

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

**2022**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

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

**A** For the **2022** calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>AFRICAN WILDLIFE FOUNDATION, INC.</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1100 NEW JERSEY AVENUE, SE 900</b> City or town, state or province, country, and ZIP or foreign postal code <b>WASHINGTON, DC 20003</b> <b>F</b> Name and address of principal officer: <b>KADDU SEBUNYA</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>52-0781390</b> <b>E</b> Telephone number <b>202-939-3333</b> <b>G</b> Gross receipts \$ <b>38,730,824.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: <b>WWW.AWF.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		
<b>L</b> Year of formation: <b>1961</b>		<b>M</b> State of legal domicile: <b>DC</b>

**Part I Summary**

	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>AWF'S MISSION IS TO ENSURE THAT WILDLIFE AND WILD LANDS THRIVE IN MODERN AFRICA. AFW'S VISION IS OF</b>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>Activities &amp; Governance</b>	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>29</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>28</b>
	<b>5</b>	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>5</b>	<b>58</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>50</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>
	<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>33,360,273.</b>
<b>9</b>		Program service revenue (Part VIII, line 2g)	<b>0.</b>	<b>0.</b>
<b>10</b>		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>729,841.</b>	<b>1,427,578.</b>
<b>11</b>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>128,923.</b>	<b>24,677.</b>
<b>12</b>		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>34,219,037.</b>	<b>33,734,460.</b>
<b>Expenses</b>		<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>3,619,252.</b>
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>15,581,961.</b>	<b>15,321,061.</b>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>298,451.</b>	<b>292,907.</b>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25)	<b>5,832,932.</b>	
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>19,688,433.</b>	<b>18,825,076.</b>
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>39,188,097.</b>	<b>36,676,458.</b>
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>-4,969,060.</b>	<b>-2,941,998.</b>
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>48,801,951.</b>	<b>44,798,224.</b>
	<b>21</b>	Total liabilities (Part X, line 26)	<b>10,887,373.</b>	<b>8,789,995.</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>37,914,578.</b>	<b>36,008,229.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>RICHARD HOLLY, CHIEF FINANCIAL OFFICER</b>	Date
	Type or print name and title	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>ROBERT WILLIAMS</b>	Preparer's signature <b>ROBERT WILLIAMS</b>
	Firm's name <b>CLIFTONLARSONALLEN LLP</b>	Date <b>05/15/24</b>
	Firm's address <b>901 N. GLEBE ROAD, SUITE 200 ARLINGTON, VA 22203</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P01345960</b>
		Firm's EIN <b>41-0746749</b>
		Phone no. <b>571-227-9500</b>

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: AWF'S MISSION IS TO ENSURE THAT WILDLIFE AND WILD LANDS THRIVE IN MODERN AFRICA. AWF'S VISION IS OF AN AFRICA WHERE SUSTAINABLE DEVELOPMENT INCLUDES THRIVING WILDLIFE AND WILD LANDS AS A CULTURAL AND ECONOMIC ASSET FOR AFRICA'S FUTURE GENERATIONS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 12,442,850. including grants of \$ 642,285. ) (Revenue \$ ) LIVING WITH WILDLIFE IN FISCAL YEAR 2023, WE SUCCESSFULLY COMPLETED THREE MULTI-YEAR EU-FUNDED LANDSCAPE PROGRAMS IN THE DRC AND CAMEROON: IN BILI-UELE, DRC, THE PROGRAM WAS A FIVE-YEAR EU-FUNDED PROJECT THAT IMPROVED GOVERNANCE AND MANAGEMENT OF NATURAL RESOURCES FOR SUSTAINABLE DEVELOPMENT, CONSERVED ECOLOGICAL INTEGRITY, AND IMPROVED SECURITY IN THE LANDSCAPE. LAND USE PLANS HAVE ALLOCATED 4,527 SQUARE KILOMETERS FOR WILDLIFE CORRIDORS. IN FARO, CAMEROON, THE PROGRAM REVIVED ACTIVITIES IN A NEARLY ABANDONED PROTECTED AREA, FARO NATIONAL PARK, ESTABLISHED COMMUNITY STRUCTURES TO COMBAT POACHING AND PROMOTE PEACEFUL TRANSHUMANCE, AND SUPPORTED SUSTAINABLE LIVELIHOODS. (CONTINUED ON SCHEDULE O)

4b (Code: ) (Expenses \$ 9,038,514. including grants of \$ 451,722. ) (Revenue \$ ) LEADING FOR WILDLIFE IN FISCAL YEAR 2023, AWF INCREASED AFRICAN LEADERSHIP IN CONSERVATION AND DEVELOPMENT BY CO-CONVENING WITH THE IUCN AND THE GOVERNMENT OF RWANDA THE INAUGURAL AFRICA PROTECTED AREAS CONGRESS THAT TOOK PLACE IN KIGALI, RWANDA, IN JULY 2022. THE CONGRESS GALVANIZED 2,400 PARTICIPANTS FROM 53 AFRICAN COUNTRIES TO BUILD A SHARED VISION FOR AFRICAN-LED CONSERVATION, RESULTING IN THE KIGALI CALL TO ACTION, A DETAILED POLICY ROADMAP FOR THE CONTINENT. AFW'S LEADERSHIP PROGRAMS CHAMPIONED COALITIONS OF AFRICAN STAKEHOLDERS IN THEIR EVERYDAY DECISION-MAKING AND SUPPORTED THEM IN BRINGING THEIR PERSPECTIVES TO GLOBAL CONFERENCES. (CONTINUED ON SCHEDULE O)

4c (Code: ) (Expenses \$ 7,572,675. including grants of \$ 1,143,406. ) (Revenue \$ ) CARING FOR WILDLIFE IN FISCAL YEAR 2023, AWF'S COUNTER WILDLIFE TRAFFICKING PROGRAM TRAINED LAW ENFORCEMENT OFFICERS IN KENYA, UGANDA, TANZANIA, ETHIOPIA, AND THE DRC IN BEST PRACTICES FOR RESPONDING TO WILDLIFE CRIME. WE ALSO BUILT CAPACITY AMONG 161 LAW ENFORCEMENT PERSONNEL IN THE DRC, ETHIOPIA, AND KENYA, INCLUDING PROSECUTORS AND JUDICIAL OFFICERS, TO ADOPT NEW TOOLS AND METHODOLOGIES TO ADDRESS THE CHANGING WILDLIFE CRIME LANDSCAPE ON THE CONTINENT. WE OFFICIALLY HANDED OVER A NEW CANINE TRAINING FACILITY TO THE TANZANIA WILDLIFE MANAGEMENT AUTHORITY. ACROSS SIX COUNTRIES, CANINE UNITS WE WORK WITH DETECTED 55 FINDS OF WILDLIFE CONTRABAND IN FISCAL YEAR 2023. (CONTINUED ON SCHEDULE O)

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

4e Total program service expenses 29,054,039.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....	<b>2</b> X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....	<b>3</b>	X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	<b>4</b>	X
<b>5</b> 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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....	<b>5</b>	X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....	<b>6</b>	X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	<b>8</b>	X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	<b>10</b> X	
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	<b>11a</b> X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....	<b>11b</b>	X
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....	<b>11c</b>	X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....	<b>11d</b> X	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11e</b> X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11f</b> X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<b>12a</b>	X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	<b>12b</b> X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	<b>14a</b> X	
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	<b>14b</b> X	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....	<b>15</b> X	
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....	<b>16</b> X	
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions .....	<b>17</b> X	
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	<b>18</b>	X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	<b>20b</b>	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	<b>21</b>	X

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

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	X	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....	X	

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

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

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

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

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 29; 1b Enter the number of voting members included on line 1a... 28; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body... X; b Each committee with authority to act on behalf of the governing body... X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... X

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates... X; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13... X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done... X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official... X; b Other officers or key employees of the organization... X; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AL, AR, CA, CT, FL, GA, HI, IL, KS, KY, MD, MA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
RICHARD HOLLY - (202)939-3333
1100 NEW JERSEY AVE., SE STE 900, WASHINGTON, DC 20003

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KADDU SEBUNYA CHIEF EXECUTIVE OFFICER	50.00	X		X				379,393.	0.	71,594.
(2) RICHARD HOLLY CHIEF FINANCIAL OFFICER	50.00			X				244,466.	0.	41,643.
(3) LINDSAY KOSNIK SR VP, CAMPAIGN/PRINCIPAL INVESTMENT	50.00			X				225,451.	0.	42,654.
(4) CHARLY FACHEUX SR VP, CONSERVATION STRATEGY, IMPACT	50.00			X				221,155.	0.	45,247.
(5) ERIC COPPENGER CHIEF OF STAFF	50.00			X				203,225.	0.	35,386.
(6) PHILIP MURUTHI VP SPECIES CONSERVATION & SCIENCE	50.00			X				198,567.	0.	25,885.
(7) FREDERICK KUMAH VP GLOBAL LEADERSHIP	50.00			X				172,344.	0.	50,440.
(8) ALISTAIR POLE SR DIR PROJECT MGMT/PARTNERSHIP	40.00					X		168,396.	0.	35,321.
(9) ANDREA ATHANAS VP ENTERPRISE/INVESTMENT	50.00					X		156,500.	0.	43,387.
(10) FELIX OTIENO DIRECTOR OF IT	40.00					X		141,734.	0.	28,634.
(11) DAVID WILLIAMS DIRECTOR OF CONSERVATION GEOGRAPHY	40.00					X		133,223.	0.	29,548.
(12) BETH FOSTER SR VP BRAND & PUBLIC ENGAGEMENT	50.00			X				154,864.	0.	2,560.
(13) CRAIG SHOLLEY SR VP AND SPECIAL ADVISOR	30.00			X				132,183.	0.	20,889.
(14) RICHARD RUGGIERO LANDSCAPE DIRECTOR, FARO	40.00					X		126,654.	0.	11,909.
(15) HEATHER STURT HAAGA CHAIR	4.00	X		X				0.	0.	0.
(16) MYMA BELO-OSAGIE TRUSTEE	2.00	X		X				0.	0.	0.
(17) MARLEEN GROEN TRUSTEE	2.00	X		X				0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) SARA AVIEL TRUSTEE (UNTIL FEB. 2023)	2.00	X						0.	0.	0.
(19) AKHIL BHARDWAJ TRUSTEE	2.00	X						0.	0.	0.
(20) HAILEMARIAM DESSALEGN BOSHE TRUSTEE	2.00	X						0.	0.	0.
(21) MARK BURSTEIN TRUSTEE	2.00	X						0.	0.	0.
(22) PAYSON COLEMAN TRUSTEE	2.00	X						0.	0.	0.
(23) LYNN DOLNICK TRUSTEE	2.00	X						0.	0.	0.
(24) BRAD DRUMMOND TRUSTEE	2.00	X						0.	0.	0.
(25) GREG EDWARDS TRUSTEE	2.00	X						0.	0.	0.
(26) MARY GLASSER TRUSTEE	2.00	X						0.	0.	0.
<b>1b Subtotal</b>								2,658,155.	0.	485,097.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								2,658,155.	0.	485,097.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 28

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
SANKY COMMUNICATIONS, 368 9TH AVENUE, SUITE 12-131, NEW YORK, NY 10001	MAIL & ONLINE FUNDRAISING	2,929,116.
SQUARE 742, LLC, 1100 NEW JERSEY AVE., SE, STE 900, WASHINGTON, DC 20003-3304	SPACE RENTAL	806,762.
MAISHA CONSULTING YAVNE 30, TEL AVIV, ISRAEL	RISK MANAGEMENT AND SECURITY CONSULTING	492,820.
SALAKA, 6TH/7TH FL DIAS PIER BUILDING, CAUDAN, MAURITIUS	CANINE PROCUREMENT AND TRAINING	285,808.
NATURE'S BEST PHOTOGRAPHY, PO BOX 9591, SPRING HILL RD., MCLEAN, VA 22102	PHOTOGRAPHY CONTESTPO	275,100.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 27

SEE PART VII, SECTION A CONTINUATION SHEETS



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) STEPHEN GOLDEN TRUSTEE	2.00	X						0.	0.	0.
(28) DONALD GRAY TRUSTEE	2.00	X						0.	0.	0.
(29) LARRY GREEN TRUSTEE	4.00	X						0.	0.	0.
(30) GILLES HARERIMANA TRUSTEE	2.00	X						0.	0.	0.
(31) CHRISTINE HEMRICK TRUSTEE	2.00	X						0.	0.	0.
(32) CATHERINE HERRING TRUSTEE	2.00	X						0.	0.	0.
(33) STEPHEN JUELSGAARD TRUSTEE	2.00	X						0.	0.	0.
(34) ANDREW KAIRU TRUSTEE (UNTIL JAN. 2023)	2.00	X						0.	0.	0.
(35) LAURA KOHLER TRUSTEE	2.00	X						0.	0.	0.
(36) CHRISTOPHER LEE TRUSTEE (UNTIL OCT. 2022)	2.00	X						0.	0.	0.
(37) ISSOUFOU MAHAMADOU TRUSTEE	4.00	X						0.	0.	0.
(38) ANDREW MALK TRUSTEE	2.00	X						0.	0.	0.
(39) H.E. FESTUS G. MOGAE TRUSTEE	2.00	X						0.	0.	0.
(40) CHRISTOPHER MURRAY TRUSTEE	2.00	X						0.	0.	0.
(41) EMERY RUBAGENGA TRUSTEE	2.00	X						0.	0.	0.
(42) ANNE SCOTT TRUSTEE	2.00	X						0.	0.	0.
(43) FREDERICK R. STEINER TRUSTEE	2.00	X						0.	0.	0.
(44) PIERRE TRAPANESE TRUSTEE	2.00	X						0.	0.	0.
(45) MARIA WILHELM TRUSTEE	2.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns	<b>1a</b>				
	<b>b</b>	Membership dues	<b>1b</b>				
	<b>c</b>	Fundraising events	<b>1c</b>	4,116.			
	<b>d</b>	Related organizations	<b>1d</b>				
	<b>e</b>	Government grants (contributions)	<b>1e</b>	6,414,398.			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	25,863,691.			
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 3,472,893.			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f		32,282,205.			
Program Service Revenue	<b>2 a</b>		<b>Business Code</b>				
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f					
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts)		610,512.		610,512.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds					
	<b>5</b>	Royalties		7,976.		7,976.	
	<b>6 a</b>	Gross rents	(i) Real				
			(ii) Personal				
	<b>b</b>	Less: rental expenses	<b>6b</b>				
	<b>c</b>	Rental income or (loss)	<b>6c</b>				
	<b>d</b>	Net rental income or (loss)					
	<b>7 a</b>	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
				5,800,000.	594.		
	<b>b</b>	Less: cost or other basis and sales expenses	<b>7b</b>	4,983,528.	0.		
	<b>c</b>	Gain or (loss)	<b>7c</b>	816,472.	594.		
<b>d</b>	Net gain or (loss)		817,066.		817,066.		
<b>8 a</b>	Gross income from fundraising events (not including \$ 4,116. of contributions reported on line 1c). See Part IV, line 18						
		<b>8a</b>	5,166.				
<b>b</b>	Less: direct expenses	<b>8b</b>	12,836.				
<b>c</b>	Net income or (loss) from fundraising events		-7,670.		-7,670.		
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19						
		<b>9a</b>					
<b>b</b>	Less: direct expenses	<b>9b</b>					
<b>c</b>	Net income or (loss) from gaming activities						
<b>10 a</b>	Gross sales of inventory, less returns and allowances						
		<b>10a</b>	5,650.				
		<b>b</b>	Less: cost of goods sold	<b>10b</b>	0.		
<b>c</b>	Net income or (loss) from sales of inventory		5,650.		5,650.		
Miscellaneous Revenue	<b>11 a</b>	MISCELLANEOUS REVENUE	<b>Business Code</b>	900099	18,721.	18,721.	
	<b>b</b>						
	<b>c</b>						
	<b>d</b>	All other revenue		900099			
	<b>e</b>	<b>Total.</b> Add lines 11a-11d			18,721.		
<b>12</b>	<b>Total revenue.</b> See instructions			33,734,460.	0.	0.	
						1452255.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....	2,237,414.	2,237,414.		
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	2,446,517.	2,030,609.	122,326.	293,582.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
7 Other salaries and wages .....	8,497,276.	6,263,945.	530,601.	1,702,730.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	726,315.	508,095.	51,916.	166,304.
9 Other employee benefits .....	3,068,979.	2,207,866.	209,331.	651,782.
10 Payroll taxes .....	581,974.	422,063.	39,139.	120,772.
11 Fees for services (nonemployees):				
a Management .....				
b Legal .....	191,651.	103,987.	13,180.	74,484.
c Accounting .....	103,958.		103,958.	
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17	292,907.			292,907.
f Investment management fees .....	94,983.		94,983.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	3,369,853.	2,779,083.	371,869.	218,901.
12 Advertising and promotion .....	95,600.	29,958.	215.	65,427.
13 Office expenses .....	312,056.	120,487.	54,318.	137,251.
14 Information technology .....	765,173.	562,905.	50,603.	151,665.
15 Royalties .....				
16 Occupancy .....	1,462,476.	1,323,820.	32,779.	105,877.
17 Travel .....	2,564,735.	2,316,161.	7,221.	241,353.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings .....	2,871,420.	2,788,073.	18,412.	64,935.
20 Interest .....	83,375.	26,787.	16,210.	40,378.
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	401,561.	398,444.	254.	2,863.
23 Insurance .....	153,202.	112,605.	33,915.	6,682.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <b>PRINTING AND PRODUCTION</b>	3,018,377.	1,556,777.	19.	1,461,581.
b <b>SUPPLIES/FIELD SUPPLIES</b>	989,681.	981,105.	1,170.	7,406.
c <b>CONSTRUCTION COSTS</b>	624,226.	624,226.		
d <b>COMMUNICATIONS</b>	539,618.	518,866.	1,734.	19,018.
e All other expenses	1,183,131.	1,140,763.	35,334.	7,034.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>36,676,458.</b>	<b>29,054,039.</b>	<b>1,789,487.</b>	<b>5,832,932.</b>
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	2,858,260.	1,354,732.	0.	1,503,528.

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	2,458,002.	<b>1</b>	3,647,480.
	<b>2</b> Savings and temporary cash investments .....	22,188.	<b>2</b>	18,979.
	<b>3</b> Pledges and grants receivable, net .....	8,520,524.	<b>3</b>	6,563,440.
	<b>4</b> Accounts receivable, net .....	356,791.	<b>4</b>	478,063.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	442,118.	<b>7</b>	360,640.
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	993,151.	<b>9</b>	916,717.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 9,220,421.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 4,090,431.		
	<b>11</b> Investments - publicly traded securities .....	4,705,570.	<b>10c</b>	5,129,990.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	26,905,114.	<b>11</b>	23,332,003.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>12</b>	
	<b>14</b> Intangible assets .....		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	4,398,493.	<b>14</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	48,801,951.	<b>15</b>	4,350,912.	
		<b>16</b>	44,798,224.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	3,294,472.	<b>17</b>	1,846,519.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	720,066.	<b>19</b>	2,242,278.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	1,425,000.	<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	5,447,835.	<b>25</b>	4,701,198.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	10,887,373.	<b>26</b>	8,789,995.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	28,310,364.	<b>27</b>	23,052,231.
	<b>28</b> Net assets with donor restrictions .....	9,604,214.	<b>28</b>	12,955,998.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	37,914,578.	<b>32</b>	36,008,229.
	<b>33</b> Total liabilities and net assets/fund balances .....	48,801,951.	<b>33</b>	44,798,224.

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	33,734,460.
2	Total expenses (must equal Part IX, column (A), line 25)	2	36,676,458.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,941,998.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	37,914,578.
5	Net unrealized gains (losses) on investments	5	1,050,901.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-15,252.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	36,008,229.

**Part XII Financial Statements and Reporting**

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

Form 990 (2022)

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2022**

Open to Public Inspection

<b>Name of the organization</b> AFRICAN WILDLIFE FOUNDATION, INC.	<b>Employer identification number</b> 52-0781390
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**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

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

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

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	27913456.	28651691.	31809676.	33360273.	32282205.	154017301
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	27913456.	28651691.	31809676.	33360273.	32282205.	154017301
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						6629952.
<b>6 Public support.</b> Subtract line 5 from line 4.						147387349

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4 .....	27913456.	28651691.	31809676.	33360273.	32282205.	154017301
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	817,459.	739,748.	569,820.	710,077.	618,488.	3455592.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....		238,111.	49,545.	79,683.	18,721.	386,060.
<b>11 Total support.</b> Add lines 7 through 10						157858953
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	1,959,557.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	93.37 %
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 .....	<b>15</b>	95.07 %
<b>16a 33 1/3% support test - 2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2021.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

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

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2021 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2022.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.			
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No	
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

**Part VI**

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

Multiple horizontal lines for supplemental information.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2022**

Name of the organization

**AFRICAN WILDLIFE FOUNDATION, INC.**

Employer identification number

**52-0781390**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

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

**Special Rules**

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

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

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

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ <u>1,913,905.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>941,436.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>2,630,399.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ <u>1,082,903.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ <u>1,500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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



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

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

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

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

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

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year (2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? (Yes/No), 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? (Yes/No), 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

Table with 2 columns: \$. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	26,516,373.	33,431,430.	30,538,377.	29,737,624.	28,547,774.
b Contributions	-3,670,240.	-1,454,365.	-2,100,000.	1,000,000.	
c Net investment earnings, gains, and losses	2,377,746.	-4,581,727.	5,881,291.	645,753.	1,740,423.
d Grants or scholarships					
e Other expenditures for facilities and programs	2,129,760.	878,965.	888,238.	845,000.	550,573.
f Administrative expenses					
g End of year balance	23,094,119.	26,516,373.	33,431,430.	30,538,377.	29,737,624.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 79.9268 %
  - b Permanent endowment 20.0730 %
  - c Term endowment .0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes | No |
|---|-----|----|
| (i) Unrelated organizations   |     | X  |
| (ii) Related organizations  |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b  |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		993,157.		993,157.
b Buildings		2,247,014.	568,336.	1,678,678.
c Leasehold improvements		2,350,764.	770,617.	1,580,147.
d Equipment		1,478,072.	1,055,201.	422,871.
e Other		2,151,414.	1,696,277.	455,137.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				5,129,990.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) ADVANCE TO PARTNERS	758,483.
(2) SECURITY DEPOSITS	261,494.
(3) RIGHT OF USE ASSET	3,330,935.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	4,350,912.

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT & LEASE INCENTIVES	4,552,501.
(3) ANNUITIES PAYABLE	148,697.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	4,701,198.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	34,959,226.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	1,050,901.	
b	Donated services and use of facilities	2b	271,264.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-2,416.	
e	Add lines 2a through 2d	2e	1,319,749.	
3	Subtract line 2e from line 1	3	33,639,477.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	94,983.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	94,983.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	33,734,460.	

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

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

1	Total expenses and losses per audited financial statements		1	36,865,575.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	271,264.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	12,836.	
e	Add lines 2a through 2d	2e	284,100.	
3	Subtract line 2e from line 1	3	36,581,475.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	94,983.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	94,983.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	36,676,458.	

**Part XIII Supplemental Information.**

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

**PART V, LINE 4:**

THE BOARD OF TRUSTEES HAS ADOPTED A SPENDING POLICY FOR THE BOARD-DESIGNATED ENDOWMENT TO MEET BOARD-APPROVED BUDGETED EXPENDITURES. THE POLICY ALLOCATES UP TO THREE PERCENT OF THE ENDOWMENT'S AVERAGE BEGINNING INVESTED MARKET VALUES FOR THE PRIOR FOUR FISCAL YEARS.

**PART X, LINE 2:**

AWF PERFORMED AN EVALUATION OF UNCERTAINTY IN INCOME TAXES FOR THE YEAR ENDED JUNE 30, 2023, AND DETERMINED THAT THERE WERE NO MATTERS THAT WOULD REQUIRE RECOGNITION OR DISCLOSURE IN THESE CONSOLIDATED FINANCIAL STATEMENTS OR WHICH MAY HAVE AN EFFECT ON THE TAX-EXEMPT STATUS OF AWF, INC.

**Part XIII** Supplemental Information (continued)

PART XI, LINE 2D - OTHER ADJUSTMENTS:

UNREALIZED GAIN/LOSS ON TRUST AND ANNUITIES	-15,252.
FUNDRAISING EVENT EXPENSES	12,836.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-2,416.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EVENT EXPENSES	12,836.
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**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

Attach to Form 990.

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

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

**AFRICAN WILDLIFE FOUNDATION, INC.**

Employer identification number

**52-0781390**

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
SUB-SAHARAN AFRICA	23	200	PROGRAM SERVICES	CONSERVATION PROGRAMS, EDUCATION & OUTREACH	21,104,948.
EUROPE	3	5	FUNDRAISING		659,108.
NORTH AMERICA	1	1	FUNDRAISING		109,861.
EAST ASIA AND THE PACIFIC	0	1	GRANTS TO RECIPIENTS LOCATED IN THE REGION		80,000.
<b>3 a Subtotal</b> .....	27	207			21,953,917.
<b>b Total from continuation sheets to Part I</b> .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	27	207			21,953,917.

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Schedule F (Form 990) 2022

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	SUPPORT TO FARO NATIONAL PARK IN CAMEROON	17,549.	WIRE TRANSFER	0.	N/A	N/A
		EAST ASIA AND THE PACIFIC	SUPPORT TO ZOOS IN CHINA	80,000.	WIRE TRANSFER	0.	N/A	N/A
		SUB-SAHARAN AFRICA	AWF PARTNER SUPPORT	5,630.	WIRE TRANSFER	0.	N/A	N/A
		SUB-SAHARAN AFRICA	SUB-GRANTEE FARO NATIONAL PARK	30,355.	WIRE TRANSFER	0.	N/A	N/A
		SUB-SAHARAN AFRICA	SUPPORT CONSERVATION EFFORTS IN THE MASAI MARA IN KENYA	103,817.	WIRE TRANSFER	0.	N/A	N/A
		SUB-SAHARAN AFRICA	SUPPORT SNIFFER DOGS IN THE ADDIS AIRPORT	138,823.	WIRE TRANSFER	0.	N/A	N/A
		SUB-SAHARAN AFRICA	ANTI-POACHING OPERATIONS IN MANYARA RANCH IN TANZANIA	60,791.	WIRE TRANSFER	0.	N/A	N/A
		SUB-SAHARAN AFRICA	MANAGEMENT OF THE BILI MBOMU FOREST SAVANNA COMPLEX	602,802.	WIRE TRANSFER	0.	N/A	N/A

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... **10**

3 Enter total number of other organizations or entities ..... **14**

SEE PART V FOR COLUMN (D) DESCRIPTIONS



<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	COUNTERING WILDLIFE TRAFFICKING	252,375.	WIRE TRANSFER	0.	N/A	N/A
		SUB-SAHARAN AFRICA	AWF JUREC SUB GRANT AGREEMENT WILDLIFE LAW ENFORCEMENT	45,497.	WIRE TRANSFER	0.	N/A	N/A
		SUB-SAHARAN AFRICA	WILDLIFE REGULATIONS DRAFTING, NGULIA RHINO PROGRAM, TSAVO WEST NATIONAL PARK	357,385.	WIRE TRANSFER	0.	N/A	N/A
		SUB-SAHARAN AFRICA	TSAVO COMMUNITY RANGERS TRAINING	40,995.	WIRE TRANSFER	0.	N/A	N/A
		SUB-SAHARAN AFRICA	SUPPORT FOR SCHOOL AND EDUCATION OF PRIMARY SCHOOL STUDENTS	8,054.	WIRE TRANSFER	0.	N/A	N/A
		SUB-SAHARAN AFRICA	SUPPORTING SECURITY AND ANTI-POACHING AND TRAINING IN DRC	62,926.	WIRE TRANSFER	0.	N/A	N/A
		SUB-SAHARAN AFRICA	LABORATORY FUNDS AND MSC. SUPPORT FOR CONSERVATION AGENCY IN CAMEROON'S FARO	9,160.	WIRE TRANSFER	0.	N/A	N/A
		SUB-SAHARAN AFRICA	SUBGRANTEE-FARO NATIONAL PARK CONSERVATION PROGRAM	10,951.	WIRE TRANSFER	0.	N/A	N/A
		SUB-SAHARAN AFRICA	RANGER SUPPORT, UNIFORMS AND TRAINING IN KENYA	12,192.	WIRE TRANSFER	0.	N/A	N/A

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	PARTNER SUPPORT	101,634.	WIRE TRANSFER	0.	N/A	N/A
		SUB-SAHARAN AFRICA	AWF SPONSORSHIP TOWARDS CHOGM (COMMONWEALTH HEADS OF GOVERNMENT MEETING	5,407.	WIRE TRANSFER	0.	N/A	N/A
		SUB-SAHARAN AFRICA	CANINE FOR CONSERVATION OPERATIONS AND CANINE TRAINING	169,061.	WIRE TRANSFER	0.	N/A	N/A
		SUB-SAHARAN AFRICA	SUPPORT TO THE UGANDA INVESTMENT PROJECT	31,962.	WIRE TRANSFER	0.	N/A	N/A
		SUB-SAHARAN AFRICA	SUBGRANTEE TSAVO CONSERVATION PROGRAM IN KENYA	10,994.	WIRE TRANSFER	0.	N/A	N/A
		SUB-SAHARAN AFRICA	SUPPORT TANZANIA CANINE FOR CONSERVATION PROGRAM	21,837.	WIRE TRANSFER	0.	N/A	N/A
		SUB-SAHARAN AFRICA	SUPPORT TO MANA POOLS NATIONAL PARK	11,520.	WIRE TRANSFER	0.	N/A	N/A

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
ROTARY CLUB OF KABALE	SUB-SAHARAN AFRICA	9	5,673.	WIRE TRANSFER	0.	N/A	N/A
RAISER RESOURCE LIMITED	SUB-SAHARAN AFRICA	15	25,921.	WIRE TRANSFER	0.	N/A	N/A

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* .....  Yes  No
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* .....  Yes  No
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* .....  Yes  No
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* .....  Yes  No
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* .....  Yes  No

**Part V Supplemental Information**

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

**PART I, LINE 2:**

THE GRANTS & CONTRACTS OFFICER REVIEWS THE SUB-RECIPIENTS' FINANCIAL REPORTS AND THEN FORWARDS TO THE GRANTS FINANCIAL MANAGER FOR FURTHER QUALITY CONTROL. ONLY UPON THE REVIEW AND APPROVAL BY THE GRANTS FINANCIAL MANAGER AND THE TECHNICAL PROGRAM LEAD ARE FURTHER PAYMENTS OR ADVANCES PROVIDED. ALL LARGE SUB-RECIPIENT PAYMENTS AND CONTRACTS ARE ROUTED TO THE CFO FOR ADDED SCRUTINY AND APPROVAL PRIOR TO DISTRIBUTION.

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

REGION: SUB-SAHARAN AFRICA

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

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: LABORATORY FUNDS AND MSC. SUPPORT FOR CONSERVATION AGENCY IN CAMEROON'S FARO NATIONAL PARK

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: AWF SPONSORSHIP TOWARDS CHOGM (COMMONWEALTH HEADS OF GOVERNMENT MEETING IN RWANDA

**SCHEDULE G  
(Form 990)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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

**2022**

Department of the Treasury  
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

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

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a  Mail solicitations
  - b  Internet and email solicitations
  - c  Phone solicitations
  - d  In-person solicitations
  - e  Solicitation of non-government grants
  - f  Solicitation of government grants
  - g  Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
SANKY COMMUNICATIONS INC - 368 9TH AVENUE, SUITE 12-131, STELTER - 10435 NEW YORK AVENUE, DES MOINES, IA 50322	MANGEMENT OF DIRECT MAIL AND ONLINE PROGRAM		X	4,988,805.	185,800.	4,803,005.
	CONSULTING FOR PLANNED GIVING PROGRAM		X	3,052,473.	107,107.	2,945,366.
<b>Total</b>				8,041,278.	292,907.	7,748,371.

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
- AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts .....			
	2	Less: Contributions .....			
	3	Gross income (line 1 minus line 2) .....			
Direct Expenses	4	Cash prizes .....			
	5	Noncash prizes .....			
	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. Subtract line 10 from line 3, column (d) .....			

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

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

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name \_\_\_\_\_

Address \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name \_\_\_\_\_

Address \_\_\_\_\_

16 Gaming manager information:

Name \_\_\_\_\_

Gaming manager compensation \$ \_\_\_\_\_

Description of services provided \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

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

(I) NAME OF FUNDRAISER: SANKY COMMUNICATIONS INC

(I) ADDRESS OF FUNDRAISER:

368 9TH AVENUE, SUITE 12-131, NEW YORK, NY 10001



**Part IV** Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

**AFRICAN WILDLIFE FOUNDATION, INC.**

Employer identification number

**52-0781390**

**Part I Questions Regarding Compensation**

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

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

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

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

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) KADDU SEBUNYA CHIEF EXECUTIVE OFFICER	(i)	287,757.	0.	91,636.	37,939.	33,655.	450,987.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) RICHARD HOLLY CHIEF FINANCIAL OFFICER	(i)	244,466.	0.	0.	23,391.	18,252.	286,109.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) LINDSAY KOSNIK SR VP, CAMPAIGN/PRINCIPAL INVESTMENT	(i)	225,451.	0.	0.	23,912.	18,742.	268,105.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) CHARLY FACHEUX SR VP, CONSERVATION STRATEGY, IMPACT	(i)	214,650.	0.	6,505.	22,115.	23,132.	266,402.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ERIC COPPENGER CHIEF OF STAFF	(i)	203,225.	0.	0.	20,277.	15,109.	238,611.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) PHILIP MURUTHI VP SPECIES CONSERVATION & SCIENCE	(i)	198,567.	0.	0.	19,857.	6,028.	224,452.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) FREDERICK KUMAH VP GLOBAL LEADERSHIP	(i)	165,804.	0.	6,540.	17,234.	33,206.	222,784.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) ALISTAIR POLE SR DIR PROJECT MGMT/PARTNERSHIP	(i)	168,396.	0.	0.	16,840.	18,481.	203,717.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) ANDREA ATHANAS VP ENTERPRISE/INVESTMENT	(i)	156,500.	0.	0.	15,650.	27,737.	199,887.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) FELIX OTIENO DIRECTOR OF IT	(i)	141,734.	0.	0.	14,173.	14,461.	170,368.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) DAVID WILLIAMS DIRECTOR OF CONSERVATION GEOGRAPHY	(i)	133,223.	0.	0.	12,861.	16,687.	162,771.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) BETH FOSTER SR VP BRAND & PUBLIC ENGAGEMENT	(i)	154,864.	0.	0.	0.	2,560.	157,424.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) CRAIG SHOLLEY SR VP AND SPECIAL ADVISOR	(i)	132,183.	0.	0.	12,391.	8,498.	153,072.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

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

**PART I, LINE 1A:**

AS AN EXPATRIATE IN KENYA, THE CEO RECEIVES EXPATRIATE BENEFITS THAT ARE COMMENSURATE WITH OTHER EXPATRIATE CHIEF EXECUTIVES WITHIN SIMILAR NGOS IN KENYA THAT INCLUDE HOUSING AND EDUCATIONAL ALLOWANCES.

**PART I, LINE 3:**

THE CFO COMPARES DATA FROM PUBLICLY AVAILABLE SOURCES IN ADDITION TO OBTAINING A RECOMMENDATION FROM AN INDEPENDENT PAY CONSULTANT. THE DATA IS PROVIDED TO THE COMPENSATION COMMITTEE, WHICH IS ALSO THE EXECUTIVE COMMITTEE, WHICH ULTIMATELY DECIDES THE CEO'S COMPENSATION.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2022**

Open to Public Inspection

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

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**AFRICAN WILDLIFE FOUNDATION, INC.**

Employer identification number

**52-0781390**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	96	3,472,893.	AVERAGE OF HIGH/LOW
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement ..... **29** **0**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2022

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

SCHEDULE M, PART I, COLUMN (B):

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

SCHEDULE M, LINE 32B:

WE HAVE HIRED A SPECIALIZED LAW FIRM TO ASSIST THE ORGANIZATION IN  
MANAGING BEQUESTS. THAT FIRM WOULD BE USED TO ASSIST WITH THE SALE OF  
NON-CASH CONTRIBUTIONS. ADDITIONALLY, THE ORGANIZATION HOLDS BROKERAGE  
ACCOUNTS TO BE ABLE TO RECEIVE AND SELL STOCK GIFTS

**SCHEDULE O  
(Form 990)**

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

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

AFRICAN WILDLIFE FOUNDATION, INC.

Employer identification number

52-0781390

**FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:**

AN AFRICA WHERE SUSTAINABLE DEVELOPMENT INCLUDES THRIVING WILDLIFE AND  
WILD LANDS AS A CULTURAL AND ECONOMIC ASSET FOR AFRICA'S FUTURE  
GENERATIONS.

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

IN DJA, CAMEROON, WE BOOSTED CONSERVATION-FRIENDLY AGRICULTURE AND  
FOREST HARVESTING. THIS PROJECT REDUCED ILLEGAL HUNTING AND USED  
TRAINING AND EQUIPMENT TO BOLSTER CAPACITY AMONG ECO-GUARDS. DUE TO  
THIS PROGRAM, LOCAL INCOMES INCREASED BY 78%, AND POVERTY WAS REDUCED  
BY 83%.

ADDITIONALLY, IN THE DRC'S MARINGA-LOPORI-WAMBA LANDSCAPE, AWF PROVIDED  
SMALL BUSINESS MICROGRANTS AND TRAINING FOR LOCAL BUSINESS  
ASSOCIATIONS. AS OF JULY 2023, THE PROJECT HAD AWARDED MICRO-GRANTS IN  
SUPPORT OF 90 NEW BUSINESSES, BENEFITING A TOTAL OF 1,890 PEOPLE IN 270  
HOMES.

FISCAL YEAR 2023 SAW STRIDES IN A PILOT PROGRAM TO RESTORE 450 HECTARES  
OF VOLCANOES NATIONAL PARK IN RWANDA. EXERCISING THE GUIDELINES AND  
BEST PRACTICES OF FREE, PRIOR, AND INFORMED CONSENT, AWF ENGAGED 500  
FAMILIES LIVING ON DEGRADED FARMLAND THAT USED TO BE PART OF THE PARK.  
THEY WERE PRESENTED WITH A LAND PURCHASE INITIATIVE THAT WOULD  
COMPENSATE THEM FOR THEIR LAND SO IT COULD BE RESTORED AS GORILLA  
HABITAT AND RELOCATE THEIR FAMILIES TO NEW GREEN TOWNS DESIGNED TO  
PROVIDE BETTER INFRASTRUCTURE AND ECONOMIC OPPORTUNITIES.

IN MKOMAZI, THE TANZANIAN SIDE OF THE TSAVO-MKOMAZI LANDSCAPE THAT

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

Schedule O (Form 990) 2022

Name of the organization AFRICAN WILDLIFE FOUNDATION, INC.	Employer identification number 52-0781390
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CROSSES INTO KENYA, WE INTRODUCED SUNFLOWER FARMING TO MINIMIZE HUMAN-WILDLIFE CONFLICT AND GIVE FARMERS A NEW INCOME STREAM. IN ADDITION, AWF SUPPORTED FISH FARMERS TO REDUCE THE OVEREXPLOITATION OF LAKE JIPE, INSTALLING ONE FISHPOND, OFFERING 1,200 FINGERLINGS AND 28 BAGS OF FEED, AND TRAINING THE FISH FARMERS.

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

WE AMPLIFIED THE AFRICAN CIVIL SOCIETY BIODIVERSITY ALLIANCE (ACBA), THE AFRICAN PROTECTED AREA DIRECTORS (APAD), THE AFRICAN GROUP OF NEGOTIATORS (AGN), AND THE GLOBAL YOUTH BIODIVERSITY NETWORK AFRICA (GYBN) AT GLOBAL MEETINGS OF THE CONVENTION ON BIOLOGICAL DIVERSITY, THE CONVENTION ON INTERNATIONAL TRADE IN ENDANGERED SPECIES OF WILD FAUNA AND FLORA, AND THE UNITED NATIONS FRAMEWORK CONVENTION ON CLIMATE CHANGE.

AWF ASSISTED AFRICAN COUNTRIES IN THE DEVELOPMENT OF THE KUNMING-MONTREAL GLOBAL BIODIVERSITY FRAMEWORK THROUGH SUPPORTING THE AGN. WE HOSTED PREPARATORY MEETINGS IN BOTSWANA AND GABON, ENSURING AFRICAN COUNTRIES ALIGNED POSITIONS AND STRATEGIZED ON HOW BEST TO APPROACH NEGOTIATIONS; WE PROVIDED ENGLISH-FRENCH INTERPRETATION FOR ALL SESSIONS; WE FINANCED THE ONLINE COORDINATION PLATFORM OF THE AGN; AND WE PRESENTED A SCIENCE PAPER ALONGSIDE ACBA THAT PUTS PEOPLE AT THE CENTER OF TARGET 3 OF THE FRAMEWORK. AHEAD OF AND DURING THE UN BIODIVERSITY CONFERENCE, TWO AWF POLICY FELLOWS SUPPORTED THE AGN ADMINISTRATIVELY.

WE CONTRIBUTED FINANCIAL AND TECHNICAL SUPPORT FOR THE ZIMBABWE GOVERNMENT'S DEVELOPMENT OF THE FIRST-EVER ZIMBABWE BIODIVERSITY ECONOMY REPORT, WHICH PROVIDES A FRAMEWORK TO MAINSTREAM THE VALUE OF



Name of the organization AFRICAN WILDLIFE FOUNDATION, INC.	Employer identification number 52-0781390
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NATURE INTO PRIVATE AND PUBLIC SECTOR ECONOMIC DECISION-MAKING.

WE FACILITATED CROSS-BORDER MEETINGS WITH ZIMPARKS IN ZIMBABWE'S MID-ZAMBEZI VALLEY LANDSCAPE TO STRENGTHEN COLLABORATION BETWEEN ZIMBABWE AND ZAMBIA LAW ENFORCEMENT AGENTS. SIMILARLY, WE CONTINUED TO STRENGTHEN CROSS-BORDER WILDLIFE SECURITY COLLABORATION BETWEEN KENYA AND TANZANIA, INCLUDING PLANNING FOR CONCURRENT OPERATIONS IN EVERY ECOSYSTEM ALONG THE KENYA-TANZANIA INTERNATIONAL BORDER.

IN TANZANIA, WE COMPLETED THE RELOCATION AND CONSTRUCTION OF MANYARA RANCH SCHOOL AND HANDED MANAGEMENT OF IT OVER TO THE LOCAL GOVERNMENT THROUGH THE MONDULI DISTRICT COUNCIL. AROUND 1,050 STUDENTS ATTEND THE SCHOOL, WHICH WAS PREVIOUSLY LOCATED IN AN IMPORTANT WILDLIFE CORRIDOR.

ADDITIONALLY, WE MADE INVESTMENTS IN TRAINING AFRICAN CONSERVATION FILMMAKERS AND JOURNALISTS THROUGH AWF'S AFRICAN CONSERVATION VOICES PROGRAM. THIS INCLUDED BRINGING 17 YOUNG FILMMAKERS TO A MAJOR GLOBAL NATURAL HISTORY FILMMAKING CONFERENCE TO NETWORK AND PREMIERE CONSERVATION FILMS SHOT WITH AWF SUPPORT. WE ALSO RAN DIGITAL CLASSES FOR JOURNALISTS IN EASTERN AFRICA, SOUTHERN AFRICA, WEST AFRICA, AND CENTRAL AFRICA ON TOPICS SUCH AS FEATURE WRITING, PITCHING, STORYTELLING, INVESTIGATIVE JOURNALISM IN THE DIGITAL AGE, FACT-CHECKING, AND EFFECTIVE SOCIAL MEDIA WRITING.

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

SNIFFER DOG UNITS WERE DEPLOYED BY GOVERNMENT HANDLERS IN SIX AIRPORTS AND TWO PORTS, SEARCHING 18,429 FLIGHTS, 1,925,587 PIECES OF CARGO, AND 9,281,393 PIECES OF LUGGAGE. TRACKING DOGS WERE USED BY AUTHORITIES IN FOUR PROTECTED AREAS.

Name of the organization

AFRICAN WILDLIFE FOUNDATION, INC.

Employer identification number

52-0781390

IN THE DRC'S MARINGA-LOPORI-WAMBA LANDSCAPE, AWF TRAINED AND EQUIPPED RANGERS TO MANAGE THE PROTECTED AREA. AS A RESULT OF THIS WORK AND OUR COMMUNITY APPROACH MENTIONED ABOVE, POACHING HAS STOPPED AMONG LOCAL COMMUNITY MEMBERS, RANGE FOR ELEPHANTS AND BONOBO HAS INCREASED, HUMAN-WILDLIFE CONFLICT INCIDENTS HAVE REDUCED, AND FOREST ELEPHANT NUMBERS IN THE LANDSCAPE ARE IMPROVING.

ACROSS ALL OF THE 17 LANDSCAPES WHERE AWF WORKED, WE ACTIVELY MEASURED 26 WILDLIFE POPULATIONS TO DETERMINE IF THEY WERE STABLE, INCREASING, OR DECREASING AND ANALYZED FIELD AND GIS DATA TO DETERMINE THE CAUSES. THIS INCLUDES TEN ELEPHANT POPULATIONS, SIX LARGE CARNIVORE POPULATIONS, FIVE RHINO POPULATIONS, FOUR GREAT APE POPULATIONS, AND TWO GIRAFFE POPULATIONS.

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

CAMEROON, CANADA, CONGO, DEM REP, ETHIOPIA,  
KENYA, NIGER, RWANDA, TANZANIA,  
UGANDA, UNITED KINGDOM

FORM 990, PART VI, SECTION A, LINE 1A:

THERE SHALL BE AN EXECUTIVE COMMITTEE CONSISTING OF THE CHAIR, THE VICE-CHAIR, THE CHIEF EXECUTIVE OFFICER, THE SECRETARY, THE TREASURER, AND THE CHAIRS OF THE STANDING COMMITTEES. IN THE INTERVALS BETWEEN MEETINGS OF THE BOARD, THE EXECUTIVE COMMITTEE SHALL MANAGE AND CONTROL THE PROPERTY, BUSINESS AND AFFAIRS OF THE FOUNDATION AND EXERCISE ALL THE POWERS OF THE BOARD TO THE EXTENT NOT CONTRARY TO LAW OR TO THE PROVISIONS OF THESE BYLAWS. THE CHAIR OF THE BOARD SHALL BE THE CHAIR OF THE EXECUTIVE COMMITTEE AND SHALL REPORT ON THE ACTIVITIES OF THE EXECUTIVE COMMITTEE AT EACH REGULAR MEETING OF THE BOARD. THE COMMITTEE SHALL ALSO MEET AT THE

Name of the organization AFRICAN WILDLIFE FOUNDATION, INC.	Employer identification number 52-0781390
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CALL OF THE CHAIR OR UPON THE WRITTEN REQUEST OF THREE MEMBERS OF THE COMMITTEE DELIVERED TO THE SECRETARY. FIVE MEMBERS OF THE COMMITTEE SHALL CONSTITUTE A QUORUM.

FORM 990, PART VI, SECTION A, LINE 2:

STEPHEN GOLDEN AND LYNN G. DOLNICK HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 4:

BY-LAWS WERE CHANGED IN JUNE 2023 TO AMEND THE CLAUSE RELATED TO LIABILITY TO BE IN LINE WITH DC LAW.

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

THE 990 IS SHARED WITH THE AUDIT COMMITTEE, WHO SUBSEQUENTLY SHARES A COPY WITH THE FULL BOARD OF TRUSTEES.

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

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

ALL STAFF MEMBERS ARE REQUIRED TO SIGN A CONFLICT OF INTEREST POLICY UPON HIRING AND WITH EACH NEW CONTRACT AMENDMENT. STAFF CONCERNS REGARDING CONFLICTS OF INTEREST ARE BROUGHT TO THE HUMAN RESOURCES AND CULTURE DEPARTMENT FOR REVIEW BY THE CFO AND OTHER MEMBERS OF THE EXECUTIVE LEADERSHIP TEAM WHEN REQUIRED.

Name of the organization AFRICAN WILDLIFE FOUNDATION, INC.	Employer identification number 52-0781390
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STAFF THAT REVIEW AND ENTER INTO PURCHASE CONTRACTS ARE TRAINED TO QUESTION POTENTIAL CONFLICTS OF INTEREST. LOCAL FINANCE OFFICERS REVIEW TRANSACTIONS UP TO \$1,000. ADDITIONAL SCRUTINY IS GIVEN TO LARGER CONTRACTS BY THE DIRECTOR OF ADMINISTRATION AND FACILITIES. ANY POTENTIAL CONFLICTS OF INTEREST ARE FORWARDED TO THE CFO AND/OR THE CEO FOR REVIEW.

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

THE CFO GATHERS DATA FROM PUBLICLY AVAILABLE SOURCES TO COMPARE COMPENSATION OF SIMILAR ORGANIZATIONS, GROUPED BY SIZE. ADDITIONALLY, AN OUTSIDE FIRM CONDUCTS AN INDEPENDENT REVIEW TO SHOW PAY RANGES FOR THE TOP EXECUTIVE OF SIMILAR FIRMS AND MAKES A RECOMMENDATION. THE DATA IS PROVIDED TO THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES, WHICH ULTIMATELY DECIDES THE LEVEL OF THE CEO'S COMPENSATION.

INFORMAL SALARY REVIEWS FOR OFFICERS AND KEY EMPLOYEES ARE PERFORMED ANNUALLY BY THE HUMAN RESOURCES DEPARTMENT WITH OVERSIGHT BY THE CFO. FORMALIZED SALARY SURVEYS BY AN OUTSIDE FIRM ARE CONDUCTED EVERY 3-5 YEARS FOR OFFICERS, KEY EMPLOYEES AND HIGHLY COMPENSATED EMPLOYEES. FOR ALL OFFICERS AND KEY STAFF LOCATED WITHIN THE UNITED STATES, INFORMATION FROM COMPARABLE ORGANIZATIONS IS COLLECTED THROUGH PUBLICLY AVAILABLE FEDERAL FORM 990S. FOR KEY EMPLOYEES LOCATED OUTSIDE THE UNITED STATES, COMPENSATION STUDIES ARE OBTAINED AS NECESSARY TO PROVIDE COMPARABLE DATA. RECOMMENDATIONS ARE MADE BY THE CFO TO THE CEO WHO ULTIMATELY MAKES COMPENSATION DECISIONS.

THE PROCESS DESCRIBED HERE WAS LAST COMPLETED IN 2023.

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

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

Name of the organization <b>AFRICAN WILDLIFE FOUNDATION, INC.</b>	Employer identification number <b>52-0781390</b>
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**UT, VA, WV, WI, MO**

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

**AWF'S FEDERAL FORM 990 AND ANNUAL REPORT ARE AVAILABLE UPON REQUEST AND ARE PUBLISHED ON AWF'S WEBSITE.**

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

<b>UNREALIZED GAIN/LOSS ON TRUST &amp; ANNUITIES</b>	<b>-15,252.</b>
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**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
Attach to Form 990.

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

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
AWF UNITED KINGDOM 35 BERKELEY SQUARE, MAYFAIR LONDON, UNITED KINGDOM W1J 5BF	WILDLIFE CONSERVATION	UNITED KINGDOM	501(C)(3)	LINE 7	AFRICAN WILDLIFE FOUNDATION, INC.	X	
AWF SWITZERLAND RUE MAUVERNEY 28 GLAND, SWITZERLAND 1196	WILDLIFE CONSERVATION	SWITZERLAND	501(C)(3)	LINE 7	AFRICAN WILDLIFE FOUNDATION, INC.	X	
AWF CANADA 18 KIND STREET EAST, STE 1400 TORONTO, CANADA M5C 1C4	WILDLIFE CONSERVATION	CANADA	501(C)(3)	LINE 7	AFRICAN WILDLIFE FOUNDATION, INC.	X	

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

Schedule R (Form 990) 2022

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			





**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Multiple horizontal lines for supplemental information.

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

**2022**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

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

**A** For the **2022** calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>AFRICAN WILDLIFE FOUNDATION, INC.</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1100 NEW JERSEY AVENUE, SE 900</b> City or town, state or province, country, and ZIP or foreign postal code <b>WASHINGTON, DC 20003</b> <b>F</b> Name and address of principal officer: <b>KADDU SEBUNYA</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>52-0781390</b> <b>E</b> Telephone number <b>202-939-3333</b> <b>G</b> Gross receipts \$ <b>38,730,824.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: <b>WWW.AWF.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		
<b>L</b> Year of formation: <b>1961</b>		<b>M</b> State of legal domicile: <b>DC</b>

**Part I Summary**

	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>AWF'S MISSION IS TO ENSURE THAT WILDLIFE AND WILD LANDS THRIVE IN MODERN AFRICA. AFW'S VISION IS OF</b>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>Activities &amp; Governance</b>	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>29</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>28</b>
	<b>5</b>	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>5</b>	<b>58</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>50</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>
	<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>33,360,273.</b>
<b>9</b>		Program service revenue (Part VIII, line 2g)	<b>0.</b>	<b>0.</b>
<b>10</b>		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>729,841.</b>	<b>1,427,578.</b>
<b>11</b>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>128,923.</b>	<b>24,677.</b>
<b>12</b>		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>34,219,037.</b>	<b>33,734,460.</b>
<b>Expenses</b>		<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>3,619,252.</b>
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>15,581,961.</b>	<b>15,321,061.</b>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>298,451.</b>	<b>292,907.</b>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25)	<b>5,832,932.</b>	
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>19,688,433.</b>	<b>18,825,076.</b>
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>39,188,097.</b>	<b>36,676,458.</b>
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>-4,969,060.</b>	<b>-2,941,998.</b>
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>48,801,951.</b>	<b>44,798,224.</b>
	<b>21</b>	Total liabilities (Part X, line 26)	<b>10,887,373.</b>	<b>8,789,995.</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>37,914,578.</b>	<b>36,008,229.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>RICHARD HOLLY, CHIEF FINANCIAL OFFICER</b>	Date
	Type or print name and title	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>ROBERT WILLIAMS</b>	Preparer's signature <b>ROBERT WILLIAMS</b>
	Firm's name <b>CLIFTONLARSONALLEN LLP</b>	Date <b>05/15/24</b>
	Firm's address <b>901 N. GLEBE ROAD, SUITE 200 ARLINGTON, VA 22203</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P01345960</b>
		Firm's EIN <b>41-0746749</b>
		Phone no. <b>571-227-9500</b>

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: AWF'S MISSION IS TO ENSURE THAT WILDLIFE AND WILD LANDS THRIVE IN MODERN AFRICA. AWF'S VISION IS OF AN AFRICA WHERE SUSTAINABLE DEVELOPMENT INCLUDES THRIVING WILDLIFE AND WILD LANDS AS A CULTURAL AND ECONOMIC ASSET FOR AFRICA'S FUTURE GENERATIONS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 12,442,850. including grants of \$ 642,285. ) (Revenue \$ ) LIVING WITH WILDLIFE IN FISCAL YEAR 2023, WE SUCCESSFULLY COMPLETED THREE MULTI-YEAR EU-FUNDED LANDSCAPE PROGRAMS IN THE DRC AND CAMEROON: IN BILI-UELE, DRC, THE PROGRAM WAS A FIVE-YEAR EU-FUNDED PROJECT THAT IMPROVED GOVERNANCE AND MANAGEMENT OF NATURAL RESOURCES FOR SUSTAINABLE DEVELOPMENT, CONSERVED ECOLOGICAL INTEGRITY, AND IMPROVED SECURITY IN THE LANDSCAPE. LAND USE PLANS HAVE ALLOCATED 4,527 SQUARE KILOMETERS FOR WILDLIFE CORRIDORS. IN FARO, CAMEROON, THE PROGRAM REVIVED ACTIVITIES IN A NEARLY ABANDONED PROTECTED AREA, FARO NATIONAL PARK, ESTABLISHED COMMUNITY STRUCTURES TO COMBAT POACHING AND PROMOTE PEACEFUL TRANSHUMANCE, AND SUPPORTED SUSTAINABLE LIVELIHOODS. (CONTINUED ON SCHEDULE O)

4b (Code: ) (Expenses \$ 9,038,514. including grants of \$ 451,722. ) (Revenue \$ ) LEADING FOR WILDLIFE IN FISCAL YEAR 2023, AWF INCREASED AFRICAN LEADERSHIP IN CONSERVATION AND DEVELOPMENT BY CO-CONVENING WITH THE IUCN AND THE GOVERNMENT OF RWANDA THE INAUGURAL AFRICA PROTECTED AREAS CONGRESS THAT TOOK PLACE IN KIGALI, RWANDA, IN JULY 2022. THE CONGRESS GALVANIZED 2,400 PARTICIPANTS FROM 53 AFRICAN COUNTRIES TO BUILD A SHARED VISION FOR AFRICAN-LED CONSERVATION, RESULTING IN THE KIGALI CALL TO ACTION, A DETAILED POLICY ROADMAP FOR THE CONTINENT. AFW'S LEADERSHIP PROGRAMS CHAMPIONED COALITIONS OF AFRICAN STAKEHOLDERS IN THEIR EVERYDAY DECISION-MAKING AND SUPPORTED THEM IN BRINGING THEIR PERSPECTIVES TO GLOBAL CONFERENCES. (CONTINUED ON SCHEDULE O)

4c (Code: ) (Expenses \$ 7,572,675. including grants of \$ 1,143,406. ) (Revenue \$ ) CARING FOR WILDLIFE IN FISCAL YEAR 2023, AWF'S COUNTER WILDLIFE TRAFFICKING PROGRAM TRAINED LAW ENFORCEMENT OFFICERS IN KENYA, UGANDA, TANZANIA, ETHIOPIA, AND THE DRC IN BEST PRACTICES FOR RESPONDING TO WILDLIFE CRIME. WE ALSO BUILT CAPACITY AMONG 161 LAW ENFORCEMENT PERSONNEL IN THE DRC, ETHIOPIA, AND KENYA, INCLUDING PROSECUTORS AND JUDICIAL OFFICERS, TO ADOPT NEW TOOLS AND METHODOLOGIES TO ADDRESS THE CHANGING WILDLIFE CRIME LANDSCAPE ON THE CONTINENT. WE OFFICIALLY HANDED OVER A NEW CANINE TRAINING FACILITY TO THE TANZANIA WILDLIFE MANAGEMENT AUTHORITY. ACROSS SIX COUNTRIES, CANINE UNITS WE WORK WITH DETECTED 55 FINDS OF WILDLIFE CONTRABAND IN FISCAL YEAR 2023. (CONTINUED ON SCHEDULE O)

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

4e Total program service expenses 29,054,039.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and financial reporting.

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

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	X	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....	X	

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

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

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

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

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	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 on Schedule O.		
	1a 29		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	1b 28		
<b>2</b>	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?	X	
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		X
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed AL, AR, CA, CT, FL, GA, HI, IL, KS, KY, MD, MA
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records  
RICHARD HOLLY - (202)939-3333  
1100 NEW JERSEY AVE., SE STE 900, WASHINGTON, DC 20003



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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KADDU SEBUNYA CHIEF EXECUTIVE OFFICER	50.00	X		X				379,393.	0.	71,594.
(2) RICHARD HOLLY CHIEF FINANCIAL OFFICER	50.00			X				244,466.	0.	41,643.
(3) LINDSAY KOSNIK SR VP, CAMPAIGN/PRINCIPAL INVESTMENT	50.00			X				225,451.	0.	42,654.
(4) CHARLY FACHEUX SR VP, CONSERVATION STRATEGY, IMPACT	50.00			X				221,155.	0.	45,247.
(5) ERIC COPPENGER CHIEF OF STAFF	50.00			X				203,225.	0.	35,386.
(6) PHILIP MURUTHI VP SPECIES CONSERVATION & SCIENCE	50.00			X				198,567.	0.	25,885.
(7) FREDERICK KUMAH VP GLOBAL LEADERSHIP	50.00			X				172,344.	0.	50,440.
(8) ALISTAIR POLE SR DIR PROJECT MGMT/PARTNERSHIP	40.00					X		168,396.	0.	35,321.
(9) ANDREA ATHANAS VP ENTERPRISE/INVESTMENT	50.00					X		156,500.	0.	43,387.
(10) FELIX OTIENO DIRECTOR OF IT	40.00					X		141,734.	0.	28,634.
(11) DAVID WILLIAMS DIRECTOR OF CONSERVATION GEOGRAPHY	40.00					X		133,223.	0.	29,548.
(12) BETH FOSTER SR VP BRAND & PUBLIC ENGAGEMENT	50.00			X				154,864.	0.	2,560.
(13) CRAIG SHOLLEY SR VP AND SPECIAL ADVISOR	30.00			X				132,183.	0.	20,889.
(14) RICHARD RUGGIERO LANDSCAPE DIRECTOR, FARO	40.00					X		126,654.	0.	11,909.
(15) HEATHER STURT HAAGA CHAIR	4.00	X		X				0.	0.	0.
(16) MYMA BELO-OSAGIE TRUSTEE	2.00	X		X				0.	0.	0.
(17) MARLEEN GROEN TRUSTEE	2.00	X		X				0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) SARA AVIEL TRUSTEE (UNTIL FEB. 2023)	2.00	X						0.	0.	0.
(19) AKHIL BHARDWAJ TRUSTEE	2.00	X						0.	0.	0.
(20) HAILEMARIAM DESSALEGN BOSHE TRUSTEE	2.00	X						0.	0.	0.
(21) MARK BURSTEIN TRUSTEE	2.00	X						0.	0.	0.
(22) PAYSON COLEMAN TRUSTEE	2.00	X						0.	0.	0.
(23) LYNN DOLNICK TRUSTEE	2.00	X						0.	0.	0.
(24) BRAD DRUMMOND TRUSTEE	2.00	X						0.	0.	0.
(25) GREG EDWARDS TRUSTEE	2.00	X						0.	0.	0.
(26) MARY GLASSER TRUSTEE	2.00	X						0.	0.	0.
<b>1b Subtotal</b>								2,658,155.	0.	485,097.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								2,658,155.	0.	485,097.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 28

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
SANKY COMMUNICATIONS, 368 9TH AVENUE, SUITE 12-131, NEW YORK, NY 10001	MAIL & ONLINE FUNDRAISING	2,929,116.
SQUARE 742, LLC, 1100 NEW JERSEY AVE., SE, STE 900, WASHINGTON, DC 20003-3304	SPACE RENTAL	806,762.
MAISHA CONSULTING YAVNE 30, TEL AVIV, ISRAEL	RISK MANAGEMENT AND SECURITY CONSULTING	492,820.
SALAKA, 6TH/7TH FL DIAS PIER BUILDING, CAUDAN, MAURITIUS	CANINE PROCUREMENT AND TRAINING	285,808.
NATURE'S BEST PHOTOGRAPHY, PO BOX 9591, SPRING HILL RD., MCLEAN, VA 22102	PHOTOGRAPHY CONTESTPO	275,100.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 27

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) STEPHEN GOLDEN TRUSTEE	2.00	X						0.	0.	0.
(28) DONALD GRAY TRUSTEE	2.00	X						0.	0.	0.
(29) LARRY GREEN TRUSTEE	4.00	X						0.	0.	0.
(30) GILLES HARERIMANA TRUSTEE	2.00	X						0.	0.	0.
(31) CHRISTINE HEMRICK TRUSTEE	2.00	X						0.	0.	0.
(32) CATHERINE HERRING TRUSTEE	2.00	X						0.	0.	0.
(33) STEPHEN JUELSGAARD TRUSTEE	2.00	X						0.	0.	0.
(34) ANDREW KAIRU TRUSTEE (UNTIL JAN. 2023)	2.00	X						0.	0.	0.
(35) LAURA KOHLER TRUSTEE	2.00	X						0.	0.	0.
(36) CHRISTOPHER LEE TRUSTEE (UNTIL OCT. 2022)	2.00	X						0.	0.	0.
(37) ISSOUFOU MAHAMADOU TRUSTEE	4.00	X						0.	0.	0.
(38) ANDREW MALK TRUSTEE	2.00	X						0.	0.	0.
(39) H.E. FESTUS G. MOGAE TRUSTEE	2.00	X						0.	0.	0.
(40) CHRISTOPHER MURRAY TRUSTEE	2.00	X						0.	0.	0.
(41) EMERY RUBAGENGA TRUSTEE	2.00	X						0.	0.	0.
(42) ANNE SCOTT TRUSTEE	2.00	X						0.	0.	0.
(43) FREDERICK R. STEINER TRUSTEE	2.00	X						0.	0.	0.
(44) PIERRE TRAPANESE TRUSTEE	2.00	X						0.	0.	0.
(45) MARIA WILHELM TRUSTEE	2.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns	<b>1a</b>				
	<b>b</b>	Membership dues	<b>1b</b>				
	<b>c</b>	Fundraising events	<b>1c</b>	4,116.			
	<b>d</b>	Related organizations	<b>1d</b>				
	<b>e</b>	Government grants (contributions)	<b>1e</b>	6,414,398.			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	25,863,691.			
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 3,472,893.			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f		32,282,205.			
Program Service Revenue	<b>2 a</b>		<b>Business Code</b>				
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f					
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts)		610,512.		610,512.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds					
	<b>5</b>	Royalties		7,976.		7,976.	
	<b>6 a</b>	Gross rents	(i) Real				
			(ii) Personal				
	<b>b</b>	Less: rental expenses	<b>6b</b>				
	<b>c</b>	Rental income or (loss)	<b>6c</b>				
	<b>d</b>	Net rental income or (loss)					
	<b>7 a</b>	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
				5,800,000.	594.		
	<b>b</b>	Less: cost or other basis and sales expenses	<b>7b</b>	4,983,528.	0.		
	<b>c</b>	Gain or (loss)	<b>7c</b>	816,472.	594.		
<b>d</b>	Net gain or (loss)		817,066.		817,066.		
<b>8 a</b>	Gross income from fundraising events (not including \$ 4,116. of contributions reported on line 1c). See Part IV, line 18						
			5,166.				
<b>b</b>	Less: direct expenses	<b>8b</b>	12,836.				
<b>c</b>	Net income or (loss) from fundraising events		-7,670.		-7,670.		
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19						
<b>b</b>	Less: direct expenses	<b>9b</b>					
<b>c</b>	Net income or (loss) from gaming activities						
<b>10 a</b>	Gross sales of inventory, less returns and allowances						
			5,650.				
<b>b</b>	Less: cost of goods sold	<b>10b</b>	0.				
<b>c</b>	Net income or (loss) from sales of inventory		5,650.		5,650.		
Miscellaneous Revenue	<b>11 a</b>	MISCELLANEOUS REVENUE	<b>Business Code</b>	900099	18,721.	18,721.	
	<b>b</b>						
	<b>c</b>						
	<b>d</b>	All other revenue		900099			
	<b>e</b>	<b>Total.</b> Add lines 11a-11d			18,721.		
<b>12</b>	<b>Total revenue.</b> See instructions			33,734,460.	0.	0.	
						1452255.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....	2,237,414.	2,237,414.		
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	2,446,517.	2,030,609.	122,326.	293,582.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	8,497,276.	6,263,945.	530,601.	1,702,730.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	726,315.	508,095.	51,916.	166,304.
<b>9</b> Other employee benefits .....	3,068,979.	2,207,866.	209,331.	651,782.
<b>10</b> Payroll taxes .....	581,974.	422,063.	39,139.	120,772.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	191,651.	103,987.	13,180.	74,484.
<b>c</b> Accounting .....	103,958.		103,958.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17	292,907.			292,907.
<b>f</b> Investment management fees .....	94,983.		94,983.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	3,369,853.	2,779,083.	371,869.	218,901.
<b>12</b> Advertising and promotion .....	95,600.	29,958.	215.	65,427.
<b>13</b> Office expenses .....	312,056.	120,487.	54,318.	137,251.
<b>14</b> Information technology .....	765,173.	562,905.	50,603.	151,665.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	1,462,476.	1,323,820.	32,779.	105,877.
<b>17</b> Travel .....	2,564,735.	2,316,161.	7,221.	241,353.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	2,871,420.	2,788,073.	18,412.	64,935.
<b>20</b> Interest .....	83,375.	26,787.	16,210.	40,378.
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	401,561.	398,444.	254.	2,863.
<b>23</b> Insurance .....	153,202.	112,605.	33,915.	6,682.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>PRINTING AND PRODUCTION</b>	3,018,377.	1,556,777.	19.	1,461,581.
<b>b</b> <b>SUPPLIES/FIELD SUPPLIES</b>	989,681.	981,105.	1,170.	7,406.
<b>c</b> <b>CONSTRUCTION COSTS</b>	624,226.	624,226.		
<b>d</b> <b>COMMUNICATIONS</b>	539,618.	518,866.	1,734.	19,018.
<b>e</b> All other expenses	1,183,131.	1,140,763.	35,334.	7,034.
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	36,676,458.	29,054,039.	1,789,487.	5,832,932.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	2,858,260.	1,354,732.	0.	1,503,528.

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	2,458,002.	<b>1</b>	3,647,480.
	<b>2</b> Savings and temporary cash investments .....	22,188.	<b>2</b>	18,979.
	<b>3</b> Pledges and grants receivable, net .....	8,520,524.	<b>3</b>	6,563,440.
	<b>4</b> Accounts receivable, net .....	356,791.	<b>4</b>	478,063.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	442,118.	<b>7</b>	360,640.
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	993,151.	<b>9</b>	916,717.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 9,220,421.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 4,090,431.		
	<b>11</b> Investments - publicly traded securities .....	4,705,570.	<b>10c</b>	5,129,990.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	26,905,114.	<b>11</b>	23,332,003.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>12</b>	
	<b>14</b> Intangible assets .....		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	4,398,493.	<b>14</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	48,801,951.	<b>15</b>	4,350,912.	
		<b>16</b>	44,798,224.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	3,294,472.	<b>17</b>	1,846,519.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	720,066.	<b>19</b>	2,242,278.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	1,425,000.	<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	5,447,835.	<b>25</b>	4,701,198.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	10,887,373.	<b>26</b>	8,789,995.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	28,310,364.	<b>27</b>	23,052,231.
	<b>28</b> Net assets with donor restrictions .....	9,604,214.	<b>28</b>	12,955,998.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	37,914,578.	<b>32</b>	36,008,229.
	<b>33</b> Total liabilities and net assets/fund balances .....	48,801,951.	<b>33</b>	44,798,224.

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	33,734,460.
2	Total expenses (must equal Part IX, column (A), line 25)	2	36,676,458.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,941,998.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	37,914,578.
5	Net unrealized gains (losses) on investments	5	1,050,901.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-15,252.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	36,008,229.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? .....
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form 990 (2022)

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2022**

Open to Public Inspection

Name of the organization <b>AFRICAN WILDLIFE FOUNDATION, INC.</b>	Employer identification number <b>52-0781390</b>
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**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

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

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

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



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	27913456.	28651691.	31809676.	33360273.	32282205.	154017301
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	27913456.	28651691.	31809676.	33360273.	32282205.	154017301
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						6629952.
<b>6 Public support.</b> Subtract line 5 from line 4.						147387349

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4 .....	27913456.	28651691.	31809676.	33360273.	32282205.	154017301
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	817,459.	739,748.	569,820.	710,077.	618,488.	3455592.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....		238,111.	49,545.	79,683.	18,721.	386,060.
<b>11 Total support.</b> Add lines 7 through 10						157858953
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	1,959,557.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	93.37 %
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 .....	<b>15</b>	95.07 %
<b>16a 33 1/3% support test - 2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2021.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2021 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2021 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.			
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No	
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

Schedule A (Form 990) 2022

**Part VI**

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

Horizontal lines for supplemental information input.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2022**

Name of the organization

**AFRICAN WILDLIFE FOUNDATION, INC.**

Employer identification number

**52-0781390**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

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

**Special Rules**

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

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

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

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



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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>1,913,905.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>941,436.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>2,630,399.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>1,082,903.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>1,500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

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

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

Table with 2 columns: Revenue, Assets. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	26,516,373.	33,431,430.	30,538,377.	29,737,624.	28,547,774.
b Contributions	-3,670,240.	-1,454,365.	-2,100,000.	1,000,000.	
c Net investment earnings, gains, and losses	2,377,746.	-4,581,727.	5,881,291.	645,753.	1,740,423.
d Grants or scholarships					
e Other expenditures for facilities and programs	2,129,760.	878,965.	888,238.	845,000.	550,573.
f Administrative expenses					
g End of year balance	23,094,119.	26,516,373.	33,431,430.	30,538,377.	29,737,624.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 79.9268 %
  - b Permanent endowment 20.0730 %
  - c Term endowment .0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes | No |
|---|-----|----|
| (i) Unrelated organizations   |     | X  |
| (ii) Related organizations  |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b  |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		993,157.		993,157.
b Buildings		2,247,014.	568,336.	1,678,678.
c Leasehold improvements		2,350,764.	770,617.	1,580,147.
d Equipment		1,478,072.	1,055,201.	422,871.
e Other		2,151,414.	1,696,277.	455,137.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				5,129,990.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) ADVANCE TO PARTNERS	758,483.
(2) SECURITY DEPOSITS	261,494.
(3) RIGHT OF USE ASSET	3,330,935.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	4,350,912.

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT & LEASE INCENTIVES	4,552,501.
(3) ANNUITIES PAYABLE	148,697.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	4,701,198.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	34,959,226.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a	1,050,901.	
	b Donated services and use of facilities	2b	271,264.	
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d	-2,416.	
	e Add lines 2a through 2d	2e	1,319,749.	
3	Subtract line 2e from line 1		3	33,639,477.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	94,983.	
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b	4c	94,983.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	33,734,460.

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

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

1	Total expenses and losses per audited financial statements		1	36,865,575.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a	271,264.	
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d	12,836.	
	e Add lines 2a through 2d	2e	284,100.	
3	Subtract line 2e from line 1		3	36,581,475.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	94,983.	
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b	4c	94,983.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	36,676,458.

**Part XIII Supplemental Information.**

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

**PART V, LINE 4:**

THE BOARD OF TRUSTEES HAS ADOPTED A SPENDING POLICY FOR THE BOARD-DESIGNATED ENDOWMENT TO MEET BOARD-APPROVED BUDGETED EXPENDITURES. THE POLICY ALLOCATES UP TO THREE PERCENT OF THE ENDOWMENT'S AVERAGE BEGINNING INVESTED MARKET VALUES FOR THE PRIOR FOUR FISCAL YEARS.

**PART X, LINE 2:**

AWF PERFORMED AN EVALUATION OF UNCERTAINTY IN INCOME TAXES FOR THE YEAR ENDED JUNE 30, 2023, AND DETERMINED THAT THERE WERE NO MATTERS THAT WOULD REQUIRE RECOGNITION OR DISCLOSURE IN THESE CONSOLIDATED FINANCIAL STATEMENTS OR WHICH MAY HAVE AN EFFECT ON THE TAX-EXEMPT STATUS OF AWF, INC.

**Part XIII** Supplemental Information (continued)

PART XI, LINE 2D - OTHER ADJUSTMENTS:

UNREALIZED GAIN/LOSS ON TRUST AND ANNUITIES	-15,252.
FUNDRAISING EVENT EXPENSES	12,836.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-2,416.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EVENT EXPENSES	12,836.
----------------------------	---------



**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

Attach to Form 990.

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

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
SUB-SAHARAN AFRICA	23	200	PROGRAM SERVICES	CONSERVATION PROGRAMS, EDUCATION & OUTREACH	21,104,948.
EUROPE	3	5	FUNDRAISING		659,108.
NORTH AMERICA	1	1	FUNDRAISING		109,861.
EAST ASIA AND THE PACIFIC	0	1	GRANTS TO RECIPIENTS LOCATED IN THE REGION		80,000.
<b>3 a Subtotal</b> .....	27	207			21,953,917.
<b>b Total from continuation sheets to Part I</b> .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	27	207			21,953,917.

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	SUPPORT TO FARO NATIONAL PARK IN CAMEROON	17,549.	WIRE TRANSFER	0.	N/A	N/A
		EAST ASIA AND THE PACIFIC	SUPPORT TO ZOOS IN CHINA	80,000.	WIRE TRANSFER	0.	N/A	N/A
		SUB-SAHARAN AFRICA	AWF PARTNER SUPPORT	5,630.	WIRE TRANSFER	0.	N/A	N/A
		SUB-SAHARAN AFRICA	SUB-GRANTEE FARO NATIONAL PARK	30,355.	WIRE TRANSFER	0.	N/A	N/A
		SUB-SAHARAN AFRICA	SUPPORT CONSERVATION EFFORTS IN THE MASAI MARA IN KENYA	103,817.	WIRE TRANSFER	0.	N/A	N/A
		SUB-SAHARAN AFRICA	SUPPORT SNIFFER DOGS IN THE ADDIS AIRPORT	138,823.	WIRE TRANSFER	0.	N/A	N/A
		SUB-SAHARAN AFRICA	ANTI-POACHING OPERATIONS IN MANYARA RANCH IN TANZANIA	60,791.	WIRE TRANSFER	0.	N/A	N/A
		SUB-SAHARAN AFRICA	MANAGEMENT OF THE BILI MBOMU FOREST SAVANNA COMPLEX	602,802.	WIRE TRANSFER	0.	N/A	N/A

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... **10**

3 Enter total number of other organizations or entities ..... **14**

SEE PART V FOR COLUMN (D) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	COUNTERING WILDLIFE TRAFFICKING	252,375.	WIRE TRANSFER	0.	N/A	N/A
		SUB-SAHARAN AFRICA	AWF JUREC SUB GRANT AGREEMENT WILDLIFE LAW ENFORCEMENT	45,497.	WIRE TRANSFER	0.	N/A	N/A
		SUB-SAHARAN AFRICA	WILDLIFE REGULATIONS DRAFTING, NGULIA RHINO PROGRAM, TSAVO WEST NATIONAL PARK	357,385.	WIRE TRANSFER	0.	N/A	N/A
		SUB-SAHARAN AFRICA	TSAVO COMMUNITY RANGERS TRAINING	40,995.	WIRE TRANSFER	0.	N/A	N/A
		SUB-SAHARAN AFRICA	SUPPORT FOR SCHOOL AND EDUCATION OF PRIMARY SCHOOL STUDENTS	8,054.	WIRE TRANSFER	0.	N/A	N/A
		SUB-SAHARAN AFRICA	SUPPORTING SECURITY AND ANTI-POACHING AND TRAINING IN DRC	62,926.	WIRE TRANSFER	0.	N/A	N/A
		SUB-SAHARAN AFRICA	LABORATORY FUNDS AND MSC. SUPPORT FOR CONSERVATION AGENCY IN CAMEROON'S FARO	9,160.	WIRE TRANSFER	0.	N/A	N/A
		SUB-SAHARAN AFRICA	SUBGRANTEE-FARO NATIONAL PARK CONSERVATION PROGRAM	10,951.	WIRE TRANSFER	0.	N/A	N/A
		SUB-SAHARAN AFRICA	RANGER SUPPORT, UNIFORMS AND TRAINING IN KENYA	12,192.	WIRE TRANSFER	0.	N/A	N/A

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	PARTNER SUPPORT	101,634.	WIRE TRANSFER	0.	N/A	N/A
		SUB-SAHARAN AFRICA	AWF SPONSORSHIP TOWARDS CHOGM (COMMONWEALTH HEADS OF GOVERNMENT MEETING	5,407.	WIRE TRANSFER	0.	N/A	N/A
		SUB-SAHARAN AFRICA	CANINE FOR CONSERVATION OPERATIONS AND CANINE TRAINING	169,061.	WIRE TRANSFER	0.	N/A	N/A
		SUB-SAHARAN AFRICA	SUPPORT TO THE UGANDA INVESTMENT PROJECT	31,962.	WIRE TRANSFER	0.	N/A	N/A
		SUB-SAHARAN AFRICA	SUBGRANTEE TSAVO CONSERVATION PROGRAM IN KENYA	10,994.	WIRE TRANSFER	0.	N/A	N/A
		SUB-SAHARAN AFRICA	SUPPORT TANZANIA CANINE FOR CONSERVATION PROGRAM	21,837.	WIRE TRANSFER	0.	N/A	N/A
		SUB-SAHARAN AFRICA	SUPPORT TO MANA POOLS NATIONAL PARK	11,520.	WIRE TRANSFER	0.	N/A	N/A

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
ROTARY CLUB OF KABALE	SUB-SAHARAN AFRICA	9	5,673.	WIRE TRANSFER	0.	N/A	N/A
RAISER RESOURCE LIMITED	SUB-SAHARAN AFRICA	15	25,921.	WIRE TRANSFER	0.	N/A	N/A

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* .....  Yes  No
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* .....  Yes  No
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* .....  Yes  No
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* .....  Yes  No
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* .....  Yes  No

**Part V Supplemental Information**

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

PART I, LINE 2:

THE GRANTS & CONTRACTS OFFICER REVIEWS THE SUB-RECIPIENTS' FINANCIAL REPORTS AND THEN FORWARDS TO THE GRANTS FINANCIAL MANAGER FOR FURTHER QUALITY CONTROL. ONLY UPON THE REVIEW AND APPROVAL BY THE GRANTS FINANCIAL MANAGER AND THE TECHNICAL PROGRAM LEAD ARE FURTHER PAYMENTS OR ADVANCES PROVIDED. ALL LARGE SUB-RECIPIENT PAYMENTS AND CONTRACTS ARE ROUTED TO THE CFO FOR ADDED SCRUTINY AND APPROVAL PRIOR TO DISTRIBUTION.

PART II, COLUMN (D):

REGION: SUB-SAHARAN AFRICA

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

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: LABORATORY FUNDS AND MSC. SUPPORT FOR CONSERVATION AGENCY IN CAMEROON'S FARO NATIONAL PARK

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: AWF SPONSORSHIP TOWARDS CHOGM (COMMONWEALTH HEADS OF GOVERNMENT MEETING IN RWANDA

**SCHEDULE G  
(Form 990)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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

**2022**

Department of the Treasury  
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

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

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a  Mail solicitations
  - b  Internet and email solicitations
  - c  Phone solicitations
  - d  In-person solicitations
  - e  Solicitation of non-government grants
  - f  Solicitation of government grants
  - g  Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
SANKY COMMUNICATIONS INC - 368 9TH AVENUE, SUITE 12-131, STELTER - 10435 NEW YORK AVENUE, DES MOINES, IA 50322	MANGEMENT OF DIRECT MAIL AND ONLINE PROGRAM		X	4,988,805.	185,800.	4,803,005.
	CONSULTING FOR PLANNED GIVING PROGRAM		X	3,052,473.	107,107.	2,945,366.
<b>Total</b>				8,041,278.	292,907.	7,748,371.

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
- AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY



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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts .....				
	2	Less: Contributions .....				
	3	Gross income (line 1 minus line 2) .....				
Direct Expenses	4	Cash prizes .....				
	5	Noncash prizes .....				
	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. Subtract line 10 from line 3, column (d) .....				

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

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

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

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

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name \_\_\_\_\_

Address \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name \_\_\_\_\_

Address \_\_\_\_\_

16 Gaming manager information:

Name \_\_\_\_\_

Gaming manager compensation \$ \_\_\_\_\_

Description of services provided \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

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

(I) NAME OF FUNDRAISER: SANKY COMMUNICATIONS INC

(I) ADDRESS OF FUNDRAISER:

368 9TH AVENUE, SUITE 12-131, NEW YORK, NY 10001



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

**AFRICAN WILDLIFE FOUNDATION, INC.**

Employer identification number

**52-0781390**

**Part I Questions Regarding Compensation**

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

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

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

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

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) KADDU SEBUNYA CHIEF EXECUTIVE OFFICER	(i)	287,757.	0.	91,636.	37,939.	33,655.	450,987.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) RICHARD HOLLY CHIEF FINANCIAL OFFICER	(i)	244,466.	0.	0.	23,391.	18,252.	286,109.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) LINDSAY KOSNIK SR VP, CAMPAIGN/PRINCIPAL INVESTMENT	(i)	225,451.	0.	0.	23,912.	18,742.	268,105.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) CHARLY FACHEUX SR VP, CONSERVATION STRATEGY, IMPACT	(i)	214,650.	0.	6,505.	22,115.	23,132.	266,402.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ERIC COPPENGER CHIEF OF STAFF	(i)	203,225.	0.	0.	20,277.	15,109.	238,611.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) PHILIP MURUTHI VP SPECIES CONSERVATION & SCIENCE	(i)	198,567.	0.	0.	19,857.	6,028.	224,452.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) FREDERICK KUMAH VP GLOBAL LEADERSHIP	(i)	165,804.	0.	6,540.	17,234.	33,206.	222,784.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) ALISTAIR POLE SR DIR PROJECT MGMT/PARTNERSHIP	(i)	168,396.	0.	0.	16,840.	18,481.	203,717.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) ANDREA ATHANAS VP ENTERPRISE/INVESTMENT	(i)	156,500.	0.	0.	15,650.	27,737.	199,887.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) FELIX OTIENO DIRECTOR OF IT	(i)	141,734.	0.	0.	14,173.	14,461.	170,368.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) DAVID WILLIAMS DIRECTOR OF CONSERVATION GEOGRAPHY	(i)	133,223.	0.	0.	12,861.	16,687.	162,771.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) BETH FOSTER SR VP BRAND & PUBLIC ENGAGEMENT	(i)	154,864.	0.	0.	0.	2,560.	157,424.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) CRAIG SHOLLEY SR VP AND SPECIAL ADVISOR	(i)	132,183.	0.	0.	12,391.	8,498.	153,072.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

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

**PART I, LINE 1A:**

AS AN EXPATRIATE IN KENYA, THE CEO RECEIVES EXPATRIATE BENEFITS THAT ARE COMMENSURATE WITH OTHER EXPATRIATE CHIEF EXECUTIVES WITHIN SIMILAR NGOS IN KENYA THAT INCLUDE HOUSING AND EDUCATIONAL ALLOWANCES.

**PART I, LINE 3:**

THE CFO COMPARES DATA FROM PUBLICLY AVAILABLE SOURCES IN ADDITION TO OBTAINING A RECOMMENDATION FROM AN INDEPENDENT PAY CONSULTANT. THE DATA IS PROVIDED TO THE COMPENSATION COMMITTEE, WHICH IS ALSO THE EXECUTIVE COMMITTEE, WHICH ULTIMATELY DECIDES THE CEO'S COMPENSATION.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2022**

Open to Public Inspection

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

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

Department of the Treasury  
Internal Revenue Service

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	96	3,472,893.	AVERAGE OF HIGH/LOW
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** **0**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

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

SCHEDULE M, PART I, COLUMN (B):

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

SCHEDULE M, LINE 32B:

WE HAVE HIRED A SPECIALIZED LAW FIRM TO ASSIST THE ORGANIZATION IN  
MANAGING BEQUESTS. THAT FIRM WOULD BE USED TO ASSIST WITH THE SALE OF  
NON-CASH CONTRIBUTIONS. ADDITIONALLY, THE ORGANIZATION HOLDS BROKERAGE  
ACCOUNTS TO BE ABLE TO RECEIVE AND SELL STOCK GIFTS



**SCHEDULE O  
(Form 990)**

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

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

AFRICAN WILDLIFE FOUNDATION, INC.

Employer identification number

52-0781390

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AN AFRICA WHERE SUSTAINABLE DEVELOPMENT INCLUDES THRIVING WILDLIFE AND  
WILD LANDS AS A CULTURAL AND ECONOMIC ASSET FOR AFRICA'S FUTURE  
GENERATIONS.

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

IN DJA, CAMEROON, WE BOOSTED CONSERVATION-FRIENDLY AGRICULTURE AND  
FOREST HARVESTING. THIS PROJECT REDUCED ILLEGAL HUNTING AND USED  
TRAINING AND EQUIPMENT TO BOLSTER CAPACITY AMONG ECO-GUARDS. DUE TO  
THIS PROGRAM, LOCAL INCOMES INCREASED BY 78%, AND POVERTY WAS REDUCED  
BY 83%.

ADDITIONALLY, IN THE DRC'S MARINGA-LOPORI-WAMBA LANDSCAPE, AWF PROVIDED  
SMALL BUSINESS MICROGRANTS AND TRAINING FOR LOCAL BUSINESS  
ASSOCIATIONS. AS OF JULY 2023, THE PROJECT HAD AWARDED MICRO-GRANTS IN  
SUPPORT OF 90 NEW BUSINESSES, BENEFITING A TOTAL OF 1,890 PEOPLE IN 270  
HOMES.

FISCAL YEAR 2023 SAW STRIDES IN A PILOT PROGRAM TO RESTORE 450 HECTARES  
OF VOLCANOES NATIONAL PARK IN RWANDA. EXERCISING THE GUIDELINES AND  
BEST PRACTICES OF FREE, PRIOR, AND INFORMED CONSENT, AWF ENGAGED 500  
FAMILIES LIVING ON DEGRADED FARMLAND THAT USED TO BE PART OF THE PARK.  
THEY WERE PRESENTED WITH A LAND PURCHASE INITIATIVE THAT WOULD  
COMPENSATE THEM FOR THEIR LAND SO IT COULD BE RESTORED AS GORILLA  
HABITAT AND RELOCATE THEIR FAMILIES TO NEW GREEN TOWNS DESIGNED TO  
PROVIDE BETTER INFRASTRUCTURE AND ECONOMIC OPPORTUNITIES.

IN MKOMAZI, THE TANZANIAN SIDE OF THE TSAVO-MKOMAZI LANDSCAPE THAT

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

Schedule O (Form 990) 2022

232211 10-28-22

Name of the organization AFRICAN WILDLIFE FOUNDATION, INC.	Employer identification number 52-0781390
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CROSSES INTO KENYA, WE INTRODUCED SUNFLOWER FARMING TO MINIMIZE HUMAN-WILDLIFE CONFLICT AND GIVE FARMERS A NEW INCOME STREAM. IN ADDITION, AWF SUPPORTED FISH FARMERS TO REDUCE THE OVEREXPLOITATION OF LAKE JIPE, INSTALLING ONE FISHPOND, OFFERING 1,200 FINGERLINGS AND 28 BAGS OF FEED, AND TRAINING THE FISH FARMERS.

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

WE AMPLIFIED THE AFRICAN CIVIL SOCIETY BIODIVERSITY ALLIANCE (ACBA), THE AFRICAN PROTECTED AREA DIRECTORS (APAD), THE AFRICAN GROUP OF NEGOTIATORS (AGN), AND THE GLOBAL YOUTH BIODIVERSITY NETWORK AFRICA (GYBN) AT GLOBAL MEETINGS OF THE CONVENTION ON BIOLOGICAL DIVERSITY, THE CONVENTION ON INTERNATIONAL TRADE IN ENDANGERED SPECIES OF WILD FAUNA AND FLORA, AND THE UNITED NATIONS FRAMEWORK CONVENTION ON CLIMATE CHANGE.

AWF ASSISTED AFRICAN COUNTRIES IN THE DEVELOPMENT OF THE KUNMING-MONTREAL GLOBAL BIODIVERSITY FRAMEWORK THROUGH SUPPORTING THE AGN. WE HOSTED PREPARATORY MEETINGS IN BOTSWANA AND GABON, ENSURING AFRICAN COUNTRIES ALIGNED POSITIONS AND STRATEGIZED ON HOW BEST TO APPROACH NEGOTIATIONS; WE PROVIDED ENGLISH-FRENCH INTERPRETATION FOR ALL SESSIONS; WE FINANCED THE ONLINE COORDINATION PLATFORM OF THE AGN; AND WE PRESENTED A SCIENCE PAPER ALONGSIDE ACBA THAT PUTS PEOPLE AT THE CENTER OF TARGET 3 OF THE FRAMEWORK. AHEAD OF AND DURING THE UN BIODIVERSITY CONFERENCE, TWO AWF POLICY FELLOWS SUPPORTED THE AGN ADMINISTRATIVELY.

WE CONTRIBUTED FINANCIAL AND TECHNICAL SUPPORT FOR THE ZIMBABWE GOVERNMENT'S DEVELOPMENT OF THE FIRST-EVER ZIMBABWE BIODIVERSITY ECONOMY REPORT, WHICH PROVIDES A FRAMEWORK TO MAINSTREAM THE VALUE OF

Name of the organization AFRICAN WILDLIFE FOUNDATION, INC.	Employer identification number 52-0781390
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NATURE INTO PRIVATE AND PUBLIC SECTOR ECONOMIC DECISION-MAKING.

WE FACILITATED CROSS-BORDER MEETINGS WITH ZIMPARKS IN ZIMBABWE'S MID-ZAMBEZI VALLEY LANDSCAPE TO STRENGTHEN COLLABORATION BETWEEN ZIMBABWE AND ZAMBIA LAW ENFORCEMENT AGENTS. SIMILARLY, WE CONTINUED TO STRENGTHEN CROSS-BORDER WILDLIFE SECURITY COLLABORATION BETWEEN KENYA AND TANZANIA, INCLUDING PLANNING FOR CONCURRENT OPERATIONS IN EVERY ECOSYSTEM ALONG THE KENYA-TANZANIA INTERNATIONAL BORDER.

IN TANZANIA, WE COMPLETED THE RELOCATION AND CONSTRUCTION OF MANYARA RANCH SCHOOL AND HANDED MANAGEMENT OF IT OVER TO THE LOCAL GOVERNMENT THROUGH THE MONDULI DISTRICT COUNCIL. AROUND 1,050 STUDENTS ATTEND THE SCHOOL, WHICH WAS PREVIOUSLY LOCATED IN AN IMPORTANT WILDLIFE CORRIDOR.

ADDITIONALLY, WE MADE INVESTMENTS IN TRAINING AFRICAN CONSERVATION FILMMAKERS AND JOURNALISTS THROUGH AWF'S AFRICAN CONSERVATION VOICES PROGRAM. THIS INCLUDED BRINGING 17 YOUNG FILMMAKERS TO A MAJOR GLOBAL NATURAL HISTORY FILMMAKING CONFERENCE TO NETWORK AND PREMIERE CONSERVATION FILMS SHOT WITH AWF SUPPORT. WE ALSO RAN DIGITAL CLASSES FOR JOURNALISTS IN EASTERN AFRICA, SOUTHERN AFRICA, WEST AFRICA, AND CENTRAL AFRICA ON TOPICS SUCH AS FEATURE WRITING, PITCHING, STORYTELLING, INVESTIGATIVE JOURNALISM IN THE DIGITAL AGE, FACT-CHECKING, AND EFFECTIVE SOCIAL MEDIA WRITING.

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

SNIFFER DOG UNITS WERE DEPLOYED BY GOVERNMENT HANDLERS IN SIX AIRPORTS AND TWO PORTS, SEARCHING 18,429 FLIGHTS, 1,925,587 PIECES OF CARGO, AND 9,281,393 PIECES OF LUGGAGE. TRACKING DOGS WERE USED BY AUTHORITIES IN FOUR PROTECTED AREAS.

Name of the organization AFRICAN WILDLIFE FOUNDATION, INC.	Employer identification number 52-0781390
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IN THE DRC'S MARINGA-LOPORI-WAMBA LANDSCAPE, AWF TRAINED AND EQUIPPED RANGERS TO MANAGE THE PROTECTED AREA. AS A RESULT OF THIS WORK AND OUR COMMUNITY APPROACH MENTIONED ABOVE, POACHING HAS STOPPED AMONG LOCAL COMMUNITY MEMBERS, RANGE FOR ELEPHANTS AND BONOBOS HAS INCREASED, HUMAN-WILDLIFE CONFLICT INCIDENTS HAVE REDUCED, AND FOREST ELEPHANT NUMBERS IN THE LANDSCAPE ARE IMPROVING.

ACROSS ALL OF THE 17 LANDSCAPES WHERE AWF WORKED, WE ACTIVELY MEASURED 26 WILDLIFE POPULATIONS TO DETERMINE IF THEY WERE STABLE, INCREASING, OR DECREASING AND ANALYZED FIELD AND GIS DATA TO DETERMINE THE CAUSES. THIS INCLUDES TEN ELEPHANT POPULATIONS, SIX LARGE CARNIVORE POPULATIONS, FIVE RHINO POPULATIONS, FOUR GREAT APE POPULATIONS, AND TWO GIRAFFE POPULATIONS.

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

CAMEROON, CANADA, CONGO, DEM REP, ETHIOPIA,  
KENYA, NIGER, RWANDA, TANZANIA,  
UGANDA, UNITED KINGDOM

FORM 990, PART VI, SECTION A, LINE 1A:

THERE SHALL BE AN EXECUTIVE COMMITTEE CONSISTING OF THE CHAIR, THE VICE-CHAIR, THE CHIEF EXECUTIVE OFFICER, THE SECRETARY, THE TREASURER, AND THE CHAIRS OF THE STANDING COMMITTEES. IN THE INTERVALS BETWEEN MEETINGS OF THE BOARD, THE EXECUTIVE COMMITTEE SHALL MANAGE AND CONTROL THE PROPERTY, BUSINESS AND AFFAIRS OF THE FOUNDATION AND EXERCISE ALL THE POWERS OF THE BOARD TO THE EXTENT NOT CONTRARY TO LAW OR TO THE PROVISIONS OF THESE BYLAWS. THE CHAIR OF THE BOARD SHALL BE THE CHAIR OF THE EXECUTIVE COMMITTEE AND SHALL REPORT ON THE ACTIVITIES OF THE EXECUTIVE COMMITTEE AT EACH REGULAR MEETING OF THE BOARD. THE COMMITTEE SHALL ALSO MEET AT THE

Name of the organization AFRICAN WILDLIFE FOUNDATION, INC.	Employer identification number 52-0781390
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CALL OF THE CHAIR OR UPON THE WRITTEN REQUEST OF THREE MEMBERS OF THE COMMITTEE DELIVERED TO THE SECRETARY. FIVE MEMBERS OF THE COMMITTEE SHALL CONSTITUTE A QUORUM.

FORM 990, PART VI, SECTION A, LINE 2:

STEPHEN GOLDEN AND LYNN G. DOLNICK HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 4:

BY-LAWS WERE CHANGED IN JUNE 2023 TO AMEND THE CLAUSE RELATED TO LIABILITY TO BE IN LINE WITH DC LAW.

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

THE 990 IS SHARED WITH THE AUDIT COMMITTEE, WHO SUBSEQUENTLY SHARES A COPY WITH THE FULL BOARD OF TRUSTEES.

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

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

ALL STAFF MEMBERS ARE REQUIRED TO SIGN A CONFLICT OF INTEREST POLICY UPON HIRING AND WITH EACH NEW CONTRACT AMENDMENT. STAFF CONCERNS REGARDING CONFLICTS OF INTEREST ARE BROUGHT TO THE HUMAN RESOURCES AND CULTURE DEPARTMENT FOR REVIEW BY THE CFO AND OTHER MEMBERS OF THE EXECUTIVE LEADERSHIP TEAM WHEN REQUIRED.

Name of the organization

AFRICAN WILDLIFE FOUNDATION, INC.

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STAFF THAT REVIEW AND ENTER INTO PURCHASE CONTRACTS ARE TRAINED TO QUESTION POTENTIAL CONFLICTS OF INTEREST. LOCAL FINANCE OFFICERS REVIEW TRANSACTIONS UP TO \$1,000. ADDITIONAL SCRUTINY IS GIVEN TO LARGER CONTRACTS BY THE DIRECTOR OF ADMINISTRATION AND FACILITIES. ANY POTENTIAL CONFLICTS OF INTEREST ARE FORWARDED TO THE CFO AND/OR THE CEO FOR REVIEW.

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

THE CFO GATHERS DATA FROM PUBLICLY AVAILABLE SOURCES TO COMPARE COMPENSATION OF SIMILAR ORGANIZATIONS, GROUPED BY SIZE. ADDITIONALLY, AN OUTSIDE FIRM CONDUCTS AN INDEPENDENT REVIEW TO SHOW PAY RANGES FOR THE TOP EXECUTIVE OF SIMILAR FIRMS AND MAKES A RECOMMENDATION. THE DATA IS PROVIDED TO THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES, WHICH ULTIMATELY DECIDES THE LEVEL OF THE CEO'S COMPENSATION.

INFORMAL SALARY REVIEWS FOR OFFICERS AND KEY EMPLOYEES ARE PERFORMED ANNUALLY BY THE HUMAN RESOURCES DEPARTMENT WITH OVERSIGHT BY THE CFO. FORMALIZED SALARY SURVEYS BY AN OUTSIDE FIRM ARE CONDUCTED EVERY 3-5 YEARS FOR OFFICERS, KEY EMPLOYEES AND HIGHLY COMPENSATED EMPLOYEES. FOR ALL OFFICERS AND KEY STAFF LOCATED WITHIN THE UNITED STATES, INFORMATION FROM COMPARABLE ORGANIZATIONS IS COLLECTED THROUGH PUBLICLY AVAILABLE FEDERAL FORM 990S. FOR KEY EMPLOYEES LOCATED OUTSIDE THE UNITED STATES, COMPENSATION STUDIES ARE OBTAINED AS NECESSARY TO PROVIDE COMPARABLE DATA. RECOMMENDATIONS ARE MADE BY THE CFO TO THE CEO WHO ULTIMATELY MAKES COMPENSATION DECISIONS.

THE PROCESS DESCRIBED HERE WAS LAST COMPLETED IN 2023.

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

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

Name of the organization AFRICAN WILDLIFE FOUNDATION, INC.	Employer identification number 52-0781390
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UT, VA, WV, WI, MO

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

AWF'S FEDERAL FORM 990 AND ANNUAL REPORT ARE AVAILABLE UPON REQUEST AND ARE PUBLISHED ON AWF'S WEBSITE.

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

UNREALIZED GAIN/LOSS ON TRUST & ANNUITIES	-15,252.
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**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
Attach to Form 990.

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

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
AWF UNITED KINGDOM 35 BERKELEY SQUARE, MAYFAIR LONDON, UNITED KINGDOM W1J 5BF	WILDLIFE CONSERVATION	UNITED KINGDOM	501(C)(3)	LINE 7	AFRICAN WILDLIFE FOUNDATION, INC.	<input checked="" type="checkbox"/>	
AWF SWITZERLAND RUE MAUVERNEY 28 GLAND, SWITZERLAND 1196	WILDLIFE CONSERVATION	SWITZERLAND	501(C)(3)	LINE 7	AFRICAN WILDLIFE FOUNDATION, INC.	<input checked="" type="checkbox"/>	
AWF CANADA 18 KIND STREET EAST, STE 1400 TORONTO, CANADA M5C 1C4	WILDLIFE CONSERVATION	CANADA	501(C)(3)	LINE 7	AFRICAN WILDLIFE FOUNDATION, INC.	<input checked="" type="checkbox"/>	

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

Schedule R (Form 990) 2022





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

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

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

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				



