### \*\* PUBLIC DISCLOSURE COPY \*\*

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

The organization may have to use a convent this return to satisfy state reporting requirements

Department of the Treasury

Inter	nal Reve	enue Service	The organization may have to use a copy of this return to satisfy sta	ite reporting requirements	Inspection
A I	or th	e 2012 calen	dar year, or tax year beginning $JUL 1$ , $2012$ and ending	JUN 30, 2013	
B	Check if	C Name	of organization	D Employer identifi	cation number
a	Check if pplicab	ole:	or organization	Linployor tuottan	
	Addre	SS AFR	ICAN WILDLIFE FOUNDATION, INC.		
$\vdash$	Name chang	7111		52-N	781390
누	□Initial		Business As		<del></del>
<u> </u>	returr	Numbe	er and street (or P.O. box if mail is not delivered to street address)		
<u>_</u>	Termi	L TAO	0 16TH STREET, NW 120	(202	
<u>L</u>	Amen	i City, to	own, or post office, state, and ZIP code	G Gross receipts \$	39,457,331.
L	Appli		HINGTON, DC 20036-2249	H(a) Is this a group re	
	pendi	F Name	and address of principal officer:PATRICK BERGIN	for affiliates?	Yes X No
		SAME	AS C ABOVE	H(b) Are all affiliates inc	luded? Yes No
1 1	ax-ex	emnt status	X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or	of "No." attach a	list. (see instructions)
$\dot{}$	Vohei	to: WWW	.AWF.ORG	H(c) Group exemptio	
					State of legal domicile: DC
	art I			car of formation. 2302 H	n oute of legal definere. 20
7. A.C.	_		be the organization's mission or most significant activities: AWF WORK	C MO ENGIDE M	UE WILDLIER
9	1	Briefly descri	LD LANDS OF AFRICA WILL ENDURE FOREVER	3 TO EMBORE I	IIE WIDDII'E
Activities & Governance					
P	2		ox Lifthe organization discontinued its operations or disposed of m	1 1	
Š	3		oting members of the governing body (Part VI, line 1a)		34
ಹ	4	Number of in	dependent voting members of the governing body (Part VI, line 1b)		33
es	5		r of individuals employed in calendar year 2012 (Part V, line 2a)	5	50
Ϋ́	6	Total number	r of volunteers (estimate if necessary)	6	39
Ę	7 a	Total unrelate	ed business revenue from Part VIII, column (C). line 12 is retained	7a	0.
⋖ .			d business taxable income from Form 990-T, line 34		0.
	-			Prior Year	Current Year
_	8	Contributions	s and grants (Part VIII, line 1h)	19,132,189.	21,999,183.
Je	9.		vice revenue (Part VIII, line 2g)	483,098.	152,091.
Revenue	10	_	ncome (Part VIII, column (A), lines 3, 4, and 7d)	406,343.	1,592,665.
Re	-			-309,922.	231,462.
	11		re (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	19,711,708.	23,975,401.
	12		e - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,767,833.	2,743,905.
	13		imilar amounts paid (Part IX, column (A), lines 1-3)	3,707,033.	2,743,303.
	14	-	I to or for members (Part IX, column (A), line 4)	7,330,014.	8,180,459.
es		-	er compensation, employee benefits (Part IX, column (A), lines 5-10)		
Expenses			fundraising fees (Part IX, column (A), line 11e)	23,517.	215,728.
хb	b	Total fundrais	sing expenses (Part IX, column (D), line 25)		
ш			ses (Part IX, column (A), lines 11a-11d, 11f-24e)	9,682,434.	9,425,000.
	18	Total expens	es. Add lines 13-17 (must equal Part IX, column (A), line 25)	22,803,798.	20,565,092.
		Revenue less	s expenses. Subtract line 18 from line 12	-3,092,090.	3,410,309.
Net Assets or Fund Balances				Beginning of Current Year	End of Year
Sets	20	Total assets	(Part X, line 16)	32,775,642.	36,706,549.
B	21	Total liabilitie	s (Part X, line 26)	3,221,054.	4,413,465.
	22	Net assets or	r fund balances. Subtract line 21 from line 20	29,554,588.	32,293,084.
	ırt II	Signatur			
Unde	er pena	Ities of periury.	Lidectape that I have examined this return, including accompanying schedules and star	ements, and to the best of my	knowledge and belief, it is
			e. Declaration of preparer (other than officer) is based on all information of which prepare		
410			III STEET STEET	2/14/	2014
Sigr		Signatur	of officer	Date	
_			CHRISFIELD, CHIEF OPERATING OFFICER		
Here		Type or	print name and title		<del>, , , , , , , , , , , , , , , , , , , </del>
				Date Check	PTIN
داه ۵		Print/Type pre		02/14/14 if self-employe	
Pald					52-1511275
•	arer	Firm's name	RAFFA, P.C.	Firm's EIN	34-13114/3
use	Only	Firm's addres	s 1899 L STREET, NW, SUITE 900		2021 022 5000
			WASHINGTON, DC 20036	Phone no. (	202) 822-5000
	46-11	70 dia dh	is not up with the present shown shows? (and instructions)		X Vos No

232001 12-10-12 LHA For Paperwork Reduction Act Notice, see the separate instructions. \*\*\* ELECTRONICALLY FILED ON 02/14/2014 \*\*\*

Form 990 (2012) AFRICAN WILD
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	<b></b>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	<del>-</del>		
	public office? If "Yes," complete Schedule C, Part I	3	ļ	Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		l	x
_	during the tax year? If "Yes," complete Schedule C, Part II	4	<del> </del>	<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	]	1	
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	Ť		<del></del>
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	x	1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	- USUME TEP	SATABLE VENTER	187100794-11111
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program/related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? 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?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? 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 assistance to individuals			
	located outside the United States? 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		<u>X</u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990 (	2012)

2.1.0		T		
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
~	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
22	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			<del></del>
23	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			
_ 14	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 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified	983		
	person outstanding as of the end of the organization's tax year? It yes, camplete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			₹,
	of any of these persons? If "Yes," complete Schedule L, Part III	27	ti di Santa	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):			v
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		A
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		х
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c 29	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	2.3		
30	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
31	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
-	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		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	
35a	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 P., Part V, line 2	35b	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		<b>.</b>	
	Note. All Form 990 filers are required to complete Schedule 0	38	X	

Form **990** (2012)

AFRICAN WILDLIFE FOUNDATION,

TO WIT

Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V  $\mathbf{X}$ Yes No 11 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming X (gambling) winnings to prize winners? 10 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 50 filed for the calendar year ending with or within the year covered by this return X 2b b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a b If "Yes," enter the name of the foreign country: ► SEE SCHEDULE O See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible as charitable contributions? ..... 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts 6b were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? X 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? **7**b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X 7c to file Form 82827 d If "Yes," indicate the number of Forms 8282 filed during the year 7d Х 7e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? X Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified Intellectual property, did the organization file Form 8899 as required?... 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? 9a b Did the organization make a distribution to a donor, donor advisor, or related person? 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 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 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 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 the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand X 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form 990 (2012)

232005 12-10-12

Form 990 (2012) AFRICAN WILDLIFE FOUNDATION, INC. 52-0781390 Page

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

	Check if Schedule O contains a response to any question in this Part VI			X			
Sec	tion A. Governing Body and Management						
			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year						
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.						
b	Enter the number of voting members included in line 1a, above, who are independent 1b 33						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other						
	officer, director, trustee, or key employee?	2		X			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision						
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X			
6	Did the organization have members or stockholders?	6		X			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or						
	more members of the governing body?	7a		X			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or						
	persons other than the governing body?	7b		Х			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
а	The governing body?	8a	X				
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 reached at the						
-	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)						
			Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a		X			
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,						
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X				
_	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
12a	The state of the s	12a	X				
b	set et la distribution de la constitución de la constitución de la constitución de la configuración de la	12b	X				
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe						
	in Schedule O how this was done	12c	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	X				
15	Did the process for determining compensation of the following persons include a review and approval by independent	4					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official	15a	X				
	Other officers or key employees of the organization	15b	Х				
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a						
	taxable entity during the year?	16a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	The state of the s					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's						
	exempt status with respect to such arrangements?	16b					
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed AK, AL, AR, AZ, CA, CO, CT, FL, GA	,HI	,IL	,KS			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a						
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website Another's website X Upon request Other (explain in Schedule O)						
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	l finan	cial				
	statements available to the public during the tax year.						
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organizat	ion: 🕨	·				
	JEFF CHRISFIELD - (202) 939-3333						
	1400 16TH STREET, NW, SUITE 120, WASHINGTON, DC 20036-2249						
232000   2-10-			990	(2012)			
	6	V					

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

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

(A) Name and Title	(B) Average hours per week	(do box	not c	(( Pos heck ss pe	c) ition more rson	than is bot	one	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	<b>Р</b> оттег	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MR, DAVID THOMSON	4.00			7				0.	0.	0
CHAIR (2) H.E. BENJAMIN W. MKAPA	2.00	X	_	X	_	_	-	U •	0.	0.
(2) H.E. BENJAMIN W. MKAPA VICE- CHAIR	2.00	х		X				0.	0.	0.
(3) DR. MYMA BELO-OSAGIE	2.00	A		^		├		0.	0.	•
SECRETARY	2.00	x		x	ĺ		ĺ	0.	0.	0.
(4) MS. MARLEEN GROEN	4.00	Α			-	<del>                                     </del>				<u> </u>
TREASURER	4.00	x		X	ŀ			0.	0.	0.
(5) MR. ROBIN BERKELEY, OBE	1.00	-		-		$\vdash$	$\vdash$	-		
TRUSTEE		х		1			12.1	0.	0.	0.
(6) MR. PAYSON COLEMAN	1.00		70			. ;	L.			
TRUSTEE		$\mathbf{x}$	٠.	100	i ir			0.	0.	0.
(7) MS, LYNN DOLNICK	3.00		7.1	2 2	28.40					<del></del>
TRUSTEE		х			,			0.	0.	0.
(8) MS. LISA FIRESTONE	1.00									
TRUSTEE		X						0.	0.	0.
(9) MR, ADRIAN GARDINER	1.00									
TRUSTEE		X					L	0.	0.	0.
(10) DR. HELEN GICHOHI	2.00				h ]					
TRUSTEE		X	4			35	k5	0.	0.	0.
(11) MR. DONALD GRAHAM	1.00		19.	N 38	, p.	×.				
TRUSTEE (THRU 11/2012)		X						0.	0.	0.
(12) MR. LARRY GREEN	2.00							_ }		
TRUSTEE (THRU 11/2012)		X	_					0.	0.	0.
(13) MR. PHILIPP H. GUTSCHE	2.00									
TRUSTEE		X		107				0.	0.	0.
(14) MS. HEATHER STURT HAAGA	2.00									•
TRUSTEE		X		$\dashv$				0.	0.	0.
(15) MS. MONA HAMILTON	2.00	<b>.</b> ,						0.	0.	0
TRUSTEE	3 00	X		$\dashv$		-		0.	U•	0.
(16) MS. CHRISTINE F. HEMRICK	3.00	x		-				0.	0.	0.
TRUSTEE (17) MR. WILLIAM E. JAMES	1.00	^		-5%	18-5	TS:	jar.	0.	- 0.	<u> </u>
TRUSTEE	1.00	x		- 2	ğ. 111	-in	300	ا. ه	0.	0.
11/0/12/2		22		975		- 1	1.7	<u></u>	<u></u>	Form 990 (2012)

232007 12-10-12

Form 990 (2012)

Part VII Section A. Officers, Directors, Trus			-		_	_	_		es (continued)	. J J O Tage O
(A)	(B)	picy	003	(C		JIIO	31.0	(D)	(E)	(F)
Name and title Average hours per week			Position (do not check more box, unless person officer and a directe				han	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(18) MS. ADRIAN M. JAY TRUSTEE	1.00	х						0.	0.	0.
(19) HON. KRISTINA M. JOHNSON, PH.D. TRUSTEE	3.00	x						0.	0.	0.
(20) DR. STEPHEN JUELSGAARD TRUSTEE	1.00	x						0.	0.	0.
(21) MR. WILLIAM S. KALEMA TRUSTEE (THRU 11/2012)	1.00	х						0.	0.	0.
(22) MR, RAHIM A, KHAN TRUSTEE	2.00	х						0.	0.	0.
(23) MR. ROBERT E. KING TRUSTEE	4.00	х			sile,		, V	0.	0.	0.
(24) MS. DENISE KOOPMANS TRUSTEE	2.00	X				ž(1	54.	0.	0.	0.
(25) MS. KRISTA KRIEGER TRUSTEE	1.00	х		Ĥ	y'i			0.	0.	0.
(26) MS. SHANA LAURSEN TRUSTEE	3.00	х						0.	0.	0.
1b Sub-total						<b>•</b>		0.	0.	0.
c Total from continuation sheets to Part V								1,409,727. 1,409,727.	0.	
d Total (add lines 1b and 1c)	ot limited to th	ose	liste	d at	oove	w	o re			1 2307.201
compensation from the organization				7.					,	9
3 Did the organization list any former officer,										Yes No
<ul> <li>line 1a? If "Yes," complete Schedule J for s</li> <li>For any individual listed on line 1a, is the st</li> <li>and related organizations greater than \$15</li> </ul>	um of reportable	le co	mpe	ensa	tion	and	oth		the organization	4 X
5 Did any person listed on line 1a receive or a										

rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	( <b>C)</b> Compensation
PRODUCTION SOLUTIONS, INC.	PRINTING AND	
1953 GALLOWS ROAD, #600, VIENNA, VA 22182	MAILSHOP	676,016.
PAPPAS GROUP, 671 NORTH GLEBE ROAD, # 700,		
ARLINGTON, VA 22203	WEBSITE DEVELOPMENT	215,000.
CONSERVATION CAPITAL CONSULTING, NEW	DEVELOPMENT &	
CAVENDISH STREET, LONDON, UNITED KINGDOM	STRATEGIC MGMT	213,470.
BLACKBAUD, INC.		
P.O. BOX 930256, CHARLESTON, SC 29492	SOFTWARE CONSULTING	200,336.
ABCO CONSTRUCTION, LTD., KAREN ROAD, OFF		
NGONG ROAD, P.O. BOX 1039-00502, NALROBE,	CONSTRUCTION PROJECT	120,212.
2 Total number of independent contractors (including but not limited to those lists	ed above) who received more than	

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2012)

232008 12-10-12

Form 990 AFRICAN				_				<del></del>	52-078	1390
Part VII Section A. Officers, Directors, Tr	ustees, Key E	mpl	оуес			High	est	Compensated Employ	ees (continued)	
(A) Name and title	(B) Average hours	(c	hecl		C) ition that		ly)	( <b>D</b> ) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Kay em ployee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) MR. CHRISTOPHER LEE TRUSTEE	1.00	x			=			0.	0.	0.
(28) MS. VICTORIA LESLIE TRUSTEE	1.00	x	4.	de	) - <b>V</b> j	* *		- O.	0.	0.
(29) MS. ANN LUSKEY TRUSTEE (THRU 01/2013)	1.00	x					12	0.	0.	0.
(30) MR. JIMNAH MBARU TRUSTEE (THRU 11/2012)	1.00	x			12			0.	0.	0.
(31) H.E. FESTUS G. MOGAE	1.00	x	j.					0.	0.	0.
(32) H.E. RAZAN K. AL MUBARAK TRUSTEE	1.00	x						0.	0.	0.
(33) MS, KRISTINA PERSSON TRUSTEE	2.00	x						0.	0.	0.
(34) MS. ELIZABETH ROBERTSHAW TRUSTEE (THRU 11/2012)	1.00	x		(14)	E.	200.0	lyli	0.	0.	0.
(35) MR. STUART SCOTT TRUSTEE	3.00	X	3	1 4	200	000 000 000	349 17	0.	0.	0.
(36) MS. AGGIE SKIRBALL TRUSTEE	2.00	X	li li		TO STATE	199		0.	0.	0.
(37) MS. VERONICA VAREKOVA TRUSTEE	2.00	X						0.	0.	0.
(38) MR, CHARLES R, WALL TRUSTEE	4.00	X						0.	0.	0.
(39) MS. MARIA WILHELM TRUSTEE	3.00	x	Wa.	ji		J	6	0.	0.	0.
(40) PATRICK BERGIN CHIEF EXECUTIVE OFFICER	40.00	x		x	4.5		8	238,075.	0.	48,805.
(41) HELEN GICHOHI PRESIDENT (THRU 11/2012)	40.00	-		x				142,808.	0.	25,640.
(42) JOANNA ELLIOT	40.00	_							0.	35,804.
VP OF KNOWLEDGE MGMT (THRU 03/2013) (43) JEFF CHRISFIELD	40.00			X				166,492.		
CHIEF FINANCIAL OFFICER (44) CRAIG SHOLLEY	40.00	$\vdash$		X				162,069.	0.	25,790.
VP OF PHILANTHROPY/MARKETING (45) DAUDI SUMBA	40.00		$\vdash$	Х				161,641.	0.	21,447.
VP OF PROGRAM OPERATIONS (46) HARRY VAN DER LINDE	40.00			X		<u>U</u>		154,596.	0.	19,910.
SNR DIR PROG DESIGN (THRU 10/2012)	4	L				X	œ.	177,459.	0.	13,944.
Total to Part VII, Section A, line 1c				3						

Form 990 AFRICAN									52-078	1390
Part VII Section A. Officers, Directors, Tru	ustees, Key Ei	mpl	oyee	s, a	nd I	High	est	Compensated Employ	ees (continued)	
(A) Name and title	(B) Average hours	(0	(C) Position (check all that apply)		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of			
	per week (list any hours for related organizations below line)	Individual trustee or director	institutional trustee	Officer	Кву етріоуве	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(47) JOHN BUTLER	40.00				1100		15	404 554		00 054
DIRECTOR OF MARKETING & MEMBERSHIP	40.00	_				X	-	104,771.	0.	20,074
(48) TYRENE HARALSON	40.00		30	-12		x		101,816.	0.	19,314
DIRECTOR OF FINANCE								101,010.	0.	17,314
				e o		?	4			
WHAT I SHOW I SH			Tital		1 4					
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- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1-						÷	377	***************************************		
					- 3	111				
Total to Part VII, Section A, line 1c								1,409,727.	***************************************	230,728

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII (B) Related or Revenue excluded from tax under (C) Unrelated Total revenue exempt function business sections 512, 513, or 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a b Membership dues 1b c Fundraising events ..... 1c 1đ d Related organizations 10924096. 1e e Government grants (contributions) f All other contributions, gifts, grants, and 11075087 similar amounts not included above 264,560. Noncash contributions included in lines 1a-1f: \$ 21999183 h Total. Add lines 1a-1f ... **Business Code** 92,081 900099 92,081 Program Service Revenue 2 a SAFARI INCOME 36,466. 36,466. PROGRAM INCOME 900099 23,544. 23,544. 900099 c MEETINGS All other program service revenue ..... 152,091 g Total. Add lines 2a-2f Investment income (including dividends, interest, and 612,166. 28,969 641,135. other similar amounts) Income from investment of tax-exempt bond proceeds 191,644. 191,644 5 Royalties ..... (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) ..... d Net rental income or (loss) . (i) Securities (ii) Other 7 a Gross amount from sales of 16433460 assets other than inventory b Less: cost or other basis 15481930 and sales expenses 951,530. c Gain or (loss) 951,530. 951,530. d Net gain or (loss) ..... 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses \_\_\_\_\_ b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See المراوية المسار Part IV, line 19 a b Less: direct expenses \_\_\_\_\_ b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances \_\_\_\_\_a b Less: cost of goods sold \_\_\_\_\_ b c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 19,143. 11 a MAILING LIST RENTAL 900099 19,143 19,000. b MERCHANDISE SALES 900099 19,000. 900099 1,675. 1,675. c AFRICA REV. HOLDINGS d All other revenue 39,818. Total. Add lines 11a-11d 0. 1795158. 23975401 181,060. Total revenue. See instructions. Form **990** (2012) 232009 12-10-12

Form 990 (2012) AFRICAN WILDL
Part IX Statement of Functional Expenses

	Check if Schedule O contains a respon	se to any question in tr			L
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B)</b> Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	316,136.	316,136.		
2	Grants and other assistance to individuals in				
_	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the	2 427 760	2 427 760		
	United States. See Part IV, lines 15 and 16	2,421,103.e	2,427,769.		
4	Benefits paid to or for members	1 1 2 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
5	Compensation of current officers, directors,	1,096,231.	811,641.	195,886.	88,704
_	trustees, and key employees	1,090,231.	011,041.	193,000.	00,709
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	4,638,082.	3,723,813.	388,983.	525,286
7	Other salaries and wages	4,030,002.	3,143,013.	300,303.	323,200
8	Pension plan accruals and contributions (include	470 465	277 404	39,782.	E2 100
	section 401(k) and 403(b) employer contributions)	470,465.	377,494.	172,729.	53,189 191,770
9	Other employee benefits	1,738,066.	1,373,567.		
0	Payroll taxes	237,615.	188,022.	23,897.	25,696
1	Fees for services (non-employees):	100	100		
a	Management	440 404	110 104	2 020	
b	Legal	113,134.	110,104.	3,030. 96,791.	
C	Accounting	109,720.	12,929.	96,791.	
d	Lobbying	04 5 500	England the San San Series Contact Makes and San San	THE STREET AND THE PARTY OF THE	015 500
9	Professional fundraising services. See Part IV, line 17	215,728.		0.42 0.00	215,728
f	Investment management fees	243,299.		243,299.	<del></del>
g	Other. (If line 11g amount exceeds 10% of line 25,	4 040 550	4 006 600	5 045	
	column (A) amount, list line 11g expenses on Sch O.)	1,812,578.	1,806,633.	5,945.	F 000
2	Advertising and promotion	25,692.	20,602.	70.	5,020
3	Office expenses	978,345.	846,556.	47,069.	84,720
4	Information technology	425,057.	264,114.	58,608.	102,335
5	Royalties	Ĭ,			
6	Occupancy	601,446.	311,652.	289,794.	
7	Travel	1,226,451.	1,094,626.	27,246.	104,579
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	817,200.	726,574.		90,626
0	Interest	30,722.	19,823.	4,661.	6,238
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	349,449.	243,486.	103,611.	2,352
3	Insurance	20,993.	11,866.	9,118.	9
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	DIRECT MAILING COSTS	797,736.	578,227.	0.	219,509
a	FIELD EQUIPMENT	641,031.	640,693.	0.	338
C	VEHICLE OPERATIONS	533,750.	531,052.	1,711.	987
ď	CONSTRUCTION	376,744.	376,744.	0.	0
	All other expenses	321,653.	566,903.	-336,649.	91,399
	Total functional expenses. Add lines 1 through 24e	20,565,092.	17,381,026.	1,375,581.	1,808,485
5	Joint costs. Complete this line only if the organization	_0,000,000	,		_, _, _, _,
6					
	reported in column (B) joint costs from a combined		·		
	educational campaign and fundraising solicitation.				

232010 12-10-12

212.2-	Check if Schedule O contains a response to any question in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	1,262,596.	1	2,794,946
2	Savings and temporary cash investments	1,053,919.	2	4,206,694
3	Pledges and grants receivable, net	5,982,163.	3	5,372,938
4	Accounts receivable, net	131,405.	4	159,425
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
7 8	Notes and loans receivable, net	443,942.	7	741,548
ĝ   8	Inventories for sale or use		8	
`   9	Prepaid expenses and deferred charges	274,077.	9	354,257
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 5,817,627.			
t	Less: accumulated depreciation 10b 1,428,437.	4,192,541.	10c	4,389,190
11	Investments - publicly traded securities	19,454,697.	11	18,595,768
12	Investments - other securities. See Part IV, line 11	-193,657.	12	-710,379
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	173,959.	15	802,162
16	Total assets. Add lines 1 through 15 (must equal line 34)	32,775,642.	16	36,706,549
17	Accounts payable and accrued expenses	1,112,437.	17	1,470,599
18	Grants payable		18	
19	Deferred revenue	1,044,955.	19	1,910,151
20	Tax-exempt bond liabilities		20	
g 21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to current and former officers, directors, trustees,			
21 22	key employees, highest compensated employees, and disqualified persons.			
<b>'</b>	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties	621,962.	23	596,961
24	Unsecured notes and loans payable to unrelated third parties	w	24	
25	Other liabilities (including federal income tax, payables to related third			
1	parties, and other liabilities not included on lines 17-24). Complete Part X of	444 500		405 554
	Schedule D	441,700.	25	435,754
26	Total liabilities. Add lines 17 through 25	3,221,054.	26	4,413,465
ľ	Organizations that follow SFAS 117 (ASC 958), check here ▶ 🐰 and			
g	complete lines 27 through 29, and lines 33 and 34.	02 605 020	Marie 1	02 005 110
27	Unrestricted net assets	23,625,839.	27	23,895,112
28	Temporarily restricted net assets	3,656,434.	28	6,125,657
29	Permanently restricted net assets	2,272,315.	29	2,272,315
<u> </u>	Organizations that do not follow SFAS 117 (ASC 958), check here			
5	and complete lines 30 through 34.			Ratio and Edition in
30	Capital stock or trust principal, or current funds		30	<del></del>
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
27 28 29 30 31 32	Retained earnings, endowment, accumulated income, or other funds	29,554,588.	32	32,293,084
33	Total net assets or fund balances		33	
34	Total liabilities and net assets/fund balances	32,775,642.	34	36,706,549

Form 990 (2012)

Form	1990 (2012) AFRICAN WILDLIFE FOUNDATION, INC.	J 2 U	70133	/ P	age 14
	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
		1 1			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	23,97		
2	Total expenses (must equal Part IX, column (A), line 25)	2	20,50		
3	Revenue less expenses. Subtract line 2 from line 1	3	3,42		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	29,5		
5	Net unrealized gains (losses) on investments	5	-6	/1,8	313.
6	Donated services and use of facilities	6	···		<del> </del>
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	32,29	3,0	184.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				<del>,                                    </del>
			100000	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule		25.5		
2a			2a	in Edward.	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			100	
b	Were the organization's financial statements audited by an independent accountant?		2b	X	72 4-00/2009
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	e basis,	12 104		
	consolidated basis, or both:				
	Separate basis				600周
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,	11.63%	v	STANIA STANIA
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	ie 41/22/94/00
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			E ZWIENO
	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			🕶	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		<u>3b</u>		10045
			For	n <b>99</b> 0	(2012)

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

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

			M MILDLILE LO							<u> </u>	/01	390	<u>'                                      </u>
Part	Reason	for Public Ch	<b>arity Status</b> (All organi	zations mu	st comple	te this par	rt.) See ins	tructions.					
he org	anization is not	a private foundation	on because it is: (For lines	1 through	11, check	only one	box.)						
1 📙	A church, co	onvention of churcl	hes, or association of chu	rches desc	cribed in <b>s</b> e	ection 170	D(b)(1)(A)(i	).					
2	A school de	scribed in <b>section</b>	170(b)(1)(A)(ii). (Attach So	chedule E.)	)								
3 🖳	🔟 A hospital o	r a cooperative hos	spital service organization	described	in section	170(b)(1	)(A)(iii).						
4		esearch organizatio	on operated in conjunction	with a hos	spital desc	ribed in s	ection 170	<b>(b)(1)(A)</b> (i	iii). Enter	the h	ospital	's nam	ne,
_	_ city, and sta			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1							-		
5 _	→ An organiza	tion operated for th	ne benefit of a college or u	iniversity o	whed or o	perated b	y a govern	mental un	it describ	oed in			
	section 17	<b>0(b)(1)(A)(iv).</b> (Com	plete Part II.)										
6	<del></del>	ate, or local govern	nment or governmental un	it describe	d in <b>secti</b> o	on 170(b)(	1)(A)(v).						
7 🚨	An organiza	tion that normally r	eceives a substantial part	of its supp	oort from a	governm	ental unit d	or from the	e general	public	c desc	ribed	in
	_ section 170	<b>(b)(1)(A)(vi).</b> (Comp	olete Part II.)										
8	A communit	y trust described ir	n section 170(b)(1)(A)(vi).	(Complete	Part II.)								
9	□ An organiza	tion that normally r	eceives: (1) more than 33	1/3% of its	s support f	rom contr	ibutions, n	nembersh	ip fees, a	nd gr	oss red	ceipts	from
		•	functions - subject to cert										
	income and	unrelated business	s taxable income (less sec	tion 511 ta	ax) from bu	ısinesses	acquired b	y the org	anization	after .	June 3	10, 197	75.
	7	<b>509(a)(2).</b> (Comple	•										
10 ⊨=	¬	•	operated exclusively to te	•	-							_	
I1 L	•	-	operated exclusively for t										or
	•	. ,	izations described in sect				2). See <b>se</b> e	ction 509	( <b>a)(3).</b> Ch	eck tr	ne box	that	
		· · · · · · · · · · · · · · · · · · ·	ng organization and comp					.—-					
_	_ <b>a └── T</b> ype			ype III - Fu					e III - No				
е ∟			hat the organization is no										
_		_	r than one or more public						9(a)(1) or	Secu	วท อบ9	/(a)(∠).	
f	-		vritten determination from					e III					
		organization, check	***************************************									· · · · · · · · · · · ·	. ——
g	_		e organization accepted a									Yes	No
			ndirectly controls, either a								11g(i)	163	140
	•	• •	supported organization?										<del></del>
	(II) A Iamin	y member of a pers	son described in (i) above? f a person described in (i)	or (il) about	ania i					··· ├	1g(ii) 1g(iii)		$\vdash \frown$
								•••••		L	ig(iii)		Ь
h	Provide the	rollowing informatio	on about the supported or	ganizadon	(5).								
/13 B1		(0.50)	(m) T /	(ly) le the (	organization	(v) Did vo	u notify the	(vi) I:	s the	(!!\ A			
	ne of supported rganization	(ii) EIN	(iii) Type of organization (described on lines 1-9	10. 7	sted in your		tion in col.	organizati	on in col.	(VII) A	mount) sup		netary
·	i gamzation		above or IRC section		document?			(i) organiz U.S	5.?		oup	,,,,,,	
			(see instructions))	Yes	No	Yes	No	Yes	No				
								ŀ	<u> </u>				
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				1,000	1 10gT								
				15 17	1.14		<del> </del>	<del> </del>	<del>                                     </del>				
			ii ii	111.	0.62								
		<del> </del>		1 1 1 1 2 1	70 / 10	<del></del>	<del> </del>	<del> </del>	<del>   </del>	<del></del>		~	
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

232021 12-04-12 Schedule A (Form 990 or 990-EZ) 2012 AFRICAN WILDLIFE FOUNDATION, INC. 52-07813

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	20683717.	20418220.	24614325.	19132189.	21999183.	106847634
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf		. 161	<u>U</u>			
3	The value of services or facilities						
	furnished by a governmental unit to			in a final section of			
	the organization without charge						
4	Total. Add lines 1 through 3	20683717.	20418220.	24614325.	19132189.	21999183.	106847634
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						2713181.
6	Public support. Subtract line 5 from line 4.	STATE OF THE STATE OF		施	200 H 126 TO		104134453
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012 21999183.	(f) Total
	Amounts from line 4	20683717.	20418220.	24614325.	(d) 2011 19132189.	21999183.	106847634
8	Gross income from interest,		- 57 %				
	dividends, payments received on			1			
	securities loans, rents, royalties				}		
	and income from similar sources	270,899.	504,472.	1039029.	865,510.	851,922.	3531832.
9	Net income from unrelated business						
	activities, whether or not the					1	
	business is regularly carried on						
10	Other income. Do not include gain		14.0	14.8			
	or loss from the sale of capital				ĺ		
	assets (Explain in Part IV.)	11,032.	5,577.	10,190.	11,618.		
11	Total support. Add lines 7 through 10	<b>建位在1000年间提供</b>	, X		<b>是是你是一个人</b>		110438558
12	Gross receipts from related activities,	etc. (see instructi	ons)			12 1	,292,006.
	First five years. If the Form 990 is for			rd, fourth, or fifth ta	ax year as a sectio	on 501(c)(3)	
	organization, check this box and stor	here					<b>&gt;</b>
Sec	tion C. Computation of Publ	ic Support Pe	rcentage			1 1	
14	Public support percentage for 2012 (	line 6, column (f) d	ivided by line 11,	column (f))		14	94.29 %
	Public support percentage from 2011					15	90.53 %
16a	33 1/3% support test - 2012. If the c	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or r	nore, check this bo	ox and
	stop here. The organization qualifies						
b	33 1/3% support test - 2011. If the	organization did no	t check a box on	line 13 or 16a, and	l line 15 is 33 1/3%	6 or more, check th	nis box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	<b>t - 2012.</b> If the org	anization did not	check a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	•	•				
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the						
	organization meets the "facts-and-circ						▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17l			
					Sche	edule A (Form 990	or 990-EZ) 2012

# Schedule A (Form 990 or 990 EZ) 2012 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

quality under the tests listed be	ow, please com	ipiete Part II.)		<del></del>		
Section A. Public Support		·	T			,
Calendar year (or fiscal year beginning in) 📂 🔼	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge		i operati				
6 Total. Add lines 1 through 5		7.0				
7a Amounts included on lines 1, 2, and				1		
3 received from disqualified persons						
b Amounts Included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b		Carps Syran		1.00		
8 Public support (Subtract line 7c from line 6.)		La propie		毫		
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b  11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on			T.			44
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)			7.			
13 Total support. (Add lines 9, 10c, 11, and 12.)				<u> </u>	- F04(-\/0\)	
14 First five years. If the Form 990 is for the						
check this box and stop here	Cura P-	roontoss				P.
Section C. Computation of Public			-1(6)		Tae I	
15 Public support percentage for 2012 (lin					15	%
16 Public support percentage from 2011 S			100.240		16	%
Section D. Computation of Invest					Lasi	0/
17 Investment income percentage for 201:					17	9/
18 Investment income percentage from 20					18	17 in not
19a 33 1/3% support tests - 2012. If the o						
more than 33 1/3%, check this box and						
<b>b 33 1/3% support tests - 2011.</b> If the o						
line 18 is not more than 33 1/3%, checl						<b>!</b>
20 Private foundation. If the organization	did not check a	box on line 14, 19	a, or 19b, check t			0 000 577 604
32023 12-04-12				Sch	nedule A (Form 99	u or 990-EZ) 201

16070213 786783 AWF

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.

OMB No. 1545-0047

2012

Name of the organization

Employer identification number

Al	FRICAN WILDLIFE FOUNDATION, INC.	52-0781390
Organization type (check of	one):	
Filers of:	Section:	
Form 990 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	
	is covered by the <b>General Rule</b> or a <b>Special Rule.</b> )(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ule. See instructions.
For an organizatio contributor. Comp	n filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in molete Parts I and II.	noney or property) from any one
Special Rules		
509(a)(1) and 170(	c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the reg (b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.	
total contributions	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one control of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educately to children or animals. Complete Parts I, II, and III.	
contributions for u If this box is check purpose. Do not c	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributes exclusively for religious, charitable, etc., purposes, but these contributions did not to ked, enter here the total contributions that were received during the year for an exclusive omplete any of the parts unless the <b>General Rule</b> applies to this organization because ite, etc., contributions of \$5,000 or more during the year	tal to more than \$1,000. Bly religious, charitable, etc., t received nonexclusively
but it <b>must</b> answer "No" on	hat is not covered by the General Rule and/or the Special Rules does not file Schedule In Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part It the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

ritor diamit

Name of organization

Employer identification number

AFRICAN WILDLIFE FOUNDA	TION, INC.	52-0781390

AFRICA	AN WILDLIFE FOUNDATION, INC.	52	-0/01390
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	ıl space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 968,845.	Person X Payroll Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>1,398,369</u> .	Person X Payroll Oncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>1,311,625</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$6,249,371.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 958,073.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 2,029,859.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

223452 12-21-12

Employer identification number

### AFRICAN WILDLIFE FOUNDATION. INC.

52-0781390

ALICE	AN WILDELL B TOOKDAILTON, INC.		0701370
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
22/52 12 2	- 12	Schedule R (Form C	990 990-F7 or 990-PF) (2012)

year. Complete outmans (a) through (a) and the following line entry. For organizations completing Part III, enter the total or acclusively religious, charitable, expectations of control or acclusively religious, charitable, expectations and the part of part III and distinct a pace in ceeded.  (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift  Transferee's name, address, and ZIP + 4  (e) Transfer of gift	ame of orgai	ization			Employer identification number			
Cockypacy   Singles, chirable, etc., nativitial centrations to section 50 (pt(r)) (g), or (10) repartizations that total more than \$1,000 to year. Depote columns (g) through (g) and mot belowing the embry of registrations completed part (g) through (g) and mot belowing the embry of registrations completed part (g) and the total of exclusively religious, clinically, etc., combination of \$1,000 or less for the year, gram is remaintenant) > Single of the total of exclusively religious, clinically, etc., combination of \$1,000 or less for the year, gram is remaintenant   Single or (g)   Single or (g)	FRICAL	WILDLIFE FOUNDATION,	INC.		52-0781390			
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(e) Transfer of gift  Transferee's name, address, and ZIP + 4  (e) Transfer of gift  Transferee's name, address, and ZIP + 4  (b) Purpose of gift  (c) Use of gift  (d) Description of now gift is held  (e) Transfer of gift  (f) Description of how gift is held  (h) Purpose of gift  (	-							
(e) Transfer of gift  Transferee's name, address, and ZIP + 4  (e) Transfer of gift  Transferee's name, address, and ZIP + 4  (b) Purpose of gift  (c) Use of gift  (d) Description of now gift is held  (e) Transfer of gift  (f) Description of how gift is held  (h) Purpose of gift  (								
(e) Transfer of gift  Transferee's name, address, and ZIP + 4  Relationship of transferor to transferee  (b) Purpose of gift  (c) Use of gift  (d) Description of how gift is held  (e) Transfer of gift  Transferee's name, address, and ZIP + 4  Relationship of transferor to transferee	from	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held			
(e) Transfer of gift  Transferee's name, address, and ZIP + 4  Relationship of transferor to transferee  (b) Purpose of gift  (c) Use of gift  (d) Description of how gift is held  (e) Transfer of gift  Transferee's name, address, and ZIP + 4  Relationship of transferor to transferee	Parti		- Checker of					
Transferee's name, address, and ZIP + 4  Relationship of transferor to transferee  (b) Purpose of gift  (c) Use of gift  (d) Description of how gift is held  (e) Transfer of gift  Transferee's name, address, and ZIP + 4  Relationship of transferor to transferee	-		fe mafer					
Transferee's name, address, and ZIP + 4  Relationship of transferor to transferee  (b) Purpose of gift  (c) Use of gift  (d) Description of how gift is held  (e) Transfer of gift  Transferee's name, address, and ZIP + 4  Relationship of transferor to transferee	-							
(e) Transferee's name, address, and ZIP + 4  Relationship of transferor to transferee		(e) Transfer of gift						
(e) Transferee's name, address, and ZIP + 4  Relationship of transferor to transferee		Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee			
(b) Purpose of gift (c) Use of gift (d) Description of how gift is held  (e) Transfer of gift  Transferee's name, address, and ZIP + 4  Relationship of transferor to transferee	_		3					
(b) Purpose of gift (c) Use of gift (d) Description of how gift is held  (e) Transfer of gift  Transferee's name, address, and ZIP + 4  Relationship of transferor to transferee	-		i to the state of	~~~				
(b) Purpose of gift (c) Use of gift (d) Description of how gift is held  (e) Transfer of gift  Transferee's name, address, and ZIP + 4  Relationship of transferor to transferee								
(e) Transfer of gift  Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee	a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held			
Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee	art I							
Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee	-							
Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee	-							
Cabadula B (Farm 000, 000 F7, at 000 PE)		TI.	(e) Transfer of gift	t	, , , , , , , , , , , , , , , , , , ,			
Cabadula B (Farm 000, 000 F7, at 000 PE)		<b>T</b>	- 1 7/D · 4	Dalationskie -4.	notoror to transfers			
Schedule B (Form 990, 990-EZ, or 990-PF) (	-	Transferee's name, address, a	na ∠IP + 4	Relationship of tra	nsieror to transferee			
Schedule B (Form 990, 990-EZ, or 990-PF) (								
Schedule B (Form 990, 990-EZ, or 990-PF) (	_		Property of the second					
	3454 12-21-12		A Service	Schedule E	3 (Form 990, 990-EZ, or 990-PF) (			

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

OMB No. 1545-0047

Name of the organization

Employer identification number 52-0781390 APPICAN WILDLIFF FOINDATION

Da	THE Organizations Maintaining Donor Advised		or Acco	JUNE Complete if the
Pa			OI ACC	ourits.Complete if the
	organization answered "Yes" to Form 990, Part IV, line	6. (a) Donor advised funds	(b) E	unds and other accounts
		(a) Donor advised lands	(0) 11	arids and other accounts
1	Total number at end of year			<del></del>
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)	1,016,209.	-	
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w			X Yes No
	are the organization's property, subject to the organization's e			
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or			X Yes No
Ba	impermissible private benefit?			
Pa	Tend to the Control of the Control o		art IV, Iline	7.
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (e.g., recreation or ed		=	
	Protection of natural habitat	Preservation of a certi	tied histori	c structure
_	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified	ed conservation contribution in the form	or a consei	vation easement on the last
	day of the tax year.		77.00	Held at the End of the Tax Year
			1,854	<del></del>
a	Total number of conservation easements			
þ	•	at the United and the Co		<del></del>
C	Number of conservation easements on a certified historic structure of the standard in (a) appried to			
d	Number of conservation easements included in (c) acquired af	N: 129 FOR	118 2d	
_	listed in the National Register	and autimorphical or terminated by the		
3	_	ased, extinguished, or terminated by the	organizati	on during the tax
	year ▶Number of states where property subject to conservation ease	ement is located		
4	Does the organization have a written policy regarding the period			
5	violations, and enforcement of the conservation easements it i			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, a			
7	Amount of expenses incurred in monitoring, inspecting, and er			
8	Does each conservation easement reported on line 2(d) above			
•	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation			
•	include, if applicable, the text of the footnote to the organization			
	conservation easements.	so hered to be	J	
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther Sim	ilar Assets.
	Complete if the organization answered "Yes" to Form 9	90, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116 (ASC	958), not to report in its revenue statem	ent and ba	alance sheet works of art,
	historical treasures, or other similar assets held for public exhib	oition, education, or research in furtherar	nce of publ	ic service, provide, in Part XIII,
	the text of the footnote to its financial statements that describe			
b	If the organization elected, as permitted under SFAS 116 (ASC	958), to report in its revenue statement	and balan	ce sheet works of art, historical
	treasures, or other similar assets held for public exhibition, edu	cation, or research in furtherance of pub	olic service	, provide the following amounts
	relating to these items:			
			<b>&gt;</b>	\$
	<ul><li>(i) Revenues included in Form 990, Part VIII, line 1</li><li>(ii) Assets included in Form 990, Part X</li></ul>			\$
2	If the organization received or held works of art, historical treas			
	the following amounts required to be reported under SFAS 116			
а	Revenues included in Form 990, Part VIII, line 1			\$
b	Assets included in Form 990, Part X	2000 000 TO		\$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 12-10-12

Schedule D (Form 990) 2012

			FOUNDATION			0781390 Page 2			
a-station of	ESS-Geroalian)		<del></del>						
3	(check all that apply):	ion, and other record	us, check any or the	Tollowing that are	a significant use t	its collection items			
а	Public exhibition		1 I oan or evo	hange programs	¥!				
b	Scholarly research		Other	nango programs					
	Preservation for future generations		Управи						
C A		ollections and evola	in how they further t	he organization's	evernt nurnose in	Part XIII			
5	<ul> <li>4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.</li> <li>5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets</li> </ul>								
5	to be sold to raise funds rather than to be m					Yes No			
Pa	rt IV Escrow and Custodial Arran								
S 15	reported an amount on Form 990, Pa	-	oto ii tilo organizatio	iranswered res	to 1 01111 330, 1 an	. 14, 111 10 0, 01			
12	Is the organization an agent, trustee, custod		diany for contribution	s or other assets	not included				
	on Form 990, Part X?					Yes No			
h	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing table:	• • • • • • • • • • • • • • • • • • • •					
	Tros, explain the analigement in rate xiii	and complete the re	mouning table.			Amount			
_	Beginning balance				1c	rinounc			
4	Additions during the year								
	Distributions during the year								
f	Ending balance								
	Did the organization include an amount on F	orm 990. Part X. line	21?	• • • • • • • • • • • • • • • • • • • •		Yes No			
	If "Yes," explain the arrangement in Part XIII.								
	t V Endowment Funds. Complete i								
		(a) Current year	(b) Prior year	,	k (d) Three years t	ack (e) Four years back			
1a	Beginning of year balance	19,788,812.	<del></del>	12,423,62	2. 11,375,7	78. 12,778,709.			
b	Contributions	1,382,884.	4,569,518.	1,641,51	.9. 859,6	47. 1,360,424.			
	Net investment earnings, gains, and losses	1,179,053.	424,401.	1,571,39	8. 188,1	972,241,114.			
	Grants or scholarships		\$ 1. 0. (a) 1. 1. 1.						
	Other expenditures for facilities		1.2011						
	and programs	181,904.	445,100.	396,54	6.	522,241.			
f	Administrative expenses								
	End of year balance	22,168,845.	19,788,812.	15,239,99	3. 12,423,6	22. 11,375,778.			
2	Provide the estimated percentage of the cur	rent year end baland	e (line 1g, column (a	a)) held as:					
а	Board designated or quasi-endowment	89.75	%						
	Permanent endowment ► 10.25	%							
С	Temporarily restricted endowment ▶	•00 %	ar y to Cyrida.						
	The percentages in lines 2a, 2b, and 2c shou	ıld equal 100%.							
За	Are there endowment funds not in the posse	ssion of the organiz	ation that are held a	nd administered f	or the organization				
	by:					Yes No			
	(i) unrelated organizations					3a(i) X			
	(ii) related organizations					3a(ii) X			
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	on Schedule R?			3b			
4	Describe in Part XIII the intended uses of the	organization's endo	owment funds.						
Par	t VI Land, Buildings, and Equipm	<b>ient.</b> See Form 990	), Part X, line 10.	·		,			
	Description of property	(a) Cost or o			) Accumulated	(d) Book value			
		basis (investr	* 1		depreciation				
1a	Land			1,961.		961,961.			
	Buildings			1,696.	118,708.	2,072,988.			
	Leasehold improvements			8,489.	180,726.	267,763.			
d	Equipment			9,754.	653,540.	436,214.			
е	Other			5,727.	475,463.	650,264.			
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line 1	0(c).)	<b>_</b>	4,389,190.			

4,389,190. Schedule D (Form 990) 2012

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

Schedule D (Form 990) 2012

Schedule D (Form 990) 2012

ESTABLISHED BY A DONOR, AWF HAS A POLICY TO SPEND FIVE PERCENT OF THESE

ENDOWMENT FUNDS' AVERAGE BEGINNING INVESTED MARKET VALUES FOR THE PRIOR

THREE FISCAL YEARS. HOWEVER, A FUND'S SPENDING RATE IS REDUCED OR

ELIMINATED IF THE RESULTING INVESTED BALANCE OF THAT FUND WOULD FALL BELOW

THE FAIR VALUE OF THE ORIGINAL GIFT(S). IN ESTABLISHING THIS POLICY, AWF

CONSIDERED ITS STATED RETURN OBJECTIVE WITH THE INTENT TO, OVER THE LONG

TERM, ALLOW ITS ENDOWMENT FUNDS TO GROW AT OR ABOVE THAT OF INFLATION.

Schedule D (Form 990) 2012

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Schedule D (Form 990) 2012

### SCHEDULE F (Form 990)

### Statement of Activities Outside the United States

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

➤ Attach to Form 990. ➤ See separate instructions.

**Employer identification number** Name of the organization 52-0781390 AFRICAN WILDLIFE FOUNDATION, INC. Part | General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? \_\_\_\_X Yes \_\_\_\_ No 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (e) If activity listed in (d) (f) Total (d) Activities conducted in region (a) Region (b) Number of (c) Number of expenditures employees, agents, and (by type) (e.g., fundraising, program is a program service, offices for and services, investments, grants to describe specific type in the region independent investments contractors recipients located in the region) of service(s) in region in region in region 5,002,048. SUB-SAHARAN AFRICA EMPLOYEES 7,761. 0 FUNDRAISING SUB-SAHARAN AFRICA 2,370,812. SUB-SAHARAN AFRICA ٥ GRANTMAKING CONSERVATION PROGRAMS, EDUCATION & OUTREACH 8,314,187. PROGRAM SERVICES SUB-SAHARAN AFRICA 5 4 . P. . I 855,390. 0 MAINTAINING OFFICES SUB-SAHARAN AFRICA 19 EUROPE (INCLUDING ICELAND AND 228,226. 2 EMPLOYEES GREENLAND) EUROPE (INCLUDING TORLAND AND 56,957. 0 GRANTMAKING GREENLAND) 16,835,381. 19 144 3 a Sub-total **b** Total from continuation 0. 0 sheets to Part I ....... 0

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Schedule F (Form 990) 2012

16,835,381.

c Totals (add lines 3a

Page 2

AFRICAN WILDLIFE FOUNDATION, INC. Schedule F (Form 990) 2012

Part II

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) 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	HEALTHY VILLAGE PROJECT IN MBANDAKA, DRC	18,000.	WIRE/EFT	0		
		SUB-SAHARAN AFRICA	GRANT FOR OL MOLOG LODGE CONSTRUCTION	347,297.	347,297.WIRE/EFT	0		
		SUB-SAHARAN AFRICA	DEVELOPMENT OF FISH PONDS	000′9	6,000.WIRE/EFT	.0		
		SUB-SAHARAN AFRICA	DEVELOPMENT OF PARTICIPATORY AGROFORESTRY FOR SUSTAINABLE LAND USE	18,000.	18,000.WIRE/EFT	0		
		SUB-SAHARAN AFRICA	INITIATION OF WMA ESTABLISHMENT IN YAEDA CHINI	50,329.	WIRE/EFT	0		
		SUB-SAHARAN AFRICA	ECO-LODGE CONSTRUCTION ON NATIONAL PARK SITE IN UGANDA	250,000.	250,000.WIRE/BFT	.0		
		SUB-SAHARAN AFRICA	LIMIT DAMAGE AND RESTORE THE CORE AREA OF GIRAFFE DISTRIBUTION	10,252.	10,252,WIRE/EFT	.0		
Entor tokal pumpanor	frontions caracitation	SUB-SAHARAN APRICA	SUB-SAHARAN DEVELOPMENT SUPPORT APRICA OF FISH PONDS 10,500, WIRE/EFT Enter total pumples of receiving terranizations listed about that are recognized as characters but the facility consisted as the facility of the facilit	10,500.	10,500 MIRE/EFT	0	2	

the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of other organizations or entities COPY

5 8 0 Schedule F (Form 990) 2012

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AFRICAN WILDLIFE FOUNDATION, INC.

52-0781390

Page 2	
52-0781390	ates. (Schedule F (Form 990), Part II, line 1)
AFRICAN WILDLIFE FOUNDATION, INC.	r Assistance to Organizations or Entities Outside the United Stat
Schedule F (Form 990) AFRICAN	Part II Continuation of Grants and Other

					The second secon			
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	WILDLIFE SCOUTS					
		AFRICA	SUPPORT	58,979.	58,979.WIRE/EFT	0.		
			ANTI-POACHING					
		SUB-SAHARAN	OPERATIONS AND					
		AFRICA	SUPPORT	69,993.	69,993.WIRE/EFT	•		
			CREATION OF NEW					
			CENTERS OF					
		SUB-SAHARAN	DISSEMINATION OF					
		AFRICA	BROODSTOCK, EDUCATION	18,000.	18,000.WIRE/EFT	0.		
			ALTERNATIVE					
		SUB-SAHARAN	LIVELIHOODS TRAINING					
		AFRICA	& SUPPORT	22,500.	22,500.WIRE/EFT	0		1
¥.			team moral		104			
******			SUFFURI AGRICOLIURAL				į	The same and the same
0003		SUB-SAHARAN AFRICA	LIVELIHOODS IN MLW	20 058		C		
1			er contravien			;		
			ELEPHANT					27
			ANTI-POACHING					
		SUB-SAHARAN	OPERATIONS AND					
		AFRICA	SUPPORT	31,334.	31,334.WIRE/EFT	0		
		SUB-SAHARAN	WILDLIFE MANAGEMENT					
		AFRICA	STUDIES	25,837.		0		
			DEVELOPING					
			BIO-ENTERPRISES					
		SUB-SAHARAN	INCLUDING HONEY,					
		AFRICA	COMMERCIAL PRODUCTION	27,330.	27,330.WIRE/EFT	0		
			GREAT FISH RIVER					
		BUB-BARAKAIN AFRICA	PROTECTION	20 000	50 000 MTRE/RET	C		
A STREET, STRE	CONTRACTOR WATER AND					;		

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Page 2

Schedule F (Form 990) AFRICAN WILDLIFE FOUNDATION, INC. 52-0781390

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

- men Continuation	or diagrams and other	Assistance to Organiza	Communication of drains and Other Assistance to Organizations of Entitles Outside the Office States, Octherine Porth 930), Part II, IIDE 1)	Onlied States.	Scriedule r (rorn s	ay, ran II, IIne i		
1 (a) Name of organization		(c) Region	(d) Purpose of		(f) Manner of	(g) Amount of	(h) Description of non-cash	(i) Method of
	and EIN (if applicable)		grant	of cash grant	cash disbursement	assistance	assistance	appraisal, other)
	4						:	
		SUB-SAHARAN	DEVELOPMENT OF FISH					
		AFRICA	PONDS	10,500.	10,500,WIRE/EFT	0.		
			EWASO LIONS					
ija.		SUB-SAHARAN	PROJECT-PREDATOR WORK					
		AFRICA	SUPPORT	7,392.	WIRE/EFT	0.		
			COUNTER-POACHING WORK			•		
		SUB-SAHARAN AFRICA	OF WILDLIFE RESERVE RANGERS IN FARO ND	10 000	10 000 WIRE/RET	C		
			FECTO CAPACITY			;		
			BUILDING SUPPORT FOR					
		SUB-SAHARAN	COMMUNITY BASED					
		AFRICA	TOURISM ENTERPRISES	14,666.	14,666.WIRE/EFT	0		
			6 144				20 m	
		SUB-SAHARAN	COMMUNITY HEALTH					
Contract Con		AFRICA	CENTER CONSTRUCTION	33,000.	WIRE/EFT	0		
			ANTI-POACHING					
			AWARENESS FOR RHINO					
		SUB-SAHARAN	HORN IN ASIA					
		AFRICA	(SINGAPORE)	15,000.	15,000.WIRE/EFT	0.		
		SUB-SAHARAN	FISHERIES DEVELOPMENT					
		AFRICA	IN THE LANDSCAPE MLW	36,000.	WIRE/EFT	0.		
			CAPACITY BUILDING IN					
		SUB-SAHARAN	MAKAME WILDLIPE					
		AFRICA	MANAGEMENT AREA	11,643.	WIRE/EFT	0.		
		SUB-SAHARAN	CAPACITY BUILDING -					
		AFRICA	FISH FARM MANAGEMENT	54,186.	54,186.WIRE/EFT	0.		

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Schedule F (Form 990)	AFRICAN	WILDLIFE	FOUNDATION, INC	•	52-0781390	81390		Page 2
Part II Continuation	of Grants and Other	Assistance to Organiza	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)	United States.	Schedule F (Form 9	90), Part II, line 1)		
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	COMMUNITY SEED MULTIPLICATION TRAINING FOR INCREASED FOOD	129,467.WIRE/EFT	TRE/EFT	·		
		SUB-SAHARAN AFRICA	IMPROVE WATER SPRINGS AND WATER HARVEST ACTIVITIES	22,240.	22,240.WIRB/BFT	0		
		SUB-SAHARAN AFRICA	WILDLIFE AND NATIONAL PARK CONSERVATION	36,690.	WIRE/EFT	o		
		SUB-SAHARAN AFRICA	ENDUIMENT WMA SURVEY GRANT	18,615.	18,615,WIRE/EPT	0		
	T. W.	SUB-SAHARAN		al s				D <sub>1</sub>
	4	AFRICA	IN MLW	71,304.WIRE/BFT	WIRE/EFT	. 0		
		SUB-SAHARAN AFRICA	DONATION TO KALAHARI CONSERVATION SOCIETY	10,000.	10,000.WIRE/EFT	.0		
		SUB-SAHARAN	PROTECTED AREA INFRASTRUCTURE, CAPACITY BUILDING AND				:	
		AFRICA	CONSERVATION LAND	116,497.WIRE/EFT	WIRE/EFT	0		
		SUB-SAHARAN AFRICA	VILLAGE OFFICE CONSTUCTION PROJECT	.000,6	WIRE/EFT	0		
		SUB-SAHARAN	HIV/AIDS					
		AFRICA	INTERVENTIONS SUPPORT	15,000.	15,000.WIRE/EFT	0		

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Page 2	(i) Method of valuation (book, FMV,	appraisal, other)					17.					
	(h) Description of non-cash	assistance						2				
31390	(g) Part II, line 1)	assistance		0	.0	0	0	0	0	0	0	0
52-0781390	(Schedule F (Form 99) (f) Manner of			11,718,WIRE/EFT	WIRE/EFT	12,873.WIRE/EFT	12,844.WIRE/EFT	5,034.WIRE/EFT	12,000.WIRE/EFT	5,687.WIRE/EFT	39,844.WIRE/EFT	10,200.WIRE/EFT
	(e) Amount of cash grant	$\neg$		11,718.	20,000,05	12,873.	12,844.	5,034.	12,000.	5,687.	39,844.	10,200.
FOUNDATION, INC.	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)  (b) IRS code section (c) Region of organization and EIN (if applicable) (c) Region orant of organization and EIN (if applicable)	i b	CHAPOTO COMMUNITY	DEVELOPMENT GRANT	SAVE VALLEY CONSERVANCY RHINO ANTI-POACHING SUPPORT	SUPPORT FOR BOREHOLE	CAPACITY BUILDING FOR PASTORALIST	WILDLIFE MANAGEMENT AREA AND SCOUTS FRAINING	AGROFORESTRY CAPACITY BUILDING	TLCT SUPPORT	BONGANDANGE PROJECT DEVELOPMENT SUPPORT	PROCESSING OF NTFPS AND AGRICULTURAL PRODUCTS
AFRICAN WILDLIFE	Assistance to Organiza (c) Region		SUB-SAHARAN	AFRICA	SUB-SAHARAN AFRICA	SUB-SAHARAN AFRICA	SUB-SAHARAN AFRICA	SUB-SAHARAN AFRICA	SUB-SAHARAN AFRICA	SUB-SAHARAN AFRICA	SUB-SAHARAN AFRICA	SUB-SAHARAN AFRICA
AFRICA	(b) IRS code section and EIN (if applicable)			The state of the state of								
٣L	1 Continuation of 1						-4.5°	10.7 B 20.0 A 20.0 A				

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Schedule F (Form 990)

AFRICAN WILDLIFE FOUNDATION, INC.

Fart II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

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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	COMMUNITY SCOUTS SUPPORT	13,492.	13,492,WIRE/EFT	0		
		SUB-SAHARAN AFRICA	CYBERTRACKER SUPPORT AND TRAINING NIOKOLO KOBA NATIONAL PARK	10,000.	10,000.WIRE/EFT	•0		
		SUB-SAHARAN AFRICA	KIDEPO NATIONAL PARK OFFICE RENOVATIONS	22,505.	WIRE/EPT	0.		
		SUB-SAHARAN AFRICA	GRANT AWARD FOR RANDLEN WMA TRAINING	16,318.	WIRE/EFT	0	:	
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		SUB-SAHARAN AFRICA	PROCESSING OF NTFPS AND AGRICULTURAL PRODUCTS	.002,61	19,500,WIRE/EFT	0		
		SUB-SAHARAN AFRICA	ENVIRONMENTAL EDUCATION PROJECT	11,400.	11,400,WIRE/EFT	0	**)	1
		SUB-SAHARAN AFRICA	EWASO LIONS PROJECT-PREDATOR WORK SUPPORT	7,392.	7,392.WIRE/EFT	0.		
		SUB-SAHARAN AFRICA	GRANT TO KWS FOR LARGE ANIMAL CENSUS IN SAMBURU	11,268.	WIRE/EFT	.0		
		SUB-SAHARAN APRICA	ELERAI TRUST-OLTIYANI SCOUTS SALARIES	19,634.	19,634 WIRE/EFT	0		

34

4.1	AFRIC	AFRICAN WILDLIFE	FOUNDATION, INC.	•	52-0781390	31390		Page 2
Part II Continuation	of Grants and Other	Assistance to Organiza	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States, (Schedule F (Form 990), Part II, line 1)	United States.	(Schedule F (Form 99	30), Part II, line 1)		
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			ESTABLISHMENT OF THE					
1000		SUB-SAHARAN AFRICA	SEKUTE CONSERVATION AREA	35,732.	WIRE/EFT	0		
			LUP AND SOIL EROSION					
		SUB-SAHARAN AFRICA	CONTROL - UPPER KITETE KARATU	15 328	328 WTRE/RPT	c		
			HIV/AIDS EDUCATION					
		90.112	AND AWARENESS					
		SUB-SAHARAN	CAMPAIGN AMONG					
		AFRICA	COMMUNITIES OF	12,534.	12,534.WIRE/EFT	0.		
		There is	TAWIRI ASSESSMENT OF					
		SUB-SAHARAN	CARNIVORE SPECIES			,		
	1,1	AFRICA	DENSITY	20,781.	20,781.WIRE/EFT	0		
		HACKED A	-	71				
		SUB-SAHARAN	SUPPORT TO TLCT FOR	1=	== 1071			
1	- VIII	AFRICA	MANYARA RANCH	136,294.	136,294.WIRE/EFT	.0		
			DGANDA COMMUNITY					
		SUB-SAHARAN	TOURISM DEVELOPMENT					
		AFRICA	AND CAPACITY BUILDING	37,578.	WIRE/EFT	0		
			DEVELOPMENT OF MICRO		_			
		SUB-SAHARAN	LIVESTOCK ENTERPRISE					
		AFRICA	IN BEFALE	12,000.	WIRE/EFT	0.		
				<i>**</i> *** **** **				
		SUB-SAHARAN	ZAMBIA WILDLIFE					
		AFRICA	SCOUTS TRAINING FEES	8,440.	8,440.WIRE/EFT	0.		
			ECONOMIC ASSESSMENT					
			OF LAIKIPIA NP					
		SUB-SAHARAN	CONSERVATION AND	4		•		
		AFRICA	DEVELOPMENT	32,607.	WIRE/EFT	0		

35

AFRICAN WILDLIFE FOUNDATION, INC.

Schedule F (Form 990) 2012 AFRICAN WILDLIFE FOUNDATION, INC. 52-0781390

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

Part III can be duplicated if additional space is needed.

				i.				
(h) Method of valuation (book, FMV, appraisal, other)								Schedule F (Form 990) 2012
(g) Description of non-cash assistance								Schedu
(f) Amount of non-cash assistance	0	0	0	0				
(e) Manner of cash disbursement	9,300,EFT/CHECK	BFT/CHECK	19,314.EFT/CHECK	12,636.EFT/CHECK	1 2 2			
(d) Amount of cash grant	9,300,8	5,168.	19,314.	12,636.				
(c) Number of recipients	1	. u	86	1				
(b) Region	SUB-SAHARAN AFRICA	SUB-SAHARAN APRICA	SUB-SAHARAN AFRICA	SUB-SAHARAN AFRICA				
(a) Type of grant or assistance	UNIVERSITY AND TEACHER TRAINING	WAGABA CHILDREN SCHOLARSHIP	GULA HEARTLAND EASEMENTS	CONSERVATION GRANT				

	Star Poleign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization		
<u>د</u>	may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and		
	Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual information Return of Foreign Trust With		
	a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To	<b>ਦਿ</b> ਤ	
	Certain Foreign Corporations. (see Instructions for Form 5471)	X Yes	L 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.	<b>Г</b> у.	X No
	(see Instructions for Form 8621)	Yes	LAL 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	—	<b>T</b>
	Foreign Partnerships. (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If		
	"Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions		Ter.
	for Form 5713)	Yes	X No
		Schedule F (Forn	n 990) 2012
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232074 12-10-12

# **Supplemental Information**

Complete this part to 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.

SCHEDULE F, PART I, LINE 2: AWF OCCASIONALLY WORKS WITH SUB-RECIPIENTS. IN SUCH CASES, ONLY KNOWN, VETTED ORGANIZATIONS ARE CHOSEN THAT CAN DEMONSTRATE AN ABILITY TO ACCOMPLISH THE PROGRAM OBJECTIVES. SUB-RECIPIENTS ARE OFTEN INCLUDED BY NAME IN GRANT PROPOSALS.

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

### PART II, COLUMN (D):

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: CREATION OF NEW CENTERS OF DISSEMINATION OF BROODSTOCK, EDUCATION AND TRAINING IN FARMING TECHNIQUES AND ANIMAL

MILL

HEALTH IN DJOLU

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: DEVELOPING BIO-ENTERPRISES INCLUDING HONEY,

COMMERCIAL PRODUCTION OF WILD PLANTS

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: COMMUNITY SEED MULTIPLICATION TRAINING FOR

232075 12-10-12

Schedule F (Form 990) 2012

and the second s
Complete this part to 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.
INCREASED FOOD SECURITY
REGION: SUB-SAHARAN AFRICA
(D) PURPOSE OF GRANT: PROTECTED AREA INFRASTRUCTURE, CAPACITY BUILDING
AND CONSERVATION LAND GRANT
DEGLOW GUID GAMADAN ARDIGA
REGION: SUB-SAHARAN AFRICA
(D) PURPOSE OF GRANT: HIV/AIDS EDUCATION AND AWARENESS CAMPAIGN AMONG
COMMUNITIES OF GALAPO, BAGARA, MAWE MAIRO, AND MWADA
Y/2 6
Vertical de la companya de la compa
FINE TYLE TO

# SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

# Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

Open To Public Inspection

Name of the organization

**Employer identification number** 

AFRICAN WILDLIFE FOUNDATION, INC. 52-0781390 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. e X Solicitation of non-government grants X Mail solicitations X Internet and email solicitations f X Solicitation of government grants X Phone solicitations □ Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or X Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid (iii) Did fundralser have custody (vi) Amount paid (iv) Gross receipts (i) Name and address of individual to (or retained by) to (or retained by) (ii) Activity from activity fundraiser or entity (fundraiser) or control of contributions? organization listed in col. (i) SANKY COMMUNICATIONS, INC. MANAGEMENT OF DIRECT MAIL Yes 215,728 1,438,912. 599 11TH AVENUE, 6TH FLOOR PROGRAM X 1,654,640 215 728 1,438,912, 1,654,640 Tota! 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration 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 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) 2012

232081 01-07-13

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through col. (c)) (total number) (event type) (event type) 1 Gross receipts 2 Less: Contributions Gross income (line 1 minus line 2) Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses ..... 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Combine line 3, column (d), and line 10 Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs 5 Other direct expenses Yes Yes % 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Combine line 1, column d, and line 7 9 Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain: \_

Schedule G (Form 990 or 990-EZ) 2012

232082 01-07-13

<u>Sch</u>	edule G (Form 990 or 990 EZ) 2012 AFRICAN WILDLIFE FOUNDATION, INC. 52-0	781	<u> 390</u>	Page 3
11	Does the organization operate gaming activities with nonmembers?		Yes	∐ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	$\Box$	Yes	□ No
	Indicate the percentage of gaming activity operated in:			
	The organization's facility			<u>%</u>
b	An outside facility	13b		<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address ►			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	. 🔲 .	Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party > \$			
C	If "Yes," enter name and address of the third party:			
	Name			
	Address ▶			
16	Gaming manager information:			
10	Ganing manager information.			
	Name			<del></del>
	Gaming manager compensation ▶ \$			
	Describing of continuous provided N			
	Description of services provided			
	A CONTRACT OF THE CONTRACT OF			
	Director/officer Employee Independent contractor			
	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	<u> </u>		
	retain the state gaming license?	` لــــا '	Yes	∟l No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
Pa	organization's own exempt activities during the tax year   \$ supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii)	and (v	, and	Part III,
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information			
SC:	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISER	S:		
<u>(I</u>	) NAME OF FUNDRAISER: SANKY COMMUNICATIONS, INC.			
(I	) ADDRESS OF FUNDRAISER: 599 11TH AVENUE, 6TH FLOOR, NEW YORK,	NY	1	0036
	erente Carlor			
	Schoolule G (Form	000 0	- 000	E7\ 2012

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

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

Attach to Form 990.

OMB No. 1545-0047	2012	Onen to Public

Upen to Public Inspection

Employer identification number

AFRICAN W	ILDLIFE F	AFRICAN WILDLIFE FOUNDATION,	INC.				52-0781390	90
Does the organization maintain records to substantiate the amount	nd Assistance to substantiate th	e amount of the grants	or assistance the	grantees' eligibility	for the grants or ses	of the grants or assistance the grantees' eligibility for the grants or assistance and the selection	cit	
criteria used to award the grants or assistance?	stance?				ां वार्व शुंबाहर ज बड्ड	istalice, alla ule selec	X Yes	å
ပ္တန	ocedures for mon	toring the use of grant	use of grant funds in the United States	d States.				
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	Governments an	d Organizations in the	United States. C	omplete if the orga	inization answered "\	es" to Form 990, Part	IV, line 21, for any	
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	\$5,000. Part II car	be duplicated if additi	onal space is need	led.				
1 (a) Name and address of organization or government	( <b>b</b> ) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
UNIVERSITY OF MARYLAND					iii			
4101 CHESAPEAKE BOULEVARD COLLEGE PARK, MD 20742	52-6002033	501(C)(3)	78,409.	.0			SPATIAL MODELING FOR LANDSCAPE ZONING	
WILDAID		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- V 1	322		a Variation		
744 MONTGOMERY STREET, SUITE 300 SAN FRANCISCO CA 94/11	20-364441	501(C)(3)*	135 000	c			WILDAID RHINO HORN	
		·		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
JANE GOODALL INSTITUTE 1595 SPRING HILL ROAD							UGANDA NATIONAL PARK	
VIENNA, VA 22182	94-2474731	501(C)(3)	53,755.	0			CAPACITY BUILDING	
THE SCHOOL FOR FIELD STUDIES							SFS PREDATOR	
100 CUMMINGS CENTER, SUITE 534-G	,						ASSESSMENT-MANAGEMENT	
BEVERLY, MA 01915	04-2711596	501(C)(3)	25,837.	0			PLAN	
INTERNATIONAL ECOTOURISM SOCIETY								
P.O. BOX 96503, #34145								
WASHINGTON, DC 20009	03-0343403	501(C)(3)	15,000.	0.			ECOTOURISM STUDIES	
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	Ind government o	I rganizations listed in th	e line 1 table				•	5
	s listed in the line	1 table					•	0
LHA For Paperwork Reduction Act Notice, see the Instructions for	, see the Instruc	tions for Form 990.					Schedule I (Form 990) (2012)	(2012)

232101 12-18-12

AFRICAN WILDLIFE FOUNDATION,

Page 2

52-0781390

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule I (Form 990) (2012)

Part III

(f) Description of non-cash assistance				al information.			
(e) Method of valuation (book, FMV, appraisal, other)		-7.10 -7.10		ि त	SOD-RECIFIENTS. IN	N. W.	
(d) Amount of non- cash assistance				I, line 2, Part III, colum		ECTIVES.	
(c) Amount of cash grant			4 86 3	in required in Part I,	M CANOW ILL	PROGRAM OBJECTIVES.	
(b) Number of recipients			1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	vide the informatio	OCCASIONALLI	ISH THE P	
(a) type or grant or assistance				lemental Information. Complete this part to p	I, FAMIL I, LINE Z: ANE	AN ABILITY TO ACCOM	OF THE STATE OF OR THE STATE OF STATE
	:			Part IV Supp	STICH	DEMON	1111100

Scheen (2012)

232102 12-18-12

FINANCE AND ADMINISTRATION OFFICER REVIEWS SUB-RECIPIENT FINANCIAL REPORTS

RELATED HL IMPLEMENTATION TEAMS (GENERALLY HL DIRECTOR). THE HEARTLAND

AND FORWARD TO THE GRANT FINANCIAL MANAGER FOR A FURTHER QUALITY CONTROL.

232291 05-01-12

# **SCHEDULE J** (Form 990)

# **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.

Attach to Form 990. See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

AFRICAN WILDLIFE FOUNDATION, INC.

**Employer identification number** 52-0781390

P	art   Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		<u> </u>
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	HITELESSUM.	65 42 60 A 7 C 19.
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant  Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:		v	
а	Receive a severance payment or change-of-control payment?	4a	X	7
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	SINSANTAI	A
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
_	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			V
	The organization?	5a		X
b	Any related organization?	5b	F247494	
_	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			X
a	The organization?	6a		X
b	Any related organization?	6b	156446	A SERVICES
_	If "Yes" to line 6a or 6b, describe in Part III.			E CHARL
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	٦		х
_	not described in lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			Х
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	ا ۾		
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2012

Schedule J (Form 990) 2012

Page 2

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

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

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

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(Q)·(j)(g)	reported as deferred in prior Form 990
(1) PATRICK BERGIN	Ξ	238,07	0	0	40,808.	7,997.	286,88	
뛿ㅣ	▣			0				
(2) HELEN GICHOHI	Ξ	142,80		0	14,281.	11,359.	168,448.	0
PRESIDENT (THRU 11/2012)	▣		0	0.		0.	0	0
(3) JOANNA ELLIOT	€	166,49	0.	0	16,649.	19,155.	202,296.	0
	▣	,	0.	0.	1 1	0.		
(4) JEFF CHRISFIELD	Ξ	162,06	0	0.	16,207.	9,583.	187,859.	0
<b>P4</b>	▣		0.	0.	1			
(5) CRAIG SHOLLEY	ε	161,64	0	0.	16,164.	5,283.	183,088.	0
VP OF PHILANTHROPY/MARKETING	Ξ	Ç)		0.		0.	Ā	
(6) DAUDI SUMBA	(E)	154,596.		0	15,460.	4,450.	174,506.	0
VP OF PROGRAM OPERATIONS		9.2		0	0	0		
(7) HARRY VAN DER LINDE	Θ	28,111 32	0	66,138.	11,132.	2,812.	191,403.	
SNR DIR PROG DESIGN (THRU 10/2012)	(ii)	್ 0	0	0	0	0	0	0
1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Θ							
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232112 12-12-12				47			Sched	Schedule J (Form 990) 2012 COPY

SERVED AS SENIOR DIRECTOR OF ICEIVED A SEVERANCE PAYMENT OF	C	
31, 2012, RE		
PART I, LINE 4A: HARRY VAN DER PROGRAM DESIGN, UNTIL OCTOBER 3 \$66,138.	Standard 2.5	

F. . . . . .

48

# SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

# **Noncash Contributions**

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

Attach to Form 990.

OMB No. 1545-0047

2012

Open to Public Inspection

Employer identification number

Schedule M (Form 990) (2012)

Name of the organization

52-0781390 AFRICAN WILDLIFE FOUNDATION, Types of Property (a) (c) (d) Check if Number of Noncash contribution Method of determining contributions or amounts reported on applicable noncash contribution amounts tems contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures 2 3 Art - Fractional interests Books and publications Clothing and household goods 5 Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 X 29 264,560. FAIR MARKET VALUE Securities - Publicly traded ..... 9 Securities - Closely held stock 10 Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 12 Qualified conservation contribution -13 Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 Real estate - Commercial 16 17 Real estate - Other Collectibles 18 19 Food inventory 20 Drugs and medical supplies \_\_\_\_\_ Taxidermy 21 Historical artifacts 22 Scientific specimens 23 Archeological artifacts 24 25 Other -26 Other 27 Other Other 28 Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement No Yes 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for X the entire holding period? 30a **b** If "Yes," describe the arrangement in Part II. X Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X 32a contributions? **b** If "Yes," describe in Part II. If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

232141 12-20-12

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

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

Department of the Treasury

Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Name of the organization

AFRICAN WILDLIFE FOUNDATION, INC.

Employer identification number 52-0781390

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

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

UNITED KINGDOM, MOZAMBIQUE, MAURITIUS, KENYA,

BURKINA FASO, UGANDA

FORM 990, PART VI, SECTION B, LINE 11: DATA AND INFORMATION FOR THE FEDERAL FORM 990 ARE COMPILED BY THE FINANCE DEPARTMENT AND REVIEWED BY THE CFO. UPON RECEIPT OF THE FEDERAL FORM 990 FROM AWF TAX ACCOUNTANTS, THE COMPLETED RETURN UNDERGOES A SECOND LEVEL OF REVIEW BY THE CFO. CHANGES ARE COMMUNICATED TO THE TAX ACCOUNTANTS AS NECESSARY AND APPROPRIATE. THE FINAL DRAFT IS REVIEWED BY THE CFO AND THE CEO\_BEFORE BEING PRESENTED TO THE AUDIT COMMITTEE. THEREAFTER, A COPY OF THE RETURN IS PROVIDED TO THE FULL BOARD OF TRUSTEES BEFORE FILING WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C: TRUSTEES AND OFFICERS RECEIVE AND SIGN A CONFLICT OF INTEREST POLICY STATEMENT UPON ELECTION TO THE BOARD OF TRUSTEES, WITH NEW FORMS COMPLETED AT LEAST ANNUALLY. IF A TRUSTEE FEELS SHE/HE MAY HAVE A POTENTIAL CONFLICT OF INTEREST WITH AWF, THESE CONCERNS ARE BROUGHT TO THE ATTENTION OF THE BOARD OF TRUSTEES' CHAIR AND/OR AUDIT COMMITTEE OF THE BOARD OF TRUSTEES' FOR DELIBERATION.

ALL STAFF MEMBERS ARE REQUIRED TO SIGN A CONFLICT OF INTEREST POLICY UPON
HIRING AND WITH EACH NEW CONTRACT AMENDMENT. STAFF CONCERNS REGARDING
CONFLICTS OF INTEREST ARE BROUGHT TO THE HUMAN RESOURCES DEPARTMENT FOR
RESEARCH WITH REVIEW BY THE CHIEF FINANCIAL OFFICER AND OTHER MEMBERS OF
EXECUTIVE MANAGEMENT AS NECESSARY.

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Schedule O (Form 990 or 990-EZ) (2012)

**Employer identification number** 52-0781390

WITH REGARD TO CONTRACT REVIEW, STAFF THAT REVIEW PURCHASES AND CONTRACTS ARE TRAINED TO QUESTION POTENTIAL CONFLICTS OF INTEREST. LOCAL FINANCE OFFICES REVIEW TRANSACTIONS UP TO \$1,000, WITH ADDITIONAL SCRUTINY GIVEN TO LARGER CONTRACTS. ANY POTENTIAL CONFLICTS OF INTEREST ARE FORWARDED TO THE CFO FOR REVIEW.

FORM 990, PART VI, SECTION B, LINE 15: A STUDY OF COMPENSATION FOR OFFICERS AND KEY EMPLOYEES IS CONDUCTED ANNUALLY. FOR ALL OFFICERS AND KEY STAFF LOCATED WITHIN THE UNITED STATES, INFORMATION FROM COMPARABLE ORGANIZATIONS IS COLLECTED THROUGH PUBLICLY AVAILABLE FEDERAL 990 FORMS. FOR KEY EMPLOYEES LOCATED OUTSIDE THE UNITED STATES, COMPENSATION STUDIES ARE OBTAINED AS NECESSARY TO PROVIDE COMPARABLE DATA.

COMPENSATION DATA IS SUMMARIZED IN A REPORT AND APPROVED FIRST BY THE BOARD COMPENSATION COMMITTEE, AND THEN BY THE FULL BOARD OF TRUSTEES EACH JANUARY. THE BOARD OF TRUSTEES SETS THE COMPENSATION FOR AWF'S CHIEF EXECUTIVE OFFICER, AND PROVIDES GUIDELINES FOR THE CEO TO SET OTHER EXECUTIVE SALARIES.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AK, AL, AR, AZ, CA, CO, CT, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NH, NJ, NM, NY NC, ND, OH, OR, OK, PA, RI, SC, TN, UT, VA, WA, WV, WI

FORM 990, PART VI, SECTION C, LINE 19: AWF'S GOVERNING DOCUMENTS, POLICIES, FINANCIAL STATEMENTS AND FEDERAL FORM 990 ARE AVAILABLE TO THE PUBLIC UPON REQUEST. ADDITIONALLY, COPIES OF THE FEDERAL FORM 990 AND ANNUAL REPORTS ARE MAINTAINED ON THE WEBSITE.

232212 01-04-13

16070213 786783 AWF

BOOST UGANDA'S WILDLIFE TOURISM PRODUCT, BUT A BIG PORTION OF THIS WORK

232212 01-04-13

**Employer identification number** 52-0781390

INVOLVES ENSURING ONGOING CONSERVATION AND PROTECTION OF UGANDA'S NATIONAL PARKS AND PROTECTED AREAS. AWF HAS BEGUN MEETING WITH LANDOWNERS IN SOME OF THE AREAS IMMEDIATELY SURROUNDING NATIONAL PARKS ON THE IDEA OF COMMUNITY CONSERVANCIES, WHERE PRIVATELY OWNED LAND IS PROTECTED FOR WILDLIFE BUT LANDOWNERS GET ECONOMIC BENEFITS FROM THESE CHOICES. WHILE AWF IS ASSISTING IN THE DISCUSSIONS AND THE PROCESS OF EXPLORING THE POTENTIAL FOR A COMMUNITY CONSERVANCY, THIS WILL BE A PROCESS VERY MUCH DRIVEN BY THE LOCAL LANDOWNERS, ENSURING THAT THIS LAND CONSERVATION EFFORT IS EMBRACED AT THE LOCAL LEVEL.

B. WILDLIFE PROTECTION: EVEN WHERE LAND AND HABITAT HAVE BEEN SECURED, CERTAIN SPECIES FACE UNIQUE THREATS AND REQUIRE A TARGETED CONSERVATION APPROACH. POPULATIONS OF RARE AND ENDANGERED SPECIES, SUCH AS THE RHINOCEROS, GORILLA, AND ALL OF THE GREAT CATS, HAVE BEEN DIMINISHED DUE TO POACHING, DISEASE, AND CONFLICT WITH HUMANS. AWF USES A NUMBER OF METHODS TO MONITOR AND PROTECT KEY POPULATIONS AND ENSURE THESE SPECIES SURVIVE AND THRIVE IN THEIR NATIVE HABITAT. ONE OF THESE TACTICS IS TO PROVIDE FUNDING TO PARTNERS ON THE GROUND THROUGH THE NEWLY LAUNCHED SPECIES PROTECTION GRANTS PROGRAM. THE GRANTS PROGRAM FUNDS PROJECTS IN SIX THEMATIC AREAS: ELEPHANTS, RHINOS, CARNIVORES, GREAT APES, LAW ENFORCEMENT, AND AWARENESS.

I. IN SOUTHERN AFRICA, AWF HAS PROVIDED FUNDING FOR THE PROTECTION OF RHINOS: SAVE VALLEY CONSERVANCY HAS A CRITICAL POOPULATION OF BLACK RHINOS, BUT THE CONSERVANCY IS UNDER SEVERE ECONOMIC PRESSURE DUE TO LOSS OF TOURISM INCOME. AWF IS PROVIDING SUPPORT FOR THE CONSERVANCY TO APPROPRIATELY MANAGE AND PROTECT THESE RHINOS. IN SOUTH AFRICA, AWF'S

SUPPORT OF GREAT FISH RIVER NATURE RESERVE HAS ALLOWED THE RESERVE TO Schedule O (Form 990 or 990-EZ) (2012)

Employer identification number 52-0781390

INSTALL NEW "SAFETY" DOORS ON ITS RHINO ENCLOSURES, BUILD AN AIRPLANE

HANGAR FOR AERIAL SURVEILLANCE EFFORTS AND PURCHASE FOUR NEW MOTORBIKES

FOR PATROLS OF THE RESERVE.

II. IN EAST AFRICA, AWF IS HELPING TO TIGHTEN SECURITY IN CRITICAL

AREAS AND PROVIDE PROTECTION OF ELEPHANTS: UNDER THE NEW GRANTS

PROGRAM, AWF HAS ENSURED THAT MANYARA RANCH CONSERVANCY, WHICH CONNECTS

BOTH TARANGIRE NATIONAL PARK AND LAKE MANYARA NATIONAL PARK, IS UNDER

TIGHTER SECURITY, WITH SPECIALIZED TRAINING FOR SCOUTS ON THE

CONSERVANCY, AND THE PURCHASE OF NEW VEHICLES TO BETTER MONITOR THE

PROTECTED AREA. AWF HAS ALSO COORDINATED AN ANTIPOACHING TASK FORCE

WITH LOCAL PROTECTED AREA AUTHORITIES, THE REGIONAL CRIME OFFICE, AND

THE STATE'S ATTORNEY'S OFFICE IN ARUSHA, AN EFFORT THAT HAS RESULTED IN

THE APPREHENSION OF SEVERAL POACHERS SINCE THE BEGINNING OF THE 2013

CALENDAR YEAR.

III. IN CENTRAL AND WEST AFRICA, AWF LAUNCHED THE AFRICAN APES

INITIATIVE TO HELP ENSURE THAT GREAT APES IN AFRICA'S LAST REMAINING

FORESTED HABITATS GET SUPPORT AND PROTECTION: GREAT APES IN AFRICA ARE

AT RISK FROM HABITAT FRAGMENTATION AND DESTRUCTION, THE PET TRADE,

TRANSFER OF HUMAN DISEASE, AND MORE. UNDER THE AFRICAN APES INITIATIVE,

AWF IS APPLYING ITS DECADES OF GREAT APE PROTECTION EXPERIENCE WITH

BONOBOS AND MOUNTAIN GORILLAS TO THE OTHER GREAT APE SPECIES ON THE

CONTINENT. THE INITIATIVE HAS ALREADY ALLOWED FOR AWF TO BEGIN TRAINING

RANGERS IN NIOKOLO-KOBA NATIONAL PARK IN SENEGAL, DJA BIOSPHERE RESERVE

IN CAMEROON AND BILI UELE ON ECOLOGICAL MONITORING AND THE USER OF THE

CYBERTRACKER/TRIMBLE ECOLOGICAL MONITORING TECHNOLOGY.

AFRICAN WILDLIFE FOUNDATION, INC.

Employer identification number 52-0781390

C. CONSERVATION ENTERPRISE: AWF BELIEVES THAT AFRICA'S WILDLIFE AND WILD LANDS CAN ONLY BE TRULY SECURE WHEN CONSERVATION OPERATIONS HAVE A SOUND FINANCIAL BASIS, AND WHEN ECONOMIC INCENTIVES EXIST FOR LOCAL PEOPLE TO HELP CONSERVE NATURAL SYSTEMS, OVER THE PAST SEVERAL YEARS, AWF HAS WORKED WITH PRIVATE SECTOR PARTNERS TO CREATE CUTTING-EDGE EXAMPLES OF CONSERVATION TOURISM PRODUCTS THAT INCLUDE EQUITY HOLDINGS AND OTHER INCENTIVES FOR LOCAL PEOPLE TO CONSERVE WILDLIFE AND ITS HABITAT. AWF IS CURRENTLY EXPANDING ITS EMPHASIS ON AGRICULTURE, LIVESTOCK, AND FISHERIES AS SMALL BUSINESSES THAT SUPPORT HUMAN NEEDS WHILE REDUCING RELIANCE ON THE EXPLOITATION OF WILDLIFE RESOURCES.

I. AWF OPENED A NEW COMMUNITY-OWNED CONSERVATION LODGE IN ZAMBIA: THE AREA WHERE ZAMBIA, BOTSWANA, NAMIBIA AND ZIMBABWE MEET IS A HEAVY TOURIST ATTRACTION, IN PARTICULAR BECAUSE OF THE LARGE ELEPHANT POPULATION THAT MAKES ITS HOME THERE. INCREASED DEVELOPMENT HAS INCREASED HUMAN-WILDLIFE CONFLICT, HOWEVER, AND NEITHER LOCAL RESIDENTS NOR ELEPHANTS HAVE BENEFITED SIGNIFICANTLY FROM AREA TOURISM. AWF BROKERED AN AGREEMENT WITH THE LOCAL COMMUNITY AND A PRIVATE SECTOR PARTNER WHEREIN THE COMMUNITY OWNS THE NEW MACHENJE FISHING LODGE AND 4 70 0 THE PARTNER OPERATES IT. REVENUES ARE SPLIT BETWEEN THE COMMUNITY AND THE PRIVATE OPERATOR, WITH COMMUNITY REVENUES TO BE PUT TOWARD COMMUNITY DEVELOPMENT PROJECTS THAT WILL PROVIDE A BETTER LIFE FOR THE RESIDENTS AND INCENTIVIZE THEM INTO PROTECTING THE AREA ELEPHANTS.

II. AWF CONTINUES TO PROVIDE SUPPORT TO A FINANCIAL SERVICES ORGANIZATION IN KENYA. IN AN AREA WHERE WOMEN HAVE FEW OPPORTUNITIES AND WEALTH HAS TRADITIONALLY BEEN MEASURED BY THE SIZE OF ONE'S LIVESTOCK HERD, AWF HAS PROVIDED ONGOING SUPPORT TO A FINANCIAL 232212 01-04-13 Schedule O (Form 990 or 990-EZ) (2012) SERVICES ORGANIZATION, NASARUNI, THAT IN THE PAST THREE YEARS HAS GROWN

FROM A MERE 141 MEMBERS AND ABOUT US\$250 IN ASSETS TO MORE THAN 1,100

MEMBERS AND AN ASSET BASE OF US\$102,000. A MAJORITY OF THE MEMBERS ARE

WOMEN, AND THE HEAD OF THE NASARUNI BOARD IS A WOMAN. THE REPAYMENT

RATE IS NEAR 90 PERCENT, AND THE BANK HAS ALLOWED WOMEN THROUGHOUT THE

COMMUNITY TO ESTABLISH NEW BUSINESSES AND BUILD HOUSING FOR THEIR

FAMILIES. MEANWHILE, KNOWLEDGE OF CONSERVATION ISSUES HAS INCREASED

AMONG THE MEMBERSHIP.

D. EDUCATION AND TRAINING: AWF WAS FOUNDED ON THE BELIEF THAT

CONSERVATION EFFORTS MUST ULTIMATELY REST IN THE HANDS OF THE PEOPLE OF

AFRICA WHO, WITH EDUCATIONAL SUPPORT, WILL CONSTRUCT A VIABLE PLATFORM

TO CONSERVE THE CONTINENT'S WILDLIFE HERITAGE. OVER THE PAST DECADES,

AWF HAS SPONSORED HUNDREDS OF YOUNG AFRICAN CONSERVATIONISTS TO STUDY

WILDLIFE MANAGEMENT AND TO ACQUIRE HIGHER DEGREES IN

CONSERVATION-RELATED FIELDS. BEYOND FORMAL EDUCATION, AWF WORKS TO

TRAIN LOCAL PEOPLE AND BUILD THE CAPACITY OF AFRICAN INSTITUTIONS TO

PROTECT AND MANAGE WILDLIFE.

I. AWF CONTINUED ITS CONSERVATION MANAGEMENT TRAINING PROGRAM: AWF

IMPLEMENTED AND BEGAN TRAINING ITS FIRST CLASS OF CONSERVATION

MANAGEMENT TRAINEES, A NEW HIGH-LEVEL MANAGEMENT AND MENTORING PROGRAM

FOR MASTER'S GRADUATES WHO HAVE AN INTEREST IN DEVELOPING THEIR

PRACTICAL CONSERVATION KNOWLEDGE. TWO CANDIDATES, ONE FROM KENYA AND

ONE FROM THE DEMOCRATIC REPUBLIC OF CONGO, BEGAN WITH THE PROGRAM IN

AUGUST OF 2012 AND WERE IMMERSED IN AWF'S PROGRAMS, POLICIES AND

PROJECT WORK, FIRST AT AWF HEADQUARTERS IN NAIROBI, KENYA, AND LATER IN

OUR LANDSCAPES. ONE OF OUR TRAINEES WAS STATIONED IN THE MAU FORESTS OF

322(1)

Schedule O (Form 990 or 990-EZ) (2012)

KENYA AND RECENTLY WAS HIRED AS A FULL-TIME PROJECT MANAGER IN THAT

LANDSCAPE. THE OTHER TRAINEE WAS STATIONED IN KENYA'S SAMBURU LANDSCAPE

FOR 9 MONTHS AND IS NOW UNDERGOING A SECOND PERIOD OF IMMERSION IN

UGANDA, AS PART OF OUR USAID/UGANDA TOURISM FOR BIODIVERSITY PROGRAM.

II. AWF LAUNCHED ITS AWF CONSERVATION SCHOOLS INITIATIVE, A

GROUNDBREAKING PROGRAM THAT AIMS TO BUILD AND SUPPORT PRIMARY SCHOOLS

IN RURAL AREAS, IN EXCHANGE FOR THOSE RURAL COMMUNITIES MAKING CERTAIN

CONSERVATION CONCESSIONS. BUILDING UPON ITS ONGOING SUPPORT OF MANAYRA

RANCH SCHOOL IN TANZANIA AND LUPANI PRIMARY SCHOOL IN ZAMBIA, AWF WILL,

THROUGH THE CONSERVATION SCHOOLS INITIATIVE, BUILD ECOLOGICALLY

FRIENDLY BUILDINGS AND TEACHER HOUSING, PROVIDE ACCESS TO TECHNOLOGY,

PROVIDE TEACHER INCENTIVES AND ONGOING TEACHER TRAINING, AND

INCORPORATE CONSERVATION CURRICULA INTO THE EDUCATIONAL SPHERE IN RURAL

AREAS. AWF HAS PARTNERED WITH AN ARCHITECTURAL FIRM, MASS DESIGN GROUP,

TO BEGIN DESIGNS ON A NEW SCHOOL IN ILLMA, DEMOCRATIC REPUBLIC OF

CONGO, AND HAS BEGUN ASSESSING THE POTENTIAL FOR SIMILAR SCHOOLS IN

ETHIOPIA AND RWANDA.

III. AWF HAS PROVIDED A SPECIAL TECHNICAL ADVISOR IN JUBA, SOUTH SUDAN,

AT THE REQUEST OF THE SOUTH SUDANESE GOVERNMENT. PLACED WITHIN THE

MINISTER OF WILDLIFE CONSERVATION AND TOURISM, THE ADVISOR--A FORMER

DIRECTOR OF AWF'S MAASAI STEPPE LANDSCAPE--IS HELPING THE GOVERNMENT TO

CREATE NEW WILDLIFE POLICIES, PROVIDING GUIDANCE ON RANGER TRAINING,

OFFERING AWF'S VAST EXPERTISE IN CONSERVATION METHODOLOGIES AND LAND

USE POLITICES, AND ESTABLISHING AN OVERALL A CULTURE OF CONSERVATION

WITHIN A COUNTRY PREVIOUSLY RAVAGED BY DECADES OF WAR.

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

I. AWF CONTINUED ITS REDD PROJECTS IN TANZANIA, KENYA, AND THE DEMOCRATIC REPUBLIC OF CONGO. AWF RECENTLY EMBARKED ON A PROJECT TO INCORPORATE THE ENTIRETY OF THE CHYULU HILLS ECOSYSTEM IN SOUTHERN KENYA INTO A REDD+ PROJECT

II. AWF PARTICIPATED IN LOCAL, NATIONAL, REGIONAL AND INTERNATIONAL CONFERENCES: AWF CONTINUED TO MAINTAIN ITS PRESENCE ON THE WORLD STAGE, ATTENDING A NUMBER OF KEY INTERNATIONAL CONFERENCES AND PARTICIPATING IN SEVERAL LOCAL, NATIONAL AND REGIONAL WORKSHOPS AND SEMINARS AS WELL. FOR EXAMPLE, AWF WAS A VISIBLE PRESENCE CITES CONFERENCE OF THE PARTIES IN THAILAND IN MARCH. FURTHER, AWF INVOLVED IN DISCUSSIONS WITH THE STATE DEPARTMENT AND OTHER NGOS THAT LED TO THE NOVEMBER 2012 ANNOUNCEMENT BY THEN-SECRETARY OF STATE HILLARY CLINTON TO ADD ILLEGAL WILDLIFE TRAFFICKING TO THE STATE DEPARTMENT'S FOREIGN POLICY AGENDA. AWF CEO PATRICK BERGIN HAS SUBSEQUENTLY PARTICIPATED IN HIGH-LEVEL,

CLOSED-DOOR DISCUSSIONS WITH OTHER CONSERVATION GROUPS AND FORMER

Schedule O (Form 990 or 990-EZ) (2012)

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232212 01-04-13

SECRETARY CLINTON ON THE TOPIC OF ILLEGAL WILDLIFE TRAFFICKING.

FORM 990, PART III, LINE 4B:

A. AWF INTENSIFIED ITS SAFARI PROGRAM OFFERINGS TO MEMBERS AND OTHER

SUPPORTERS: DURING ONE OF SEVERAL AWF PLANNED SAFARIS OVER THE PAST

YEAR, AWF LED A GROUP OF MEMBERS ON A 13-DAY SAFARI TO TANZANIA. THE

TRIP WAS DESIGNED TO BUILD KNOWLEDGE ABOUT EAST AFRICA'S MAGNIFICENT

WILDLIFE WHILE SPOTLIGHTING CONSERVATION PROJECTS THAT LINK WILDLIFE

PROTECTION WITH IMPROVED HUMAN WELL-BEING. THIS SAFARI WAS PARTICULARLY

SPECIAL THIS YEAR BECAUSE IT INCLUDED THE WINNER OF AWF'S SAFARI

SWEEPSTAKES COMPETITION.

- B. AWF CONTINUED ITS PARTNERSHIP WITH NATURE'S BEST PHOTOGRAPHY TO

  BUILD AWARENESS ABOUT WILDLIFE CONSERVATION: AWF SPONSORED AN AFRICAN

  WILDLIFE CATEGORY IN THE PRESTIGIOUS NATURE'S BEST PHOTOGRAPHY WINDLAND

  SMITH RICE INTERNATIONAL AWARDS. EVERY YEAR THE COMPETITION CELEBRATES

  THE BEAUTY AND DIVERSITY OF NATURE THROUGH THE ART OF PHOTOGRAPHY.

  WINNERS ARE FEATURED IN A SEVERAL-MONTH-LONG PRINT EXHIBITION AT THE

  SMITHSONIAN'S NATIONAL MUSEUM OF NATURAL HISTORY FOR THOUSANDS OF

  VISITORS TO ENJOY AND LEARN FROM.
- C. AWF CONTINUED ITS PUBLIC AWARENESS CAMPAIGN IN CHINA ON RHINO

  POACHING, AND EXTENDED THAT CAMPAIGN TO ALSO EDUCATE ASIAN CONSUMERS ON

  ELEPHANT POACHING. BECAUSE POACHING OF ELEPHANTS AND RHINOS IN AFRICA

  IS BEING CAUSED BY DEMAND IN ASIA FOR IVORY AND RHINO HORN, AWF HAS

  CONTINUED ITS UNIQUE CAMPAIGN WITH FELLOW NGO WILDAID, USING THE POWER

  OF ASIAN CELEBRITIES TO EDUCATE CONSUMERS AND WOULD-BE CONSUMERS OF

  THESE WILDLIFE PRODUCTS THAT THEIR DEMAND IS RESULTING IN THE BRUTAL

Schedule O (Form 990 or 990-EZ) (2012)

232212 01-04-13 OMB No. 1545-0047 Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ► Attach to Form 990. Related Organizations and Unrelated Partnerships AFRICAN WILDLIFE FOUNDATION, INC. Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

2012 Open to Public Inspection

Employer identification number 52-0781390

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

	Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets		Direct controlling entity
					ä		
			7 A 11	2. in .u	· · · · · · · · · · · · · · · · · · ·		
Na Na	(a) (b) (c) (d) (e) (f) (f) (f) (f) (g) Anne, address, and EIN Primary activity of related organization of related organization entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	Section 512(b)(13) controlled entity?
					501(c)(3))		Yes

232161 12-10-12 LHA

62

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52-0781390

Page 2

Schedule R (Form 990) 2012 AFRICAN WILDLIFE FOUNDATION, INC.

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

<b>(b)</b> Primary activity
foreign country)
Early Co.
Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)
(q)
Primary activity
PROVISTON OF CAPITAL
~
ENTERPRISES
PROVISION OF CAPITAL
VALOISFOR CONSERVATION
ENTERPRISES
PROVISION OF CAPITAL
VALOISFOR CONSERVATION
ENTERPRISES
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<u> </u>

232162 12-10-12

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	Se No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	lated organizations listed	in Parts II-IV?		_
a Receipt of (I) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a X	<u> </u>
b Gift, grant, or capital contribution to related organization(s)				9	×
c Gift, grant, or capital contribution from related organization(s)				9	×
d Loans or loan guarantees to or for related organization(s)				1d X	<u>_</u>
e Loans or loan guarantees by related organization(s)	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			-Je	×
f Dividends from related organization(s)					>
				=	4
				1g	×
n Purchase of assets from related organization(s)				÷	×
i Exchange of assets with related organization(s)				¥	×
<ul> <li>Lease of facilities, equipment, or other assets to related organization(s)</li> </ul>				1	×
k Lease of facilities, equipment, or other assets from related organization(s)				¥	×
<ul> <li>Performance of services or membership or fundraising solicitations for related organization(s)</li> </ul>	ınization(s)			=	×
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			- T	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)			th.	X
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>				10	×
	1		1		
p Reimbursement paid to related organization(s) for expenses	200			tb.	×
q Reimbursement paid by related organization(s) for expenses	17.7-2		1.	19	×
r Other transfer of cash or property to related organization(s)				1 X	$\dashv$
				1s	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete the	is line, including covered	relationships and transaction thresholds.		
(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	nvolved	
(1) AWC CB1 LIMITED	Ą	8,458.	FMV	57.64° 18.66° 18	
(2) AWC CB1 LIMITED	Д	500,000.FMV	FMV	i	
(3) AWC LIMITED	ж	240,903.	FMV		
(4)					
(5)					
(6)					
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Page 4

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

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

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of entity	Primary activity	Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from tax under section 512-51	partners sec. 501 (c)(3) orgs.?	Share of total income	Share of end-of-year assets	Disproportionate a allocations?	Code V-UBI General or Percentage amount in box 20 managing of Schedule K-I pariner? ownership (Form 1065)	General or managing partner?	Percentage ownership
							3			
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