB-SAHARAN	OPERATIONS FOR					
		AFRICA	MANYARA RANCH	98,304.	WIRE TRANSFER	0.		
			MANAGEMENT OF THE					
		SUB-SAHARAN AFRICA	BILI MBOMU FOREST	507 479	WIDE MDANCEED	0.		
2 Enter total number of			SAVANNA COMPLEX	,	WIRE TRANSFER	U.		

3 Enter total number of other organizations or entities

SEE PART V FOR COLUMN (D) DESCRIPTIONS

Schedule F (Form 990) 2020

Schedule F (Fo				FOUNDATION, INC.		52-07			Page 2
Part II Co	ontinuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)		1
1 (a) Name of (organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
				COUNTERING WILDLIFE					
			SUB-SAHARAN	TRAFFICKING THRO'AIR					
			AFRICA	TRANSIT	17,374.	WIRE TRANSFER	0.		
				SAFEGUARDING BONOBO					
				AND MARINGA-LOPORI-					
			SUB-SAHARAN	WAMBA FOREST					
			AFRICA	LANDSCAPE	13,627.	WIRE TRANSFER	0.		
				DRAFTING OF WILDLIFE					
				REGULATIONS, NGULIA					
			SUB-SAHARAN	RHINO PROGRAM, TSAVO					
			AFRICA	WEST NATIONAL PARK	246,842.	WIRE TRANSFER	0.		
					,				
			SUB-SAHARAN	MANYARA RANCH					
			AFRICA	ANTI-POACHING PROGRAM	22 992	WIRE TRANSFER	0.		
					22,552.				
			SUB-SAHARAN	CUDDODE MOZAMDIOUE					
				SUPPORT MOZAMBIQUE	42 017				
			AFRICA	CANINE UNIT	43,917.	WIRE TRANSFER	0.		
				ADC-MUTARA RANGERS					
			SUB-SAHARAN	SUPPORT_UNIFORMS&					
			AFRICA	TRAINING	134,788.	WIRE TRANSFER	0.		
			SUB-SAHARAN	SUPPORT FOR RHINO					
			AFRICA	PROTECTION	167,631.	WIRE TRANSFER	0.		_
			SUB-SAHARAN	SUPPORT TO THE UGANDA					
			AFRICA	INVESTMENT PROJECT	108,227.	WIRE TRANSFER	0.		
				SUPPORT TANZANIA					
			SUB-SAHARAN	CANINE FOR					
			AFRICA	CONSERVATION	68,014.	WIRE TRANSFER	Ο.		

	⁻ (Form 990)			FOUNDATION, INC		52-07			Page 2
Part II	Continuation of	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9			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	PARTNERSHIP FOR IMPROVED ANTI-POACHING AND COMPATIBLE LAND USE	5,556.	WIRE TRANSFER	0.		
			SUB-SAHARAN AFRICA	SUPPORT TO DJA NATIONAL PARK	17,599.	WIRE TRANSFER	0.		
			SUB-SAHARAN AFRICA	HEAVY ROAD EQUIPMENT FOR PARK MAINTENANCE	533,692.	WIRE TRANSFER	0.		
			SUB-SAHARAN AFRICA	BUILDING RESILIENCE OF THE COMMUNITY AROUND VNP	14,582.	WIRE TRANSFER	0.		
			SUB-SAHARAN AFRICA	SUPPORT TO MANA POOLS NATIONAL PARK	197,692.	WIRE TRANSFER	0.		

52-0781390

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)
DIPLOMA WILDLIFE							
MANAGEMENT-MWEKA COLLEGE-	SUB-SAHARAN						
TANZANIA	AFRICA	1	9,835.	WIRE TRANSFER	0.		
DOCTORAL STUDIES IN FISHERIES	SUB-SAHARAN						
MANAGEMENT	AFRICA	1	12,850.	WIRE TRANSFER	0.		
MASTER OF SCIENCE STUDIES IN	SUB-SAHARAN						
RESOURCE CONSERVATION BIOLOGY	AFRICA	1	10,475.	WIRE TRANSFER	0.		
KABALE ROTARY CLUB	SUB-SAHARAN						
SCHOLARSHIP PROGRAM	AFRICA	9	17,300.	WIRE TRANSFER	0.		
DOCTORAL STUDIES IN	SUB-SAHARAN						
MANAGEMENT	AFRICA	1	7 862.	WIRE TRANSFER	0.		
			.,				

Schedule F (Form 990) 2020

	e F (Form 990)			WILDLIFE	FOUNDATION,	INC
Part IV	Foreigr	ו Form	S			

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

Schedule F (Form 990) 2020

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 Part V
 Supplemental Information

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

PART I, LINE 2:

Schedule F (Form 990) 2020

THE GRANTS & CONTRACTS OFFICER REVIEWS THE SUB-RECIPIENT FINANCIAL

AFRICAN WILDLIFE FOUNDATION, INC.

REPORTS AND THEN FORWARDS TO THE GRANTS FINANCIAL MANAGER OF 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 CFO FOR ADDED SCRUTINY AND APPROVAL PRIOR TO DISTRIBUTION.

PART I, LINE 3, COLUMN (E):

REGION: SUB-SAHARAN AFRICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: AWF MAINTAINS AN ARRAY OF

PROGRAMS DESIGNED TO PROMOTE THE PRESERVATION OF WILD LANDS AND WILDLIFE

IN AFRICA. PROGRAMS INCLUDE LANDSCAPE PLANNING, PROTECTED AREA

MANAGEMENT, SPECIES PROTECTION AND ANTI POACHING AND ILLEGAL WILDLIFE

TRAFFICING ACTIVITIES, COMMUNITY ENGAGEMENT, ECONOMIC AND ENTERPRISE

DEVELOPMENT, PROGRAM DESIGN AND PUBLIC EDUCATION.

REGION: EUROPE (INCLUDING ICELAND & GREENLAND)

(E) SPECIFIC TYPES OF SERVICES IN REGION: GLOBAL LEADERSHIP OVERSEEING

THE VOLCANO NATIONAL PARK EXPANSION PROJECT IN RWANDA, OUR RIGHTS BASED

APPROACH TO CONSERVATION AND ENTERPRISE DEVELOPMENT.

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

032075 12-03-20

Schedule F (Form 990) 2020 AFRICAN WILDLIFE FOUNDATION, INC.
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: DRAFTING OF WILDLIFE REGULATIONS, 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

Schedule F (Form 990) 2020

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SCHEDULE G	Supplemental Information Regarding Fundraising or Gaming Activities							OMB No. 1545-0047	
(Form 990 or 990-EZ)		lete 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.							
Department of the Treasury		Attach to Form 990	or Fo	r m 99	0-EZ.			Open to Public	
Internal Revenue Service	► Go	o to www.irs.gov/Form990 for instr	uction	s and	the latest informati	on.		Inspection	
Name of the organization	า						Employer ide	ntification number	
	AFRICAN	WILDLIFE FOUNDATI	ON,	INC	2.		52-0781	390	
	complete this par	Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not	
· · ·		ed funds through any of the followir	na activ	vities. (Check all that apply.				
a X Mail solicitat	-	· · ·	-		overnment grants				
b X Internet and email solicitations f X Solicitation of government grants									
c X Phone solici		g Special		-	-				
d X In-person so		9 openal	lanare	long					
		or oral agreement with any individual	(incluc	lina of	ficers directors true	toos	or		
•		art VII) or entity in connection with p	•	•		ices,	X Yes	No	
• • •		viduals or entities (fundraisers) pursu			-	aa fuur			
	-		antio	agree		le lui		5	
compensated at le	ast \$5,000 by the				•			•	
			(iii) fundr	Did			Amount paid	(vi) Amount paid	
(i) Name and addres		(ii) Activity		ustody	(iv) Gross receipts		o (or retained by)	to (or retained by)	
or entity (fund	araiser)			ntrol of utions?	from activity		fundraiser ted in col. (i)	organization	
SANKY COMMUNICATION	IC TNC	MANAGEMENT OF DIRECT MAIL	Yes	No					
599 11TH AVENUE, 67		PROGRAM		X	6,476,490.		179,512.	6 296 978	
SHARPE GROUP - 855		CONSULTING FOR LEGACY		^ _	0,470,490.		179,512.	6,296,978.	
		GIVING PROGRAM		x	5,419,903.		14 400	5 405 503	
BOULAVARD, SUITE 30 STELTER - 10435 NEW		CONSULTING FOR LEGACY		^ _	5,415,503.		14,400.	5,405,503.	
					0		04 020	04 020	
AVENUE, DES MOINES,	, IA 50322	GIVING PROGRAM		X	0.		94,920.	-94,920.	
Total	<u></u>		<u></u> .		11,896,393.		288,832.	11,607,561.	
3 List all states in whi or licensing.	ch the organizatio	on is registered or licensed to solicit o	contrib	utions	or has been notified	it is e	exempt from re	gistration	

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990 or 990-EZ) 2020

032081 11-25-20

Schedule G (Form 990 or 990-EZ) 2020 AFRICAN WILDLIFE FOUNDATION,	INC
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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.

		or fundraising event contributions and gro	33 Income on Form 330		vento with gross receipt	3 greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
e			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
s	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct E	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
		Direct expense summary. Add lines 4 through			•	
Pa	rt I	Net income summary. Subtract line 10 from lir Gaming. Complete if the organization a		990. Part IV. line 19. or r		
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
	•					
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	from line 1. column (d)		•	
			, , , , , , , , , , , , , , , , , , , ,		r.	
		ter the state(s) in which the organization conduc				
		the organization licensed to conduct gaming ac				Yes No
D	IT "	No," explain:				
10a	We	ere any of the organization's gaming licenses rev	voked, suspended, or te	rminated during the tax y	ear?	Yes No
b	lf "`	Yes," explain:				
03208	32 11	-25-20			Schedule G (For	m 990 or 990-EZ) 2020

Sche	edule G (Form 990 or 990-EZ) 2020 AFRICAN WILDLIFE FOUNDATION, INC. 52-0	78139	90 Page 3
11	Does the organization conduct gaming activities with nonmembers?	Ye	s 🗌 No
40	to administer charitable gaming?	Ye	s 🔄 No
	Indicate the percentage of gaming activity conducted in: The organization's facility	13a	%
	An outside facility	13b	<u>%</u>
	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?	Ye	s 🗌 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 > \$		
с	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		
	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
h	retain the state gaming license? 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 > \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	: III, lines	9, 9b, 10b,
SCI	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS	:	
<u>(I</u>) NAME OF FUNDRAISER: SANKY COMMUNICATIONS, INC.		
<u>(I</u>) ADDRESS OF FUNDRAISER: 599 11TH AVENUE, 6TH FLOOR, NEW YORK, 3	NY 1	L0036
<u>(I</u>) NAME OF FUNDRAISER: SHARPE GROUP		
<u>(I</u>) ADDRESS OF FUNDRAISER:		
85	5 RIDGE LAKE BOULAVARD, SUITE 300, MEMPHIS, TN 38120		
03208	33 11-25-20 Schedule G (Form	990 or 9	990-EZ) 2020

Schedule G	a (Form 990 or 990-EZ) Supplemental Infor	AFRICAN	WILDLIFE	FOUNDATION,	INC.	52-0781390	Page 4
Part IV	Supplemental Infor	mation (contin	ued)				
						Schedule G (Form 990 or	990-F7\
					•		

SCHEDULE J	Compensation Information		OMB No. 1	1545-004	47
(Form 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		00	00	
, ,	Compensated Employees		ZU	ZU	J
	 Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. 		Open to	Publ	ic
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Name of the organiz	tion	Employer	identificatio	on nui	mber
	AFRICAN WILDLIFE FOUNDATION, INC.	52-0	078139	0	
Part I Quest	ons Regarding Compensation				
				Yes	No
1a Check the appr	ppriate 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.				
First-class	or charter travel 🛛 🔀 Housing allowance or residence for perso	nal use			
Travel for	ompanions	sidence			
Tax indem	Tax indemnification and gross-up payments X Health or social club dues or initiation fees				
Discretion	ry spending account Personal services (such as maid, chauffe	ur, chef)			
b If any of the bo	es on line 1a are checked, did the organization follow a written policy regarding payment or				
reimbursement	or provision of all of the expenses described above? If "No," complete Part III to explain		1b	Х	
2 Did the organiz	tion require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
trustees, and o	icers, including the CEO/Executive Director, regarding the items checked on line 1a?		2	Х	
3 Indicate which,	f any, of the following the organization used to establish the compensation of the organization's	6			
	Director. Check all that apply. Do not check any boxes for methods used by a related organizati	on to			
	ensation of the CEO/Executive Director, but explain in Part III.				
X Compensa					
	nt compensation consultant IX Compensation survey or study				
X Form 990	of other organizations	ommittee			
	did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
-	a related organization:				v
	ance payment or change-of-control payment?		<u>4a</u>		X X
	receive payment from a supplemental nonqualified retirement plan?		4		X
	receive payment from an equity-based compensation arrangement?		4c		
If "Yes" to any	f lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
Only contine 5	(1/2) = 0.1/2/4 and $(0.1/2)/20$ argumizations must complete lines (
-	01(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. ad on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatic	n			
		// 1			
contingent on t			5a		x
	ו? אוויבאלוסח?				X
	inization? 5a or 5b, describe in Part III.		55		
	ed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	le net earnings of:				
-	1?		6a		x
	inization?				X
	Sa or 6b, describe in Part III.				
	ed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	5			
	n lines 5 and 6? If "Yes," describe in Part III		7		x
	nts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				
			8		X
	3, did the organization also follow the rebuttable presumption procedure described in				
	tion 53.4958-6(c)?		9		
	Reduction Act Notice, see the Instructions for Form 990.		dule J (Forn	n 990)	2020

032111 12-07-20

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.

		(B) Breakdown of \	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(I)-(D)	reported as deferred on prior Form 990
(1) KADDU SEBUNYA	i)	325,000.	0.	41,290.	28,000.	37,486.	431,776.	0.
	ii)	0.	0.	0.	0.	0.	0.	0.
	i)	220,690.	0.	0.	0.	29,188.	249,878.	0.
	ii)	0.	0.	0.	0.	0.	0.	0.
(3) ERIC COPPENGER	i)	166,774.	0.	0.	15,550.	17,798.	200,122.	0.
	ii)	0.	0.	0.	0.	0.	0.	0.
(4) LINDSAY KOSNIK	i)	205,990.	0.	0.	19,485.	18,508.	243,983.	0.
SENIOR VP, PHILANTHROPY AND MARKETIN (0.	0.	0.	0.	0.	0.	0.
(5) CHARLY FACHEUX	i)	201,450.	3,500.	4,818.	20,145.	21,608.	251,521.	0.
SR VP, CONSERVATION STRATEGY, IMPACT (ii)	0.	0.	0.	0.	0.	0.	0.
(6) PHILIP MURUTHI	i)	187,538.	0.	0.	18,753.	5,738.	212,029.	0.
VP - SPECIES CONSERVATION AND SCIENC (i	ii)	0.	0.	0.	0.	0.	0.	0.
(7) FELIX OTIENO	i)	125,369.	0.	0.	12,625.	22,705.	160,699.	0.
	ii)	0.	0.	0.	0.	0.	0.	0.
(8) DAVID WILLIAMS	i)	125,000.	0.	552.	12,374.	19,542.	157,468.	0.
DIRECTOR OF CONSERVATION GEOGRAPHY (i	ii)	0.	0.	0.	0.	0.	0.	0.
(9) FREDERICK KUMAH	i)	156,996.	0.	0.	15,699.	22,196.	194,891.	0.
VP OF GLOBAL LEADERSHIP (i	ii)	0.	0.	0.	0.	0.	0.	0.
(10) ALTHEA WILSON	i)	142,831.	0.	0.	13,145.	20,578.	176,554.	0.
SENIOR DIR. OF CORP. AND FND RELATIO (i	ii)	0.	0.	0.	0.	0.	0.	0.
(11) ALISTAIR POLE	i)	158,000.	0.	0.	15,800.	20,795.	194,595.	0.
SENIOR DIRECTOR, PROJECT MANAGEMENT (i	ii)	0.	0.	0.	0.	0.	0.	0.
(12) ANDREA ATHANAS	i)	140,360.	0.	0.	10,590.	16,420.	167,370.	0.
SENIOR DIRECTOR, BUSINESS ENGAGEMENT (i	ii)	0.	0.	0.	0.	0.	0.	0.
	i)							
	ii)							
	i)							
	ii)							
	i)							
	ii)							
	i)							
	ii)							

Schedule J (Form 990) 2020

Page 3

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

PART I, LINE 1A:

AS AN EXPATRIATE IN KENYA, THE CEO RECEIVES AN EXPATRIATE COMPENSATION

PACKAGE THAT IS COMMENSURATE WITH OTHER EXPATRIATE CHIEF EXECUTIVES IN

SIMILAR NGOS IN KENYA.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2020

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.

Attach to Form 990.

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

Name of the organization

Employer	identification number
5	2-0781390

AFRICAN WILDLIFE FOUNDATION, INC.

Par	t 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 de noncash contribu	0	 :s
1	Art - Works of art			<u> </u>			
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	64	1,204,463.	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 ()						
26	Other ()						
27	Other ()						
28	Other ()		 				
29	Number of Forms 8283 received by the organiz						
	for which the organization completed Form 828	53, Part V, L	Jonee Acknowledg	ement 29		Vac	
202	During the year, did the organization receive by	(contributio	n any proporty rop	orted in Part L lines 1 throug	h 28, that it	Yes	No
30a	must hold for at least three years from the date		•••••				
	exempt purposes for the entire holding period?			which isn't required to be us		30a	x
h	If "Yes," describe the arrangement in Part II.					000	
31	Does the organization have a gift acceptance p	policy that re	equires the review of	of any nonstandard contribut	ions?	31 X	
	Does the organization hire or use third parties						<u> </u>
	contributions?		-			32a	x
	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	/ for which column (a) is chec	ked,		
	describe in Part II.						

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

Schedule M (Form 990) 2020

032141 11-23-20

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 M (Form 990) 2020

032142 11-23-20

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

INC.

AFRICAN WILDLIFE FOUNDATION,



Employer identification number 52 - 0781390

FORM 990, PART III, LINE 1,

WE ADDRESS SHRINKING HABITATS, ILLEGAL WILDLIFE TRADE, AND WORSENING IMPACTS FROM CLIMATE CHANGE USING HOLISTIC STRATEGIES, WHILE ENSURING THAT CONSERVATION EFFORTS AND SUSTAINABLE DEVELOPMENT ARE PART OF THE SAME EQUATION. WE EMBRACE PUBLIC AND PRIVATE PARTNERSHIPS THAT HELP TO ACHIEVE KEY, SUPPORTIVE POLICY OBJECTIVES AND HELP TO BUILD MORE RESILIENT AND SUSTAINABLE LIVELIHOODS FOR COMMUNITIES LIVING NEAR PROTECTED AREAS. NOW, CONSERVED AND IN OUR 60TH YEAR OF OPERATION, WE ARE BUILDING INNOVATIVE CAMPAIGNS TO ENGAGE YOUTH, EDUCATE THE NEXT GENERATION OF AFRICAN CONSERVATIONISTS, AND AMPLIFY AND ADVOCATE AFRICA'S CONSERVATION PRIORITIES TO GLOBAL INSTITUTIONS AND THE INTERNATIONAL COMMUNITY.

AWF WORKS IN 10 AFRICAN COUNTRIES ACROSS THE CONTINENT, INCLUDING: DEMOCRATIC REPUBLIC OF THE CONGO (DRC), CAMEROON, ETHIOPIA BOTSWANA KENYA (HQ) RWANDA, TANZANIA, UGANDA AND ZIMBABWE. IN 2020 NIGER INITIATED A PAN-AFRICAN LEADERSHIP PLATFORM -THE AFRICAN CIVIL WE SOCIETY ORGANIZATION BIODIVERSITY ALLIANCE - LINKING CSOS INTO CRITICAL GLOBAL POLICY PROCESSES, INCLUDING NEGOTIATIONS AT THE CONVENTION ON BIOLOGICAL DIVERSITY (CBD) AND THE WORLD CONSERVATION CONGRESS. AWF'S POLICY TEAM COORDINATES THIS GROUP, WHICH CONSISTS OF 80 AFRICAN ORGANIZATIONS. IN FY21, AWF CONVENED VIRTUAL EVENTS WITH CSOS TO PREPARE FOR THE CONVENTION DIALOGUES. OUR GOAL IS TO SHARE THE AFRICAN VISION FOR PROTECTED AREAS AND BIODIVERSITY PROTECTION THAT WILL HELP SHAPE CONSERVATION POLICY AND PRACTICE ON THE CONTINENT AS WELL AS

GLOBAL INVESTMENT.

Name of the organization AFRICAN WILDLIFE FOUNDATION, INC.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

CONSERVATION-FRIENDLY DEVELOPMENT.

AS PART OF AWF'S MODERN COUNTER WILDLIFE TRAFFICKING PROGRAM AND SOON TO SERVE EIGHT AFRICAN COUNTRIES (KENYA, THE DEMOCRATIC REPUBLIC OF THE CONGO, ETHIOPIA, TANZANIA, BOTSWANA, CAMEROON, MOZAMBIQUE, AND UGANDA) CANINES FOR CONSERVATION IS DESIGNED TO TAKE DOWN ILLEGAL WILDLIFE POACHERS, TRAFFICKERS AND TRADE SYNDICATES. IN FY21, AWF LAUNCHED THE EXPANSION OF ITS CANINES PROGRAM TO ETHIOPIA, STARTING WITH CONSTRUCTING A FACILITY AT BOLE INTERNATIONAL AIRPORT. DURING THE HEIGHT OF THE PANDEMIC, NEW DOG TEAMS WERE DEPLOYED AT TANZANIA'S KILIMANJARO INTERNATIONAL AIRPORT AND SERENGETI NATIONAL PARK, WHICH PRODUCED IMMEDIATE RESULTS IN THE FORM OF ARRESTS. IN TANZANIA, THE CANINE TEAMS SEARCHED 2,089 FLIGHTS AND OVER 700 VEHICLES IN 2021. THE TEAMS CONDUCTED 13 INTELLIGENCE-LED OPERATIONS, LEADING TO THE RECOVERY OF 110 KILOGRAMS OF RAW IVORY AND THE ARREST OF 28 SUSPECTS. IN ADDITION TO ENFORCEMENT, THE SNIFFER DOGS ALSO PLAY AN INCREASINGLY POWERFUL ROLE IN DETERRING WOULD-BE SMUGGLERS FROM ATTEMPTING THE WILDLIFE CRIME.

AWF IS HARNESSING TECHNOLOGY EVERY DAY TO GIVE WILDLIFE CRIME FIGHTERS THE ADVANTAGE OVER POACHERS, AND PROVIDE NEW TOOLS FOR FIELD-DATA COLLECTION. IN 2021, AWF DELIVERED FOUR FORENSIC WORKSTATIONS TO THE UGANDA WILDLIFE AUTHORITY (UWA) IN KAMPALA. THE WORKSTATIONS ENSURE THAT UWA INVESTIGATORS HAVE THE CAPACITY TO INVESTIGATE AND PROSECUTE WILDLIFE CYBERCRIME INCIDENTS. THEY INCLUDE FORENSIC INVESTIGATION 032212 11-20-20 Schedule O (Form 990 or 990-EZ) 2020 50

2020.05093 AFRICAN WILDLIFE FOUNDATI 064-1001

 $16480426 \ 131839 \ 064-100098$

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization AFRICAN WILDLIFE FOUNDATION, INC.	Employer identification number 52-0781390
DESKTOP COMPUTERS VALUED AT US\$ 11,119 AND EQUIPPED WITH T	HE REQUISITE
SOFTWARE TO ENHANCE WILDLIFE CYBERCRIME FORENSICS. FOLLOWI	NG THE
HANDOVER, AWF, UWA, AND UGANDA POLICE FORCE (UPF) HOSTED A	DIGITAL AND
ELECTRONIC EVIDENCE TRAINING OF TRAINERS WORKSHOP TO BUILD	THE CAPACITY
OF UWA INVESTIGATORS TO CARRY OUT TRAINING OF FIRST RESPON	DERS IN THE
FIELD ON DIGITAL AND ELECTRONIC EVIDENCE, INCLUDING CASE M	ANAGEMENT OF
DIGITAL EVIDENCE.	

THE AWF WILDLIFE CYBERCRIME INVESTIGATION PROGRAM COMBATS CYBER TRAFFICKING OF ILLEGAL WILDLIFE PRODUCTS THROUGH A NETWORK OF INFORMATION SHARING TO SUPPORT LAW ENFORCEMENT IN UNCOVERING, INVESTIGATING, AND DISRUPTING ILLEGAL TRADE IN WILDLIFE AND WILDLIFE PRODUCTS THROUGH ONLINE PLATFORMS.

OUTSIDE OF THE LAW ENFORCEMENT ARENA, AWF FREQUENTLY PARTNERS WITH AFRICAN GOVERNMENTS TO CONDUCT ECOLOGICAL AND SCIENTIFIC RESEARCH ON ENDANGERED WILDLIFE POPULATIONS. IN MAY 2021, AWF ASSISTED THE KENYA WILDLIFE SERVICE (KWS) IN ITS FIRST COUNTRYWIDE WILDLIFE CENSUS. PATROLS BY AIR, GROUND, AND WATER WERE COMBINED WITH THE EXAMINATION OF DATA FROM CAMERA TRAPS, RADIO COLLARS, AND GROUND SURVEYS. SURVEYORS COUNTED AS MANY SPECIES AS POSSIBLE FROM LARGE TERRESTRIAL AND MARINE MAMMALS, TO KEY BIRD SPECIES. THE KWS CENSUS IS PROVIDING AN INVALUABLE OVERVIEW OF KENYA'S WILDLIFE AND WILL HELP SHAPE FUTURE CONSERVATION WORK, SUCH AS IMPLEMENTATION OF THE COUNTRY'S NATIONAL ELEPHANT ACTION AND RECOVERY PLAN.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

SAVANNA ECOSYSTEM BORDERING THE FARO RIVER AND NIGERIA TO THE WEST. THE Schedule O (Form 990 or 990-EZ) 2020 032212 11-20-20 51 2020.05093 AFRICAN WILDLIFE FOUNDATI 064-1001

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization AFRICAN WILDLIFE FOUNDATION, INC.	Employer identification number 52-0781390
1,329 SQUARE MILE LARGER LANDSCAPE IS HOME TO AFRICAN ELEP	HANTS, BLACK
RHINOS, CHEETAHS AND A LARGE HIPPO POPULATION. IN THE FARO	LANDSCAPE,
AWF SUPPORTS THE INDIGENOUS PEOPLE WITH OPPORTUNITIES FOR	DEEPER
ENGAGEMENT IN CONSERVATION EDUCATION AND ACTIVITIES. WE DE	LIVER
PARTICIPATORY LAND-USE PLANNING, TRAINING IN	
COUNTER-WILDLIFE-TRAFFICKING, AND MEDIATION OF COMMUNITY C	ONFLICTS
RELATED TO TRANSHUMANCE THE PRACTICE OF MOVING LIVESTOCK	FROM ONE
GRAZING GROUND TO ANOTHER DURING A SEASONAL CYCLE. IN 2021	, AWF HELPED
LOCAL COMMUNITIES AROUND FARO TO ADDRESS THIS PROBLEM BY C	ONVENING
TRANSHUMANT HERDERS, LOCAL COMMUNITIES, AND AUTHORITIES TO	MEDIATE
CONFLICTS OVER LAND RIGHTS. WE HELPED TO SENSITIZE HERDERS	TO LAWS
GOVERNING LAND USE AND PRESENTED ALTERNATIVES TO HARMFUL G	RAZING
PRACTICES.	

FOR COMMUNITY-ROOTED STRATEGIES TO FLOURISH, AWF CREATES OPPORTUNITIES FOR SUSTAINABLE ENTERPRISE IN LARGER LANDSCAPES. IN COMMUNITIES IN AND AROUND DJA FAUNAL RESERVE AND CAMPO MA'AN NATIONAL PARK IN CAMEROON, AWF EMPOWERS COMMUNITIES THROUGH ALTERNATIVE LIVELIHOOD TRAINING. IN 2021, DURING THE HEIGHT OF COVID-19, AWF HELPED 70 WOMEN ENTREPRENEURS INCREASE THE QUALITY AND QUANTITY OF THEIR NON-TIMBER FOREST PRODUCTS AND SURVEY MARKETS AND COMPETITIVE PRICING, RESULTING IN HIGHER INCOMES. DESPITE THE IMPACT OF COVID-19, 71 INDIGENOUS WOMEN SOLD US \$28,633 OVER 10 MONTHS A 70 PERCENT REVENUE INCREASE.

IN FARO AND CAMEROON'S TCHAMBA DISTRICT, AWF DEVELOPS MICROENTERPRISES
IN BEEKEEPING. IN 2021, THE AWF BEEKEEPERS HARVESTED RECORD AMOUNTS OF
HONEY AND EXPANDED THEIR INVENTORY OF HIVES. ALONG WITH IMPROVING
INCOMES, SUCH PROJECTS FOSTER TRUST IN AWF AND STRENGTHEN OUR
032212 11-20-20
Schedule O (Form 990 or 990-EZ) 2020

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AS AFRICAN COUNTRIES TRY TO OFFSET REVENUE STREAMS FOR CONSERVATION
HARMED BY PANDEMIC TRAVEL RESTRICTIONS AND A SHARP DECLINE IN WILDLIFE
TOURISM, GOVERNMENTS ARE SCRAMBLING TO IDENTIFY AND PREVENT
BIODIVERSITY LOSS TO HELP STRENGTHEN WILDLIFE ECONOMIES AND CONTRIBUTE
TO GDP. IN 2021, AWF WAS APPROACHED BY THE ZIMBABWE MINISTRY OF
ENVIRONMENT, CLIMATE, TOURISM AND HOSPITALITY INDUSTRY TO PRODUCE A
REPORT AS A TOOL TO INFORM POLICIES AROUND MAXIMIZING THE COUNTRY'S
INCLUSIVE WEALTH AND MAINTAINING THE LONG-TERM SUSTAINABILITY OF ITS
BIOLOGICAL RESOURCE BASE. THE STUDY WILL BE THE FIRST-EVER STATE OF THE
BIODIVERSITY ECONOMY IN ZIMBABWE, INCLUDING A FRAMEWORK FOR NATURAL
CAPITAL ACCOUNTING AND A BLUEPRINT FOR LEVERAGING KEY INVESTMENT
OPPORTUNITIES IN THE BIODIVERSITY ECONOMY.
AWF IS TACKLING HUMAN-WILDLIFE CONFLICT IN LARGE LANDSCAPES TO ADDRESS
ECOLOGICAL CHALLENGES, BUT ALSO TO MANAGE THE SHIFTING NEEDS OF HUMAN
COMMUNITIES. IN AFRICA, WILDLIFE CAN OFTEN POSE A NUISANCE TO FARMERS
AND A DANGER TO PUBLIC SAFETY. THAT'S WHY WE TRAIN ECO-SCOUTS IN
MITIGATION STRATEGIES TO HELP SENSITIZE COMMUNITIES TO CONSERVATION
REALITIES, INCLUDING THE IMPORTANCE OF WILDLIFE TO THE MAINTENANCE OF
HEALTHY ECOSYSTEMS. IN FY21, AWF AND THE KENYA WILDLIFE SERVICE
IDENTIFIED SIX HUMAN-ELEPHANT CONFLICT HOTSPOTS WITHIN THE TSAVO
ECOSYSTEM, AND TRAINED 240 FARMERS IN SOLUTIONS THAT INCLUDED MAKING
NOISE AND USING LIGHT TO DEFLECT APPROACHING ELEPHANTS. BETWEEN
NOVEMBER 2020 AND APRIL 2021, AWF'S RAPID-RESPONSE TEAM IN TSAVO
HANDLED 48 HUMAN-ELEPHANT CONFLICT INCIDENTS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMEN
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Schedule O (Form 990 or 990-EZ) 2020

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Schedule O (Form 990 or 990-EZ) 2020 Name of the organization

AFRICAN WILDLIFE FOUNDATION, INC.

RELATIONSHIPS WITH GOVERNMENT AND PRIVATE-SECTOR PARTNERS AS WELL.

Employer identification number 52 - 0781390

Page 2

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization AFRICAN WILDLIFE FOUNDATION, INC.	Employer identification number $52 - 0781390$
ACTIVISTS TO RAISE AWARENESS FOR CRITICAL ISSUES, SUCH AS	BIODIVERSITY
LOSS AND THE CLIMATE CRISIS. ADVOCACY PLAYS AN EQUALLY IMP	ORTANT ROLE,
AND AWF WORKS WITH THE POLITICAL AND ECONOMIC LEADERSHIP I	N AFRICA AND
BEYOND TO INTEGRATE CONSERVATION INTO DEVELOPMENT AND ECON	OMIC PLANS.

IN 2021, AWF AND THE AFRICAN LEADERSHIP UNIVERSITY SCHOOL OF WILDLIFE CONSERVATION (ALU SOWC) ENTERED AN AGREEMENT THAT WILL SEE BOTH INSTITUTIONS MENTOR UPCOMING CONSERVATION STUDENTS AND COLLABORATE ON APPLIED RESEARCH. THE PARTNERSHIP IN LINE WITH AWF'S YOUTH ENGAGEMENT STRATEGY AND LEADERSHIP FRAMEWORK WILL SEE AWF PROVIDE INTERNSHIP OPPORTUNITIES, CURATE IDEAS FOR SOLUTIONS THROUGH MBA CAPSTONES, AND COLLABORATIVE RESEARCH AROUND WILDLIFE ECONOMIES ANNUALLY.

YOUTH LEADERSHIP PROGRAMS AT AWF HELP TO MOTIVATE ENTREPRENEURIAL SPIRIT AND RAISE AWARENESS FOR BIG IDEAS THAT CAN HELP INFLUENCE OTHER STUDENTS, YOUNG PROFESSIONALS, AND BIZ LEADERS IN REGIONAL, NATIONAL, AND INTERNATIONAL FORUMS AND NEGOTIATIONS. IN 2021, AWF-SUPPORTED THE TOP 100 YOUNG AFRICAN CONSERVATION LEADERS LIST CAMPAIGN TO SPEARHEAD A WIDE RANGE OF MARINE AND TERRESTRIAL PROJECTS FROM ECOTOURISM BUSINESSES IN TANZANIA; TO APPS THAT MAP ILLEGAL-WASTE SITES IN KENYA; TO TOOLKITS FOR WILDLIFE CRIME PROSECUTION IN ZIMBABWE.

FOR MONTHS IN THE RUN-UP TO THE CONVENTION ON BIOLOGICAL DIVERSITY

(OCTOBER 2021), AWF FACILITATED WORKSHOPS FOR COUNTRY REPRESENTATIVES

OF THE GLOBAL YOUTH BIODIVERSITY NETWORK (THE OFFICIAL YOUTH DELEGATION

TO THE CONVENTION) TO HELP REPRESENTATIVES DEVELOP REGIONAL POSITIONS

AND PREPARE FOR DELIBERATIONS. THROUGHOUT 2021, AWF CONVENED CIVIL

SOCIETY ORGANIZATIONS FROM AFRICA AND CHINA TO PREPARE FOR THE
032212 11-20-20 Schedule O (Form 990 or 990-EZ) 2020

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2020.05093 AFRICAN WILDLIFE FOUNDATI 064-1001
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Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization AFRICAN WILDLIFE FOUNDATION, INC.	Employer identification number 52-0781390
CONVENTION DIALOGUES, WHICH HELPED DEFINE A SHARED AFRICAN	VISION FOR
PROTECTED AREAS AND BIODIVERSITY PROTECTION THAT WILL HELP	SHAPE
CONSERVATION POLICY AND PRACTICE ON THE CONTINENT AS WELL	AS GLOBAL
INVESTMENT.	
AS ONE OF THE CO-CONVENERS OF THE FIRST-EVER AFRICA PROTEC	TED AREAS
CONGRESS (APAC), AWF WORKED IN 2021 TO DEVELOP A COMPREHEN	SIVE
FRAMEWORK FOR DELIBERATIONS AND KEY PARTICIPANTS. AT APAC,	AWF WILL
ENGAGE WITH AFRICA'S MOST IMPORTANT WILDLIFE AND ENVIRONME	NT
AUTHORITIES, THE AFRICAN PROTECTED AREA DIRECTORS (APAD).	ГНЕ АРАС
CONGRESS WILL BE AN IMPETUS TO EXPAND APAD MEMBERSHIP FROM	ACROSS THE
CONTINENT, SERVE AS A FORUM FOR COLLABORATIVE POLICY MAKIN	NG, AND
INTRODUCE A NEWLY PROPOSED CONSERVATION FINANCE MECHANISM	THAT APAD IS
RALLYING BEHIND THE FORMATION OF A PAN-AFRICAN CONSERVATION	ON TRUST
(A-PACT). INTENDED TO CREATE AN EXHAUSTIVE SUSTAINABLE FIN	ANCING
SOLUTION FOR ALL OF AFRICA'S PROTECTED AND CONSERVED AREAS	, A-PACT IS
ENVISIONED TO HAVE A SUFFICIENT ENDOWMENT (US\$ 95-225 BILL)	ION) TO PAY
OUT \$2.63-6.7 BILLION ANNUALLY ASSUMING A 3% RETURN ON INV	ESTMENT,
WHICH EQUATES TO BETWEEN \$390 AND \$990 PER KM2 FOR EACH AR	EA

ORIGINALLY SCHEDULED FOR MARCH 2022, THE CONGRESS IS CURRENTLY SET TO

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BE HELD IN KIGALI, RWANDA IN JULY 2022.

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

CAMEROON, CANADA, ETHIOPIA, KENYA,

NIGER, TANZANIA, UGANDA, ZIMBABWE,

CONGO, DEM REP

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Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization AFRICAN WILDLIFE FOUNDATION, INC.	Employer identification number 52-0781390
FORM 990, PART VI, SECTION A, LINE 2:	
STEPHEN GOLDEN AND LYNNE G. DOLNICK HAD FAMILY RELATIONSH	IPS.
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 PREPARER, THE RETURN IS REVIEWED BY THE CFO WHO COMMUNICATES ANY NECESSARY CHANGES TO THE TAX PREPARER. THE FINAL DRAFT OF THE FORM 990 IS REVIEWED BY THE AUDIT COMMITTEE. A COPY OF THE 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, ANNUALLY. IF A TRUSTEE FEELS THAT HE/SHE 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 REGARDIN CONFLICTS OF INTEREST ARE BROUGHT TO THE HUMAN RESOURCES AND CULTURE DEPARTMENT FOR REVIEW BY THE CFO AND OTHER MEMBERS OF THE EXECUTIVE LEADERSHIP TEAM WHEN REQUIRED.

 STAFF THAT REVIEW AND ENTER INTO PURCHASE CONTRACTS ARE TRAINED TO QUESTION

 POTENTIAL CONFLICTS OF INTEREST.
 LOCAL FINANCE OFFICERS REVIEW

 TRANSACTIONS UP TO \$1,000.
 ADDITIONAL SCRUTINY IS GIVEN TO LARGER

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 11-20-20

 Schedule O (Form 990 or 990-EZ) 2020

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Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization AFRICAN WILDLIFE FOUNDATION, INC.	Employer identification number 52-0781390
CONTRACTS BY THE DIRECTOR OF ADMINISTRATION AND FACILITIES	. ANY POTENTIAL
CONFLICTS OF INTEREST ARE FORWARD TO THE CFO AND/OR THE CE	O FOR REVIEW.
FORM 990, PART VI, SECTION B, LINE 15:	
THE CFO GATHERS DATA FROM PUBLICLY AVAILABLE SOURCES TO CO	MPARE
COMPENSATION OF SIMILAR ORGANIZATIONS, GROUPED BY SIZE. A	DDITIONALLY, AN
OUTSIDE FIRM CONDUCTS AN INDEPENDENT REVIEW TO SHOW PAY RA	NGES FOR THE TOP
EXECUTIVE OF SIMILAR FIRMS AND MAKES A RECOMMENDATION. TH	IE DATA IS

PROVIDED TO THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES WHO

ULTIMATELY DECIDE THE LEVEL OF THE CEO'S COMPENSATION.

INFORMAL SALARY REVIEWS FOR OFFICERS AND KEY EMPLOYEES ARE PERFORMED ANNUALLY BY THE HUMAN RESOURCES DEPARTMENT WITH OVERSIGHT BY THE CFO. 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. RECOMMENDATIONS ARE MADE BY THE CFO TO THE CEO WHO ULTIMATELY MAKES COMPENSATION DECISIONS.

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
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Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization AFRICAN WILDLIFE FOUNDATION, INC.	Employer identification number 52-0781390
990 ARE AVAILABLE TO THE PUBLIC UPON REQUEST. ADDITIONALLY	, COPIES OF THE
FEDERAL FORM 990 AND ANNUAL REPORTS ARE MAINTAINED ON THE	WEBSITE.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
UNREALIZED GAIN/LOSS ON CGA	43,690.
UNREALIZED GAIN/LOSS ON LIMALIMO LODGE	-200,000.
TOTAL TO FORM 990, PART XI, LINE 9	-156,310.
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