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Form 990
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
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Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2015
Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 07-01-2015, and ending 06-30-2016

B Check if applicable
Address change
Name change
Initial return
Final return/terminated
Amended return
Application pending

C Name of organization
AFRICAN WILDLIFE FOUNDATION INC
Doing business as
Number and street (or P O box if mail is not delivered to street address) Room/suite
1400 16TH STREET NW NO 120
City or town, state or province, country, and ZIP or foreign postal code
WASHINGTON, DC 20036

D Employer identification number
52-0781390
E Telephone number
(202) 939-3333
G Gross receipts \$ 54,697,344

F Name and address of principal officer
PATRICK BERGIN
1400 16TH STREET NW NO 120
WASHINGTON, DC 20036

H(a) Is this a group return for subordinates?
No
H(b) Are all subordinates included?
If "No," attach a list (see instructions)

I Tax-exempt status
501(c)(3)
J Website: WWW.AWF.ORG

K Form of organization
Corporation
L Year of formation 1961
M State of legal domicile DC

Part I Summary

Table with 3 main sections: Activities & Governance, Revenue, and Expenses. Includes rows for mission statement, number of members, revenue breakdown, and expenses.

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.

Sign Here: Signature of officer (TYRENE HARALSON), Date (2017-02-07).
Paid Preparer Use Only: Preparer's name (FRANK H SMITH), Date (2017-02-07), Firm's name (RAFFA PC), Firm's address (1899 L STREET NW SUITE 850, WASHINGTON, DC 20036).

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

THE AFRICAN WILDLIFE FOUNDATION, INC (AWF), TOGETHER WITH THE PEOPLE OF AFRICA, WORKS TO ENSURE THE WILDLIFE AND WILD LANDS OF AFRICA WILL ENDURE FOREVER

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 20,787,217 including grants of \$ 6,155,211) (Revenue \$ 107,070) CONSERVATION PROGRAMS AWF PLAYS A MAJOR ROLE IN ENSURING THE CONTINUED EXISTENCE OF SOME OF AFRICA'S MOST ICONIC SPECIES SUCH AS ELEPHANTS, RHINOCEROS, LIONS, AND GREAT APES AWF HAS ADDRESSED THE CONSERVATION OF THESE SPECIES--AND THE LARGE LANDSCAPES THAT SUPPORT THEM AND THAT PROVIDE SIGNIFICANT ECOSYSTEM SERVICES FOR COUNTRIES--IN LARGE PART BY ADDRESSING THE INTERSECTION OF WILDLIFE AND HUMAN DEVELOPMENT AWF APPLIES THE LATEST CONSERVATION AND ECOLOGICAL RESEARCH TO FIND PRAGMATIC SOLUTIONS TO ENABLE RURAL COMMUNITIES AND AFRICAN GOVERNMENTS ALIKE TO SUPPORT THE PROTECTION OF WILDLIFE AND WILD LANDS (SEE SCHEDULE O FOR CONTINUATION)

4b (Code) (Expenses \$ 2,895,392 including grants of \$ 275,129) (Revenue \$ 159,558) EDUCATION AND OUTREACH AWF WAS FOUNDED ON THE BELIEF THAT CONSERVATION EFFORTS MUST ULTIMATELY REST IN THE HANDS OF THE PEOPLE OF AFRICA WHO, WITH EDUCATIONAL SUPPORT, WILL CONSTRUCT A VIABLE PLATFORM TO CONSERVE THE CONTINENT'S WILDLIFE HERITAGE OVER THE PAST DECADES, AWF HAS SPONSORED HUNDREDS OF YOUNG AFRICAN CONSERVATIONISTS TO STUDY WILDLIFE MANAGEMENT AND TO ACQUIRE HIGHER DEGREES IN CONSERVATION-RELATED FIELDS BEYOND FORMAL EDUCATION, AWF WORKS TO TRAIN LOCAL PEOPLE AND BUILD THE CAPACITY OF AFRICAN INSTITUTIONS TO PROTECT AND MANAGE WILDLIFE (SEE SCHEDULE O FOR CONTINUATION)

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

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

4e Total program service expenses 23,682,609

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

| | | | | |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----|----|
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | 21 | | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | 22 | | No |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | 23 | Yes | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | 24a | | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. 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> | 25a | | No |
| 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> | 25b | | No |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> | 26 | | No |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | 27 | | No |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| a | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28a | | No |
| b | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28b | | No |
| c | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | 28c | | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | 29 | Yes | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | 31 | | No |
| 32 | 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> | 32 | | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | 33 | | No |
| 34 | 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> | 34 | Yes | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | Yes | |
| 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> | 35b | Yes | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 36 | | No |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | 37 | | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | Yes | |

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 [X]

Table with columns for line numbers (1a-14b), descriptions of questions, and Yes/No response columns. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and health insurance issuers.

Part VI Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in 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 |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1a | Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O | | |
| 1b | Enter the number of voting members included in line 1a, above, who are independent | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | | No |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | Yes | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | No |
| 6 | Did the organization have members or stockholders? | | No |
| 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? | | No |
| 7b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | No |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | |
| 8a | The governing body? | Yes | |
| 8b | Each committee with authority to act on behalf of the governing body? | Yes | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | No |

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

| | | Yes | No |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 10a | Did the organization have local chapters, branches, or affiliates? | | No |
| 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? | Yes | |
| 11b | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | Yes | |
| 12b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | Yes | |
| 12c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | Yes | |
| 13 | Did the organization have a written whistleblower policy? | Yes | |
| 14 | Did the organization have a written document retention and destruction policy? | Yes | |
| 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? | | |
| 15a | The organization's CEO, Executive Director, or top management official | Yes | |
| 15b | Other officers or key employees of the organization | Yes | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | | No |
| 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 | AK, AL, AR, AZ, CA, CO, CT, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NH, NJ, NM, NY, NC, ND, OH, OR, OK, PA, RI, SC, TN, UT, VA, WA, WV, WI |
| 18 | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O) | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 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 ▶ JEFF CHRISFIELD 1400 16TH STREET NW SUITE 120 WASHINGTON, DC 200362249 (202) 939-3333 | |

Part VIII Statement of Revenue

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

| | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 | |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|----------------------------------------------------|-----------------------------------------|---------------------------------------------------------------------|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns 1a _____ | | | | | |
| | b Membership dues 1b _____ | | | | | |
| | c Fundraising events 1c _____ | | | | | |
| | d Related organizations 1d _____ | | | | | |
| | e Government grants (contributions) 1e _____ 12,259,679 | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above 1f _____ 12,077,890 | | | | | |
| | g Noncash contributions included in lines 1a-1f \$ _____ 555,454 | | | | | |
| | h Total. Add lines 1a-1f ▶ | 24,337,569 | | | | |
| Program Service Revenue | 2a SAFARI INCOME _____ Business Code 900099 159,558 159,558 | | | | | |
| | b OTHER PROGRAM INCOME _____ Business Code 900099 93,787 93,787 | | | | | |
| | c _____ | | | | | |
| | d _____ | | | | | |
| | e _____ | | | | | |
| | f All other program service revenue | | | | | |
| | g Total. Add lines 2a-2f ▶ | 253,345 | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) ▶ | 640,424 | 13,283 | | 627,141 | |
| | 4 Income from investment of tax-exempt bond proceeds ▶ | | | | | |
| | 5 Royalties ▶ | 279,704 | | | 279,704 | |
| | 6a Gross rents | (i) Real | | | | |
| | | (ii) Personal | | | | |
| | | b Less rental expenses | | | | |
| | | c Rental income or (loss) | | | | |
| | d Net rental income or (loss) ▶ | | | | | |
| | 7a Gross amount from sales of assets other than inventory | (i) Securities | 29,170,321 | | | |
| | | (ii) Other | | | | |
| | | b Less cost or other basis and sales expenses | 28,259,647 | | | |
| | | c Gain or (loss) | 910,674 | | | |
| | d Net gain or (loss) ▶ | 910,674 | | | 910,674 | |
| | 8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a | | | | | |
| | | b Less direct expenses b | | | | |
| | | c Net income or (loss) from fundraising events ▶ | | | | |
| | 9a Gross income from gaming activities See Part IV, line 19 a | | | | | |
| | | b Less direct expenses b | | | | |
| c Net income or (loss) from gaming activities ▶ | | | | | | |
| 10a Gross sales of inventory, less returns and allowances a | | | | | | |
| | b Less cost of goods sold b | | | | | |
| | c Net income or (loss) from sales of inventory ▶ | | | | | |
| Miscellaneous Revenue | Business Code | | | | | |
| 11a MAILING LIST RENTAL _____ Business Code 900099 18,053 18,053 | | | | | | |
| b AMORTIZATION DISCOUNT _____ Business Code 900099 -2,072 -2,072 | | | | | | |
| c _____ | | | | | | |
| d All other revenue | | | | | | |
| e Total. Add lines 11a-11d ▶ | 15,981 | | | | | |
| 12 Total revenue. See Instructions ▶ | 26,437,697 | 266,628 | 0 | 1,833,500 | | |

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 | 6,430,340 | 6,430,340 | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 2,063,484 | 1,765,694 | 189,324 | 108,466 |
| 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 | 4,808,977 | 3,819,651 | 215,978 | 773,348 |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 438,121 | 343,913 | 20,172 | 74,036 |
| 9 | Other employee benefits | 1,939,888 | 1,512,532 | 119,206 | 308,150 |
| 10 | Payroll taxes | 327,419 | 264,996 | 18,842 | 43,581 |
| 11 | Fees for services (non-employees) | | | | |
| a | Management | | | | |
| b | Legal | 50,566 | 36,721 | 13,365 | 480 |
| c | Accounting | 146,593 | 60,763 | 85,830 | |
| d | Lobbying | | | | |
| e | Professional fundraising services. See Part IV, line 17 | 907,096 | | | 907,096 |
| f | Investment management fees | 39,648 | | 39,648 | |
| g | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 1,886,463 | 1,864,642 | 21,821 | |
| 12 | Advertising and promotion | 21,561 | 17,741 | 1,170 | 2,650 |
| 13 | Office expenses | 973,886 | 770,061 | 143,903 | 59,922 |
| 14 | Information technology | 757,164 | 637,869 | 45,057 | 74,238 |
| 15 | Royalties | | | | |
| 16 | Occupancy | 591,545 | 305,470 | 286,075 | |
| 17 | Travel | 1,246,701 | 1,104,837 | 5,064 | 136,800 |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 1,665,879 | 1,647,892 | 5,002 | 12,985 |
| 20 | Interest | 38,947 | 32,723 | | 6,224 |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 376,522 | 276,634 | 94,291 | 5,597 |
| 23 | Insurance | 18,653 | 10,584 | 8,069 | |
| 24 | Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) | | | | |
| a | DIRECT MAILING COSTS | 921,922 | 720,681 | 0 | 201,241 |
| b | FIELD EQUIPMENT | 659,419 | 655,641 | 3,577 | 201 |
| c | CONSTRUCTION | 554,584 | 554,584 | | |
| d | VEHICLE OPERATIONS | 367,966 | 366,557 | 1,164 | 245 |
| e | All other expenses | 278,647 | 482,083 | -342,985 | 139,549 |
| 25 | Total functional expenses. Add lines 1 through 24e | 27,511,991 | 23,682,609 | 974,573 | 2,854,809 |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) | 1,625,296 | 383,708 | 0 | 1,241,588 |

Part X Balance Sheet

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

| | | (A) | | (B) |
|--------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------|----------------------|
| | | Beginning of year | | End of year |
| Assets | 1 Cash—non-interest-bearing | 1,428,422 | 1 | 677,199 |
| | 2 Savings and temporary cash investments | 1,389,686 | 2 | 3,261,339 |
| | 3 Pledges and grants receivable, net | 11,810,802 | 3 | 8,235,846 |
| | 4 Accounts receivable, net | 247,610 | 4 | 312,561 |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L | | 6 | |
| | 7 Notes and loans receivable, net | 959,950 | 7 | 914,351 |
| | 8 Inventories for sale or use | 164,828 | 8 | 0 |
| | 9 Prepaid expenses and deferred charges | 365,425 | 9 | 1,149,434 |
| | 10a Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D | 10a 6,051,240 | | |
| | b Less accumulated depreciation | 10b 2,527,917 | 3,857,916 | 10c 3,523,323 |
| | 11 Investments—publicly traded securities | 26,244,785 | 11 | 25,714,771 |
| | 12 Investments—other securities. See Part IV, line 11 | -1,161,157 | 12 | -1,028,201 |
| | 13 Investments—program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | 1,044,895 | 15 | 780,284 |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 46,353,162 | 16 | 43,540,907 | |
| Liabilities | 17 Accounts payable and accrued expenses | 1,933,141 | 17 | 2,071,107 |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 1,549,686 | 19 | 972,026 |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | 166,250 | 23 | 171,611 |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | 0 |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 389,041 | 25 | 320,746 |
| | 26 Total liabilities. Add lines 17 through 25 | 4,038,118 | 26 | 3,535,490 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 27,851,685 | 27 | 27,938,615 |
| | 28 Temporarily restricted net assets | 11,351,044 | 28 | 8,954,487 |
| | 29 Permanently restricted net assets | 3,112,315 | 29 | 3,112,315 |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| 33 Total net assets or fund balances | 42,315,044 | 33 | 40,005,417 | |
| 34 Total liabilities and net assets/fund balances | 46,353,162 | 34 | 43,540,907 | |

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 | 26,437,697 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 27,511,991 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | -1,074,294 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 42,315,044 |
| 5 | Net unrealized gains (losses) on investments | 5 | -1,235,333 |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 0 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 40,005,417 |

Part XII Financial Statements and Reporting

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

| | | Yes | No |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 | Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | No |
| 2b | Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | Yes | |
| 2c | 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 in Schedule O | Yes | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | Yes | |
| 3b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | Yes | |

Additional Data

Software ID:
Software Version:
EIN: 52-0781390
Name: AFRICAN WILDLIFE FOUNDATION INC

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|-----------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|-----------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| MR DAVID THOMSON CHAIRMAN | 4 00 | X | | X | | | | 0 | 0 | 0 |
| HE BENJAMIN W MKAPA VICE-CHAIRMAN | 2 00 | X | | X | | | | 0 | 0 | 0 |
| DR MYMA BELO-OSAGIE SECRETARY | 2 00 | X | | X | | | | 0 | 0 | 0 |
| MS MARLEEN GROEN TREASURER | 3 00 | X | | X | | | | 0 | 0 | 0 |
| MR GORDON CHENG TRUSTEE | 2 00 | X | | | | | | 0 | 0 | 0 |
| MR PAYSON COLEMAN TRUSTEE | 3 00 | X | | | | | | 0 | 0 | 0 |
| MS LYNN DOLNICK TRUSTEE | 3 00 | X | | | | | | 0 | 0 | 0 |
| MR GREGORY EDWARDS TRUSTEE | 2 00 | X | | | | | | 0 | 0 | 0 |
| DR HELEN GICHOHI TRUSTEE | 1 00 | X | | | | | | 0 | 0 | 0 |
| MR STEPHEN GOLDEN TRUSTEE | 1 00 | X | | | | | | 0 | 0 | 0 |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|-----------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| MR LARRY GREEN TRUSTEE | 1 00 | X | | | | | | 0 | 0 | 0 |
| MS HEATHER STURT HAAGA TRUSTEE | 3 00 | X | | | | | | 0 | 0 | 0 |
| MR BARRY HALL TRUSTEE | 1 00 | X | | | | | | 0 | 0 | 0 |
| MS CHRISTINE HEMRICK TRUSTEE | 4 00 | X | | | | | | 0 | 0 | 0 |
| MR WILLIAM E JAMES TRUSTEE | 1 00 | X | | | | | | 0 | 0 | 0 |
| MS ADRIAN JAY TRUSTEE | 2 00 | X | | | | | | 0 | 0 | 0 |
| DR STEPHEN JUELGAARD TRUSTEE | 1 00 | X | | | | | | 0 | 0 | 0 |
| MR DONALD KABERUKA TRUSTEE | 1 00 | X | | | | | | 0 | 0 | 0 |
| MR RAHIM KHAN TRUSTEE | 1 00 | X | | | | | | 0 | 0 | 0 |
| MR ROBERT KING TRUSTEE | 3 00 | X | | | | | | 0 | 0 | 0 |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|-------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|-----------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| MS SHANA LAURSEN TRUSTEE - UNTIL 10/2015 | 2 00 | X | | | | | | 0 | 0 | 0 |
| MR CHRISTOPHER LEE TRUSTEE | 3 00 | X | | | | | | 0 | 0 | 0 |
| MS VICTORIA LESLIE TRUSTEE | 1 00 | X | | | | | | 0 | 0 | 0 |
| HE FESTUS G MOGAE TRUSTEE | 2 00 | X | | | | | | 0 | 0 | 0 |
| HE RAZAN AL MUBARAK TRUSTEE | 1 00 | X | | | | | | 0 | 0 | 0 |
| MR STUART L SCOTT TRUSTEE | 3 00 | X | | | | | | 0 | 0 | 0 |
| MS AGGIE SKIRBALL TRUSTEE - UNTIL 10/2015 | 1 00 | X | | | | | | 0 | 0 | 0 |
| MS VERONICA VAREKOVA TRUSTEE | 1 00 | X | | | | | | 0 | 0 | 0 |
| MR WARREN WALKER TRUSTEE | 1 00 | X | | | | | | 0 | 0 | 0 |
| MR CHARLES R WALL TRUSTEE | 2 00 | X | | | | | | 0 | 0 | 0 |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|-----------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| MS MARIA WILHELM TRUSTEE | 3 00 | X | | | | | | 0 | 0 | 0 |
| PATRICK BERGIN CHIEF EXECUTIVE OFFICER | 40 00 | X | | X | | | | 305,880 | 0 | 62,383 |
| JEFF CHRISFIELD CHIEF OPERATING OFFICER | 40 00 | | | X | | | | 206,707 | 0 | 34,881 |
| CRAIG SHOLLEY SENIOR VICE PRESIDENT, PHILANTHROPY AND MARKETING | 40 00 | | | X | | | | 180,611 | 0 | 28,853 |
| KATHLEEN FITZGERALD VICE PRESIDENT, LAND PROTECTION | 40 00 | | | X | | | | 171,820 | 0 | 46,738 |
| DAUDI SUMBA VP, PROGRAM DESIGN & KNOWLEDGE MGMT | 40 00 | | | X | | | | 171,370 | 0 | 22,186 |
| TYRENE HARALSON VP OF FINANCE AND ADMINISTRATION | 40 00 | | | X | | | | 154,050 | 0 | 29,902 |
| CHARLY FACHEUX VP OF CONSERVATION PROJECTS | 40 00 | | | X | | | | 145,125 | 0 | 38,815 |
| KADDU SEBUNYA PRESIDENT | 40 00 | | | X | | | | 137,357 | 0 | 129,118 |
| PHILIP MURUTHI VP OF SPECIES CONSERVATION | 40 00 | | | X | | | | 127,190 | 0 | 16,970 |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|-----------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| | | Individual trustee or director | Instructional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| STEPHEN HAM SENIOR DIRECTOR, PHILANTHROPY | 40 00 | | | | | X | | 123,485 | 0 | 21,345 |
| BRIAN MCBREARITY MANAGING DIRECTOR, CLASSROOM AFRICA | 40 00 | | | | | X | | 111,546 | 0 | 26,186 |
| KURT REDENBO DIRECTOR, CORPORATE AND FOUNDATION | 40 00 | | | | | X | | 110,694 | 0 | 29,338 |
| JOHN BUTLER DIRECTOR, MARKETING AND MEMBERSHIP | 40 00 | | | | | X | | 109,045 | 0 | 23,676 |

SCHEDULE A (Form 990 or 990EZ)

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.

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

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization AFRICAN WILDLIFE FOUNDATION INC

Employer identification number

52-0781390

Part I 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 11, 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).
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).
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).
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).
8 A community trust described in section 170(b)(1)(A)(vi).
9 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...
10 An organization organized and operated exclusively to test for public safety.
11 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...
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
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).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row.

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)2011 | (b)2012 | (c)2013 | (d)2014 | (e)2015 | (f)Total |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|------------|------------|------------|-------------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants.) | 19,132,189 | 21,999,183 | 26,722,612 | 31,585,502 | 24,337,569 | 123,777,055 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 19,132,189 | 21,999,183 | 26,722,612 | 31,585,502 | 24,337,569 | 123,777,055 |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | 10,407,833 |
| 6 Public support. Subtract line 5 from line 4 | | | | | | 113,369,222 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a)2011 | (b)2012 | (c)2013 | (d)2014 | (e)2015 | (f)Total |
|-----------------------------------------------------------------------------------------------------------------------------------------|------------|------------|------------|------------|------------|-------------|
| 7 Amounts from line 4 | 19,132,189 | 21,999,183 | 26,722,612 | 31,585,502 | 24,337,569 | 123,777,055 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 865,510 | 851,922 | 905,558 | 1,050,414 | 938,181 | 4,611,585 |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 11,618 | 20,675 | 20,799 | 29,875 | -2,072 | 80,895 |
| 11 Total support. Add lines 7 through 10 | | | | | | 128,469,535 |

12 Gross receipts from related activities, etc. (see instructions) **12** 2,098,323

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) **14** 88.250%

15 Public support percentage for 2014 Schedule A, Part II, line 14 **15** 89.520%

16a 33 1/3% support test—2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2014. 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 **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2015. 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 **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2014. 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 **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a)2011 | (b)2012 | (c)2013 | (d)2014 | (e)2015 | (f)Total |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------|---------|---------|---------|----------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a)2011 | (b)2012 | (c)2013 | (d)2014 | (e)2015 | (f)Total |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------|---------|---------|---------|---------|----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

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

Section C. Computation of Public Support Percentage

| | | |
|--------------------------------------------------------------------------------------------------|-----------|--|
| 15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) | 15 | |
| 16 Public support percentage from 2014 Schedule A, Part III, line 15 | 16 | |

Section D. Computation of Investment Income Percentage

| | | |
|--------------------------------------------------------------------------------------------------------------|-----------|--|
| 17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) | 17 | |
| 18 Investment income percentage from 2014 Schedule A, Part III, line 17 | 18 | |

19a 33 1/3% support tests—2015. 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—2014. 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 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

| | Yes | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 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> | | |
| 2 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> | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i> | | |
| b 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> | | |
| c 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> | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i> | | |
| 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> | | |
| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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> | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> | | |
| b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) 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> | | |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part II of Schedule L (Form 990).</i> | | |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i> | | |
| b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| c Did a disqualified person (as defined in line 9(a)) 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> | | |
| 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer b below.</i> | | |
| 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> | | |
| 11 Has the organization accepted a gift or contribution from any of the following persons? | | |
| a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | | |
| b A family member of a person described in (a) above? | | |
| c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i> | | |

Part IV Supporting Organizations (continued)**Section B. Type I Supporting Organizations**

- 1** Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2** 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? 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.

| | Yes | No |
|----------|-----|----|
| 1 | | |
| 2 | | |

Section C. Type II Supporting Organizations

- 1** 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)? 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).

| | Yes | No |
|----------|-----|----|
| 1 | | |

Section D. All Type III Supporting Organizations

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

| | Yes | No |
|----------|-----|----|
| 1 | | |
| 2 | | |
| 3 | | |

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**):
- a** The organization satisfied the Activities Test. Complete **line 2** below.
- b** The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2** **Activities Test. Answer (a) and (b) below.**

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3** **Parent of Supported Organizations. Answer (a) and (b) below.**
- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

| | Yes | No |
|-----------|-----|----|
| 2a | | |
| 2b | | |
| 3a | | |
| 3b | | |

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 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income

- 1** Net short-term capital gain
- 2** Recoveries of prior-year distributions
- 3** Other gross income (see instructions)
- 4** Add lines 1 through 3
- 5** Depreciation and depletion
- 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)
- 7** Other expenses (see instructions)
- 8** **Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)

| | (A) Prior Year | (B) Current Year (optional) |
|----------|----------------|-----------------------------|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |
| 7 | | |
| 8 | | |

Section B - Minimum Asset Amount

- 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
- b** Average monthly cash balances
- c** Fair market value of other non-exempt-use assets
- d** **Total** (add lines 1a, 1b, and 1c)
- e** **Discount** claimed for blockage or other factors (explain in detail in Part VI) _____
- 2** Acquisition indebtedness applicable to non-exempt use assets
- 3** Subtract line 2 from line 1d
- 4** Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)
- 5** Net value of non-exempt-use assets (subtract line 4 from line 3)
- 6** Multiply line 5 by 0.35
- 7** Recoveries of prior-year distributions
- 8** **Minimum Asset Amount** (add line 7 to line 6)

| | (A) Prior Year | (B) Current Year (optional) |
|-----------|----------------|-----------------------------|
| 1 | | |
| 1a | | |
| 1b | | |
| 1c | | |
| 1d | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |
| 7 | | |
| 8 | | |

Section C - Distributable Amount

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

| | | Current Year |
|----------|--|--------------|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |

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 | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI) See instructions | |
| 7 Total annual distributions. Add lines 1 through 6 | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions | |
| 9 Distributable amount for 2015 from Section C, line 6 | |
| 10 Line 8 amount divided by Line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2015 | (iii) Distributable Amount for 2015 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------------|----------------------------------------------------|
| 1 Distributable amount for 2015 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions) | | | |
| 3 Excess distributions carryover, if any, to 2015 | | | |
| a | | | |
| b | | | |
| c | | | |
| d From 2013. _____ | | | |
| e From 2014. _____ | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2015 distributable amount | | | |
| i Carryover from 2010 not applied (see instructions) | | | |
| j Remainder Subtract lines 3g, 3h, and 3i from 3f | | | |
| 4 Distributions for 2015 from Section D, line 7 | | | |
| \$ _____ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2015 distributable amount | | | |
| c Remainder Subtract lines 4a and 4b from 4 | | | |
| 5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) | | | |
| 6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions) | | | |
| 7 Excess distributions carryover to 2016. Add lines 3j and 4c | | | |
| 8 Breakdown of line 7 | | | |
| a | | | |
| b | | | |
| c Excess from 2013. _____ | | | |
| d From 2014. _____ | | | |
| e From 2015. _____ | | | |

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).

| |
|-------------------------------------|
| Facts And Circumstances Test |
|-------------------------------------|

| Return Reference | Explanation |
|-----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME | OTHER INCOME - 2011 AMOUNT \$ 11,618 2013 AMOUNT \$ 4,129 2014 AMOUNT \$ 10,000 AFRICA REV HOLDINGS - 2012 AMOUNT \$ 1,675 MERCHANDISE SALES - 2012 AMOUNT \$ 19,000 2013 AMOUNT \$ 2,710 INSURANCE SETTLEMENT CLAIM - 2013 AMOUNT \$ 13,960 AMORTIZATION DISCOUNT - 2014 AMOUNT \$ 19,875 2015 AMOUNT \$ -2,072 |

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047
2015
Open to Public Inspection

▶ 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.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
AFRICAN WILDLIFE FOUNDATION INC

Employer identification number
52-0781390

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

| | Held at the End of the Year |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| a Total number of conservation easements | |
| b Total acreage restricted by conservation easements | |
| c Number of conservation easements on a certified historic structure included in (a) | |
| d Number of conservation easements included in (c) acquired after 8/17/06, 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.

1a If the organization elected, as permitted under SFAS 116 (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 SFAS 116 (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 SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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 are a 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 programs
 - 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 in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to 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 | 26,879,150 | 26,614,112 | 22,168,845 | 19,788,812 | 15,239,993 |
| b Contributions | 963,411 | 4,756,044 | 2,818,826 | 1,382,884 | 4,569,518 |
| c Net investment earnings, gains, and losses | 313,550 | -1,523,554 | 2,754,271 | 1,179,053 | 424,401 |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 2,702,558 | 2,967,452 | 1,127,830 | 181,904 | 445,100 |
| f Administrative expenses | | | | | |
| g End of year balance | 25,453,553 | 26,879,150 | 26,614,112 | 22,168,845 | 19,788,812 |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a** Board designated or quasi-endowment ▶ 86 890 %
 - b** Permanent endowment ▶ 12 230 %
 - c** Temporarily restricted endowment ▶ 0 880 %
- 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

- (i)** unrelated organizations
- (ii)** related organizations

| | Yes | No |
|---------------|-----|----|
| 3a(i) | | No |
| 3a(ii) | | No |
| 3b | | |

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

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' to 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 | 252,916 | 1,994,098 |
| c Leasehold improvements | | 431,116 | 330,238 | 100,878 |
| d Equipment | | 1,056,769 | 846,209 | 210,560 |
| e Other | | 1,323,184 | 1,098,554 | 224,630 |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) | | | | 3,523,323 |

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

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

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.

| Return Reference | Explanation |
|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PART V, LINE 4 | THE BOARD OF TRUSTEES HAS ADOPTED A SPENDING POLICY TO USE UP TO SEVEN PERCENT OF THE BEGINNING INVESTED MARKET VALUE OF THE BOARD-DESIGNATED ENDOWMENT IN CURRENT YEAR OPERATIONS, OR A LOWER AMOUNT AS AGREED THROUGH AWF ANNUAL BUDGETING PROCESS. THIS SPENDING POLICY TAKES INTO ACCOUNT THE BOARD OF TRUSTEE'S POLICY TO ADD UNRESTRICTED LEGACY GIFTS TO THE BOARD-DESIGNATED ENDOWMENT. AWF GENERALLY EXPECTS UNRESTRICTED LEGACY GIFTS TO MEET OR EXCEED THE REQUIRED ANNUAL SPENDING PAYOUT FROM THE BOARD-RESTRICTED ENDOWMENT, RESULTING IN NET POSITIVE CASH FLOWS TO THE FUND ON AN ANNUAL BASIS. COUPLED WITH AWF STATED RETURN OBJECTIVE, THE BOARD-DESIGNATED ENDOWMENT FUND IS EXPECTED TO ACHIEVE REAL GROWTH NET OF INFLATION OVER THE LONG-RUN. |

Part XIII Supplemental Information *(continued)*

| Return Reference | Explanation |
|------------------|-------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No 1545-0047

2015

**Open to Public
Inspection**

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

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

Department of the Treasury
Internal Revenue Service

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" to 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** Activites 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 region | (d) Activities conducted in region (by type) (e.g., 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 region | (f) Total expenditures for and investments in region |
|---------------------------------------------------|-------------------------------------|------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|------------------------------------------------------|
| (1) See Add'l Data | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| 3a Sub-total | 21 | 144 | | | 22,909,125 |
| b Total from continuation sheets to Part I | 0 | 0 | | | 0 |
| c Totals (add lines 3a and 3b) | 21 | 144 | | | 22,909,125 |

Part II Grants and Other Assistance to Organizations or Entities Outside the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|----------|---------------------------------|-----------------------------------------------------|-------------------|-----------------------------|---------------------------------|----------------------------------------|------------------------------------------|-----------------------------------------------|--------------------------------------------------------------|
| (1) | See Add'l Data | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| (5) | | | | | | | | | |
| (6) | | | | | | | | | |
| (7) | | | | | | | | | |
| (8) | | | | | | | | | |
| (9) | | | | | | | | | |
| (10) | | | | | | | | | |
| (11) | | | | | | | | | |
| (12) | | | | | | | | | |
| (13) | | | | | | | | | |
| (14) | | | | | | | | | |
| (15) | | | | | | | | | |
| (16) | | | | | | | | | |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ 32

3 Enter total number of other organizations or entities ▶ 45

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of non-cash assistance | (g) Description of non-cash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|------------------------------------------------|--------------------|--------------------------|--------------------------|---------------------------------|-----------------------------------|----------------------------------------|-------------------------------------------------------|
| (1) TUITION ASSISTANCE | SUB-SAHARAN AFRICA | 1 | 34,174 | EFT | | | |
| (2) KABALE ROTARY CLUB SCHOLARSHIP PROGRAM | SUB-SAHARAN AFRICA | 9 | 9,300 | EFT | | | |
| (3) CAPACITY BUILDING OF WOMEN IN CONSERVATION | SUB-SAHARAN AFRICA | 47 | 8,909 | EFT | | | |
| (4) MASTER FELLOWSHIP/SCHOLARSHIP | SUB-SAHARAN AFRICA | 1 | 7,102 | EFT | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |
| (13) | | | | | | | |
| (14) | | | | | | | |
| (15) | | | | | | | |
| (16) | | | | | | | |
| (17) | | | | | | | |
| (18) | | | | | | | |

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 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, do not 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 file Form 5713, International Boycott Report (see Instructions for Form 5713, do not 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).

990 Schedule F, Supplemental Information

| Return Reference | Explanation |
|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PART I, LINE 2 | <p>AWF OCCASIONALLY WORKS WITH SUB-RECIPIENTS IN SUCH CASES, ONLY KNOWN, VETTED ORGANIZATIONS ARE CHOSEN THAT CAN DEMONSTRATE AN ABILITY TO ACCOMPLISH THE PROGRAM OBJECTIVES SUB-RECIPIENTS ARE OFTEN INCLUDED BY NAME IN GRANT PROPOSALS SUB-RECIPIENTS ARE GENERALLY PROVIDED WITH ADVANCES, AND REQUIRED TO REPORT QUARTERLY BOTH FINANCIAL AND PROGRAMMATIC REPORTS ARE REQUIRED TO BE SUBMITTED TO THE RELATED PROGRAM IMPLEMENTATION TEAMS (GENERALLY LANDSCAPE/PROGRAM DIRECTOR) THE GRANTS & CONTRACTS OFFICER REVIEWS THE SUB-RECIPIENT FINANCIAL REPORTS AND THEN FORWARDS TO THE GRANTS FINANCIAL MANAGER FOR A FURTHER QUALITY CONTROL ONLY UPON THE REVIEW AND APPROVAL BY THE GRANTS FINANCIAL MANAGER AND THE TECHNICAL PROGRAM LEAD ARE FURTHER PAYMENTS OR ADVANCES PROVIDED ALL LARGE SUB-RECIPIENTS PAYMENTS AND CONTRACTS ARE ROUTED TO THE VP-F&A AND/OR COO FOR ADDED SCRUTINY AND APPROVALS PRIOR TO DISTRIBUTION</p> |

990 Schedule F, Supplemental Information

| Return Reference | Explanation |
|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PART I, LINE 3 | IN ACCORDANCE WITH IRS INSTRUCTIONS, ALL AMOUNTS REPORTED ON PARTS I, II, AND III OF SCHEDULE F ARE REPORTED USING THE ACCRUAL BASIS OF ACCOUNTING, THE SAME METHOD OF ACCOUNTING USED IN THE FINANCIAL STATEMENTS |

Additional Data

Software ID:

Software Version:

EIN: 52-0781390

Name: AFRICAN WILDLIFE FOUNDATION INC

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|-------------------------------------------------------------|-------------------------------------|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-----------------------------------|
| SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | 0 | 142 | EMPLOYEES | | 6,712,229 |
| SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | 0 | 0 | GRANTMAKING | | 6,430,340 |
| SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | 0 | 0 | PROGRAM SERVICES | CONSERVATION PROGRAMS, EDUCATION & OUTREACH | 9,224,764 |

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|-----------------------------------------------------------------------------|-------------------------------------|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-----------------------------------|
| SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | 19 | 0 | MAINTAINING OFFICES | | 350,317 |
| EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM | 2 | 0 | EMPLOYEES | | 184,027 |
| EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM | 0 | 2 | MAINTAINING OFFICES | | 7,448 |

Form 990 Schedule F Part II - Grants or Entities Outside The United States

| (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 - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | HEAVY ROAD EQUIPMENT FOR PARK MAINTENANCE | 1,340,200 | WIRE/EFT | | | |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | MANAGEMENT OF THE BILI MABOMU FOREST SAVANNA COMPLEX | 352,294 | WIRE/EFT | | | |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | ENHANCING AFRICAN WILDLIFE LAW ENFORCEMENT AND NETWORKING | 308,628 | WIRE/EFT | | | |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | CENTRAL AFRICA FOREST ECOSYSTEMS CONSERVATION (CAFEC)- MARINGA-LOPORI-WAMBA FOREST LANDSCAPE | 261,204 | WIRE/EFT | | | |

Form 990 Schedule F Part II - Grants or Entities Outside The United States

| (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 - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | SUPPORT TO OLE NARIKA AND KITENDEN SCOUTS AND PAYMENT OF KITENDEN LEASES | 187,940 | WIRE/EFT | | | |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | SAFEGUARDING BONOBO AND MARINGA-LOPORI - WAMBA FOREST LANDSCAPE | 118,561 | WIRE/EFT | | | |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | A CONCEPT NOTE FOR THE AFRICAN WILD DOG AND OTHER WILDLIFE SPECIES CONSERVATION IN KIRIMUN GROUP RANCH | 118,444 | WIRE/EFT | | | |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | WILDLIFE REGULATIONS DRAFTING, NGULIA RHINO PROGRAM, TSAVO WEST NATIONAL PARK RHINO ANTI-POACHING AND WATER IMPROVEMENT | 118,102 | WIRE/EFT | | | |

Form 990 Schedule F Part II - Grants or Entities Outside The United States

| (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 - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | MANYARA RANCH ANTI-POACHING PROGRAM | 116,598 | WIRE/EFT | | | |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | PROTECTED AREA MANAGEMENT | 114,534 | WIRE/EFT | | | |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | LIVELIHOOD IMPROVEMENT IN MAU NAROK AREA, NAKURU COUNTY | 111,526 | WIRE/EFT | | | |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | COMMUNITY LIVELIHOODS THROUGH LIVESTOCK MARKETING INFRASTRUCTURE | 110,916 | WIRE/EFT | | | |

Form 990 Schedule F Part II - Grants or Entities Outside The United States

| (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 - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | IMPLEMENTATION OF CONSERVATION OF AGRICULTURE PROJECT IN RUNGWE AND MAKETE IN DISTRICTS | 97,364 | WIRE/EFT | | | |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | SUPPORT FOR RHINO PROTECTION | 95,683 | WIRE/EFT | | | |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | ANTI-POACHING SUPPORT - HWANGE NP AND SURROUNDINGS | 94,976 | WIRE/EFT | | | |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | CENTRAL AFRICA FOREST ECOSYSTEMS CONSERVATION (CAFEC)- MARINGA-LOPORI-WAMBA FOREST LANDSCAPE | 90,226 | WIRE/EFT | | | |

Form 990 Schedule F Part II - Grants or Entities Outside The United States

| (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 - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | COMMUNITY LIVELIHOODS THROUGH LIVESTOCK MARKETING INFRASTRUCTURE | 88,252 | WIRE/EFT | | | |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | WILDLIFE PROTECTION IN THE LOWER ZAMBEZI, ZAMBIA | 86,723 | WIRE/EFT | | | |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | PROTECTING THE AFRICAN ELEPHANT IN THE KAFUE ECO-SYSTEM AND THROUGHOUT ZAMBIA'S PROTECTED AREA NETWORK | 77,812 | WIRE/EFT | | | |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | SECURING THE SURVIVAL OF ETHIOPIAN WOLVES IN REMOTE MOUNTAIN ENCLAVES | 72,202 | WIRE/EFT | | | |

Form 990 Schedule F Part II - Grants or Entities Outside The United States

| (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 - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | BASIC WAGES FOR MOBILE RANGER FORCE | 68,761 | WIRE/EFT | | | |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | INTENSIVE AGRICULTURE AND DRIP IRRIGATION IN NAMELOK | 49,810 | WIRE/EFT | | | |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | DIALOGUE ON WILDLIFE AND ENVIRONMENTAL CRIMES, PROSECUTION AND ADJUDICATION OF JUSTICE IN KENYA TO CURB ESCALATING POACHING AND TRAFFICKING OF WILDLIFE | 49,530 | WIRE/EFT | | | |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | RESTORATION, PLANTING-PITTING & SUPPORT OF ENDERIT COMMUNITY FOREST SCOUTS | 48,637 | WIRE/EFT | | | |

Form 990 Schedule F Part II - Grants or Entities Outside The United States

| (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 - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | SUPPORT TOWARDS GREEN DESTINATIONS IN KENYA | 46,842 | WIRE/EFT | | | |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | MARA REGIONAL LION RESEARCH AND CONSERVATION PROJECT | 45,000 | WIRE/EFT | | | |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | SUPPORT OF WELL-MANAGED COMMUNITY RANCH | 40,573 | WIRE/EFT | | | |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | KENYA CONSERVANCY AND TOURISM STUDY | 38,835 | WIRE/EFT | | | |

Form 990 Schedule F Part II - Grants or Entities Outside The United States

| (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 - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | DEVELOPMENT OF A STRATEGIC FOCUS FOR THE SUPPORT OF THE CONSERVANCY MOVEMENT IN KENYA | 35,131 | WIRE/EFT | | | |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | COMMUNITY LIVELIHOODS THROUGH BEEKEEPING ENTERPRISE | 33,703 | WIRE/EFT | | | |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | WILDLIFE MONITORING AND ANTI-POACHING OPERATIONS AT OLTIIYANI AND NALARAMI CONSERVANCIES | 33,045 | WIRE/EFT | | | |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | CONSERVING DJA ELEPHANTS | 32,500 | WIRE/EFT | | | |

Form 990 Schedule F Part II - Grants or Entities Outside The United States

| (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 - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | CONSTRUCTION COSTS FOR VILLAGE-BASED TOURISM CIRCUIT AROUND SIMIEN MOUNTAIN NATIONAL PARK | 31,701 | WIRE/EFT | | | |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | MONITORING APES AND OTHER LARGE MAMMALS IN THE PARK | 30,010 | WIRE/EFT | | | |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | CAPACITY BUILDING FOR LIVESTOCK COOPERATIVES IN ENDUIMENT WMA | 28,407 | WIRE/EFT | | | |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | SECURING OF THE GREATER OL LENTILLE CONSERVANCY (INCLUDING OL DONYIRO ELEPHANT CORRIDOR) THAT SUPPORTS MIGRATORY SPECIES SUCH AS AFRICAN WILD DOG, GREATER KUDUS AND GREVY'S ZEBRA IN PARTNERSHIP WITH OL LENTILLE TRUST KENYA | 27,712 | WIRE/EFT | | | |

Form 990 Schedule F Part II - Grants or Entities Outside The United States

| (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 - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | OLTIYANI CONSERVANCY LEASE PAYMENTS | 26,713 | WIRE/EFT | | | |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | CENTRAL AFRICA FOREST ECOSYSTEMS CONSERVATION (CAFEC)- MARINGA-LOPORI-WAMBA FOREST LANDSCAPE | 25,937 | WIRE/EFT | | | |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | RUVUMA ELEPHANT PROJECT | 25,883 | WIRE/EFT | | | |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | PROTECTING NAMIBIA'S BLACK RHINO | 25,000 | WIRE/EFT | | | |

Form 990 Schedule F Part II - Grants or Entities Outside The United States

| (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 - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | PROTECTING LIONS IN LIMPOPO | 25,000 | WIRE/EFT | | | |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | ENHANCING ELEPHANT PROTECTION IN PENDJARI | 24,600 | WIRE/EFT | | | |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | WATER QUALITY ASSESSMENT | 23,829 | WIRE/EFT | | | |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | NAILEPU CONSERVANCY LEASE PAYMENTS | 23,448 | WIRE/EFT | | | |

Form 990 Schedule F Part II - Grants or Entities Outside The United States

| (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 - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | DOG OPERATIONS UGANDA - KENNELS AND STAFF HOUSING | 22,520 | WIRE/EFT | | | |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | NALARAMI LEASE PAYMENTS | 21,635 | WIRE/EFT | | | |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | ADC-MUTARA RANGERS SUPPORT, UNIFORMS AND TRAINING | 21,250 | WIRE/EFT | | | |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | HELICOPTER FOR SABI SAND WILDTUIN ANTI-RHINO POACHING INITIATIVE | 21,000 | WIRE/EFT | | | |

Form 990 Schedule F Part II - Grants or Entities Outside The United States

| (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 - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | SCOUT TRAINING | 19,543 | WIRE/EFT | | | |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | COMMUNITY LIVELIHOODS THROUGH BEEKEEPING ENTERPRISE | 18,559 | WIRE/EFT | | | |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | PROTECTION OF SEKUTE CONSERVATION COMMUNITY CONSERVATION AREA AND THE WILDLIFE CORRIDORS | 17,714 | WIRE/EFT | | | |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | AFRICAN ELEPHANT SPECIALIST GROUP DATABASE | 17,601 | WIRE/EFT | | | |

Form 990 Schedule F Part II - Grants or Entities Outside The United States

| (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 - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | COMMUNITY SUPPORT WITH WATER HARVESTING SYSTEMS | 16,746 | WIRE/EFT | | | |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | RHINO MANAGEMENT AND SUPPORT OF LAW ENFORCEMENT OPERATIONS GREAT FISH RIVER NATURE RESERVE | 16,667 | WIRE/EFT | | | |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | OLEPOLOS LAND LEASES | 16,226 | WIRE/EFT | | | |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | OSUPUKO LAND LEASES | 15,505 | WIRE/EFT | | | |

Form 990 Schedule F Part II - Grants or Entities Outside The United States

| (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 - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | COLLABORATION FOR THE LAIKIPIA UNITY AND LAND INITIATIVE (LULI) | 12,571 | WIRE/EFT | | | |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | HUMAN-LION CONFLICT MITIGATION IN THE MAASAI STEPPE, NORTHERN TANZANIA | 10,500 | WIRE/EFT | | | |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | VIABILITY STUDY OF WILDLIFE CORRIDORS | 10,268 | WIRE/EFT | | | |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | ZIMEO AWARDS SPONSORSHIP | 10,000 | WIRE/EFT | | | |

Form 990 Schedule F Part II - Grants or Entities Outside The United States

| (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 - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | SUSTAINABLE AGRICULTURAL PRACTICES TO CONSERVE BIODIVERSITY | 9,346 | WIRE/EFT | | | |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | COMMUNITY LIVELIHOODS THROUGH SUSTAINABLE CHARCOAL PRODUCTION | 7,540 | WIRE/EFT | | | |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | COMMUNITY LIVELIHOODS THROUGH FISH FARMING | 7,320 | WIRE/EFT | | | |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | EDUCATION INFRASTRUCTURE IMPROVEMENT | 7,310 | WIRE/EFT | | | |

Form 990 Schedule F Part II - Grants or Entities Outside The United States

| (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 - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | RHINO ANTI-POACHING AND WATER IMPROVEMENT | 6,864 | WIRE/EFT | | | |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | BONOBO MONITORING-LUO RESERVE | 6,605 | WIRE/EFT | | | |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | ELEPHANT CONSERVATION | 5,799 | WIRE/EFT | | | |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | ELEPHANT PROTECTION IN DJA BR PHASE 2 | 5,400 | WIRE/EFT | | | |

Form 990 Schedule F Part II - Grants or Entities Outside The United States

| (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 - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | SUPPORT COMMUNITY FOREST ASSOCIATION WITH MOTORBIKE TO PROTECT REHAB SITES | 5,390 | WIRE/EFT | | | |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | CAPACITY BUILDING ON FINANCIAL MANAGEMENT, GOOD GOVERNANCE AND FARM INPUTS SUPPORT FOR KONDOA FARMERS NETWORK (MVIWAKO) | 5,161 | WIRE/EFT | | | |
| | | SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO, | AWF SAA ART SALE | 5,115 | WIRE/EFT | | | |
| | | NORTH AMERICA | RHINO HORN DEMAND REDUCTION IN CHINA AND VIETNAM | 570,669 | WIRE/EFT | | | |

Form 990 Schedule F Part II - Grants or Entities Outside The United States

| (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) |
|--------------------------|----------------------------------------------|---------------|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------|---------------------------------|-----------------------------------|----------------------------------------|-------------------------------------------------------|
| | | NORTH AMERICA | USAID/UGANDA BIODIVERSITY PROGRAM AND MONITORING CHIMPANZEES IN COMMUNITY NATURAL RESERVE OF DINDEFELO AND SURROUNDINGS, AND SENEGAL | 202,214 | WIRE/EFT | | | |
| | | NORTH AMERICA | ENHANCING AFRICAN WILDLIFE LAW ENFORCEMENT AND NETWORKING | 144,588 | WIRE/EFT | | | |
| | | NORTH AMERICA | CENTRAL AFRICA FOREST ECOSYSTEMS CONSERVATION (CAFEC)-MARINGA-LOPORI-WAMBA FOREST LANDSCAPE | 93,036 | WIRE/EFT | | | |
| | | NORTH AMERICA | ENHANCING ELEPHANT PROTECTION IN THE RUAHA-RUNGWA ECOSYSTEM | 92,031 | WIRE/EFT | | | |

Form 990 Schedule F Part II - Grants or Entities Outside The United States

| (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) |
|--------------------------|----------------------------------------------|---------------|---------------------------------|--------------------------|---------------------------------|-----------------------------------|----------------------------------------|-------------------------------------------------------|
| | | NORTH AMERICA | DJOLU DRC REDD AND PROJECT WORK | 32,346 | WIRE/EFT | | | |

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2015

Open to Public Inspection

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

▶ Attach to Form 990 or Form 990-EZ

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

Name of the organization
AFRICAN WILDLIFE FOUNDATION INC

Employer identification number
52-0781390

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.
- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>a <input checked="" type="checkbox"/> Mail solicitations</p> <p>b <input checked="" type="checkbox"/> Internet and email solicitations</p> <p>c <input checked="" type="checkbox"/> Phone solicitations</p> <p>d <input checked="" type="checkbox"/> In-person solicitations</p> | <p>e <input checked="" type="checkbox"/> Solicitation of non-government grants</p> <p>f <input checked="" type="checkbox"/> Solicitation of government grants</p> <p>g <input type="checkbox"/> Special fundraising events</p> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
- 2a** 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 ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

| (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 | | | |
| 1 SANKY COMMUNICATIONS INC 599 11TH AVENUE 6TH FLOOR NEW YORK, NY 10036 | MANAGEMENT OF DIRECT MAIL PROGRAM | | No | 3,059,649 | 907,096 | 2,152,553 |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| Total | | | | 3,059,649 | 907,096 | 2,152,553 |

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

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

Part II Fundraising Events.

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

| | | (a)Event #1 | (b)Event #2 | (c)Other events | (d) |
|------------------------|-----------------------------------------------------------------------------------|--------------|--------------|-----------------|--------------------------------------------------|
| | | (event type) | (event type) | (total number) | Total events (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)) |
| Revenue | 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 | | % |
| b | An outside facility | | % |

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 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 complete this part to provide any additional information (see instructions).

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

OMB No 1545-0047

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

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

2015
Open to Public Inspection

Name of the organization
AFRICAN WILDLIFE FOUNDATION INC

Employer identification number
52-0781390

Part I Questions Regarding Compensation

| | Yes | No | | | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------|--------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------|--------------------------------------------------------------------------|--|--|
| <p>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.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input checked="" type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table> | <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 type="checkbox"/> Health or social club dues or initiation fees | <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) | | |
| <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 type="checkbox"/> Health or social club dues or initiation fees | | | | | | | | | |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) | | | | | | | | | |
| <p>b If any of the boxes in 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.</p> | 1b | Yes | | | | | | | | |
| <p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p> | 2 | Yes | | | | | | | | |
| <p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table> | <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract | <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study | <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee | | | | |
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract | | | | | | | | | |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study | | | | | | | | | |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee | | | | | | | | | |
| <p>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:</p> <p>a Receive a severance payment or change-of-control payment?</p> | 4a | No | | | | | | | | |
| <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> | 4b | No | | | | | | | | |
| <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p> | 4c | No | | | | | | | | |
| <p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> | | | | | | | | | | |
| <p>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:</p> <p>a The organization?</p> | 5a | No | | | | | | | | |
| <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p> | 5b | No | | | | | | | | |
| <p>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:</p> <p>a The organization?</p> | 6a | No | | | | | | | | |
| <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p> | 6b | No | | | | | | | | |
| <p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p> | 7 | Yes | | | | | | | | |
| <p>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.</p> | 8 | No | | | | | | | | |
| <p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p> | 9 | | | | | | | | | |

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 are not listed on Form 990, Part VII

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|-------------------------------------------------------------|------|----------------------------------------------------|-------------------------------------|-------------------------------------|------------------------------------------------|-------------------------|---------------------------------|-----------------------------------------------------------------------|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1 PATRICK BERGIN CHIEF EXECUTIVE OFFICER | (i) | 305,880 | 0 | 0 | 48,519 | 13,864 | 368,263 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2 JEFF CHRISFIELD CHIEF OPERATING OFFICER | (i) | 206,707 | 0 | 0 | 20,719 | 14,162 | 241,588 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3 CRAIG SHOLLEY SENIOR VICE PRESIDENT, PHILANTHROPY | (i) | 180,611 | 0 | 0 | 18,046 | 10,807 | 209,464 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4 KATHLEEN FITZGERALD VICE PRESIDENT, LAND PROTECTION | (i) | 171,820 | 0 | 0 | 17,137 | 29,601 | 218,558 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5 DAUDI SUMBA VP, PROGRAM DESIGN & KNOWLEDGE MGMT | (i) | 171,370 | 0 | 0 | 17,137 | 5,049 | 193,556 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6 TYRENE HARALSON VP OF FINANCE AND ADMINISTRATION | (i) | 154,050 | 0 | 0 | 15,375 | 14,527 | 183,952 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7 CHARLY FACHEUX VP OF CONSERVATION PROJECTS | (i) | 145,125 | 0 | 0 | 14,513 | 24,302 | 183,940 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8 KADDU SEBUNYA PRESIDENT | (i) | 135,607 | 1,750 | 0 | 13,500 | 115,618 | 266,475 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

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.

| Return Reference | Explanation |
|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PART I, LINE 1A | DURING THE YEAR ENDED JUNE 30, 2016, AWF PAID A HOUSING ALLOWANCE DIRECTLY TO A LANDLORD AND A SCHOOL ON BEHALF OF KADDU SEBUNYA, PRESIDENT. THE TOTAL AMOUNT OF THIS BENEFIT WAS \$32,400 AND NONE OF THIS AMOUNT WAS TAXABLE COMPENSATION TO MR. SEBUNYA. |
| PART I, LINE 7 | KADDU SEBUNYA, PRESIDENT, RECEIVED A NON-FIXED PAYMENT WHICH WAS BASED ON AN APPRAISAL OF HIS PERFORMANCE. |

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No 1545-0047

2015

Open to Public Inspection

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

▶ **Attach to Form 990.**

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

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 | 44 | 555,454 | FAIR MARKET VALUE |
| 10 Securities—Closely held stock | | | | |
| 11 Securities—Partnership, LLC, or trust interests | | | | |
| 12 Securities—Miscellaneous | | | | |
| 13 Qualified conservation contribution—Historic structures | | | | |
| 14 Qualified conservation contribution—Other | | | | |
| 15 Real estate—Residential | | | | |
| 16 Real estate—Commercial | | | | |
| 17 Real estate—Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ▶ (_____) | | | | |
| 26 Other ▶ (_____) | | | | |
| 27 Other ▶ (_____) | | | | |
| 28 Other ▶ (_____) | | | | |

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

29

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

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.

| Return Reference | Explanation |
|--------------------|-----------------------------------------------------------------------|
| PART I, COLUMN (B) | THE NUMBER OF CONTRIBUTIONS REPRESENT THE NUMBER OF ITEMS CONTRIBUTED |

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

Supplemental Information to Form 990 or 990-EZ

2015

**Open to Public
Inspection**

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

▶ Attach to Form 990 or 990-EZ.

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

Department of the
Treasury
Internal Revenue
Service

Name of the organization
AFRICAN WILDLIFE FOUNDATION INC

Employer identification number

52-0781390

| Return Reference | Explanation |
|-----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------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| FORM 990, PART III, LINE 4A | <p>AWF PROVIDES CRITICAL ASSISTANCE TO NATIONAL PARKS AND RESERVES, PROMOTE INTERNATIONAL COOPERATION TO PROTECT IMPORTANT SITES AND POPULATIONS THAT STRETCH ACROSS NATIONAL BOUNDARIES--DEMONSTRATING THAT WILDLIFE AND PEOPLE CAN THRIVE SIDE BY SIDE. AWF WORK CAN BE CATEGORIZED INTO FOUR CORE AREAS: LAND AND HABITAT CONSERVATION, WILDLIFE PROTECTION, AND EDUCATION AND ADVOCACY. BELOW IS A BRIEF DESCRIPTION OF AWF PERSPECTIVE ON EACH CATEGORY AND KEY ACHIEVEMENTS WITHIN THE LAST FISCAL YEAR.</p> <p>I. LAND AND HABITAT CONSERVATION AWF UNIQUE LARGE-LANDSCAPE APPROACH TO CONSERVATION FOCUSES ON IDENTIFYING AFRICA'S GREAT WILD SPACES, PIECING TOGETHER PARKS, PRIVATE LANDS, AND COMMUNITY LANDS, WHICH CAN BE SECURED AS A HOME FOR WILDLIFE. HISTORICALLY, AWF WORKED TO ESTABLISH NATIONAL PARKS AND WILDLIFE RESERVES, AND TO HELP LOCAL PEOPLE ESTABLISH COMMUNITY CONSERVANCIES. AWF IS NOW SUPPORTING THE MANAGEMENT OF PARKS AND EXPLORING NEW PRIVATE LAND CONSERVATION APPROACHES, INCLUDING LIMITED LAND ACQUISITION AND NEW TYPES OF CONSERVATION LEASES, TO PROTECT CRITICAL WILDLIFE HABITAT.</p> <p>A. IN BILIELE PROTECTED AREA COMPLEX IN THE DEMOCRATIC REPUBLIC OF THE CONGO, AWF HAS SIGNED A CO-MANAGEMENT AGREEMENT WITH ICCN, THE CONGOLESE WILDLIFE AUTHORITY, TO HELP PROTECT A CORE WILDLIFE AREA WITHIN THE PROTECTED AREA COMPLEX. OUR SUPPORT HAS INCLUDED RECRUITING AND TRAINING RANGERS IN PARAMILITARY PATROLS (WITH A SECURITY FIRM SPECIALIZING IN ANTI-TRAFFICKING PATROLS) AND ECOLOGICAL MONITORING. AWF ALSO RECENTLY PURCHASED A NUMBER OF MOBILE PATROL UNITS FOR USE IN THIS TROPICAL RAINFOREST ENVIRONMENT. THESE MOBILE UNITS ARE ESSENTIALLY ALL-TERRAIN VEHICLES THAT INCLUDE RADIO EQUIPMENT AND OTHER ANTI-POACHING EQUIPMENT--ALLOWING RANGERS TO MORE EASILY MOVE AROUND WITHIN THE DENSE RAINFOREST AND HAVE THE EQUIPMENT NEEDED TO EFFECTIVELY CONDUCT PATROLS. AT THE SAME TIME, AWF HAS ALSO CONDUCTED A BASELINE LARGE-MAMMAL BIODIVERSITY SURVEY IN THE CORE AREA OF BILIELE TO DETERMINE THE SPECIES COUNTS FOUND HERE.</p> <p>B. IN MANA POOLS NATIONAL PARK IN ZIMBABWE, AWF HAS ASSISTED IN THE BUILDING OF AN OPERATING BASE FOR A SPECIAL RAPID-RESPONSE UNIT AT THE PARK'S NYAKASIKANA GATE--A CENTRAL LOCATION WITHIN THE PARK THAT WOULD ALLOW THIS SPECIAL UNIT OF THE ZIMBABWE PARKS AND WILDLIFE MANAGEMENT AUTHORITY (ZPWMA) TO READILY RESPOND TO POACHING INCIDENTS WITHIN THE ENTIRETY OF THE LOWER ZAMBEZI VALLEY (NOT JUST MANA POOLS). AWF ALSO WORKED WITH ZPWMA TO LOCATE AND HIRE A TECHNICAL ADVISOR. SIMON MUCHATIBAYA IS AN EXPERIENCED, ACCOMPLISHED ZPWMA RANGER WHO IS BEING SECONDED TO AWF TO WORK AS AN AWF LIAISON WITH ZPWMA AND ESSENTIALLY PROVIDE ADDITIONAL ANTI-POACHING AND OTHER SUPPORT TO THE RESOURCE-STRAPPED WILDLIFE AUTHORITY.</p> <p>C. AWF CONTINUES TO ADD TO THE BODY OF KNOWLEDGE AROUND PROTECTED AREAS AND PROTECTED AREA MANAGEMENT, MOST RECENTLY WITH A COMPILATION IT PUT TOGETHER OF CONSERVANCY BEST PRACTICES. THIS WAS DEVELOPED AS THE RESULT OF A CONSERVANCY'S WORKSHOP THAT AWF HOSTED EARLIER IN THE YEAR. THE WORKSHOP DREW TOGETHER CONSERVANCY MANAGERS AND EXPERTS FROM 10 COUNTRIES IN SOUTHERN AND EAST AFRICA: BOTSWANA, NAMIBIA, ZIMBABWE, ZAMBIA, MOZAMBIQUE, SOUTH AFRICA, KENYA, TANZANIA, UGANDA AND ETHIOPIA. DISCUSSIONS COVERED MECHANISMS AND PROCESSES FOR ESTABLISHMENT, GOVERNANCE AND MANAGEMENT OF CONSERVANCIES, AND POLICY FRAMEWORKS THAT ARE SUPPORTIVE OF CONSERVANCY DEVELOPMENT.</p> <p>WILDLIFE PROTECTION EVEN WHERE LAND AND HABITAT HAVE BEEN SECURED, CERTAIN SPECIES FACE UNIQUE THREATS AND REQUIRE A TARGETED CONSERVATION APPROACH. POPULATIONS OF RARE AND ENDANGERED SPECIES, SUCH AS THE RHINOCEROS, GORILLA, AND ALL OF THE GREAT CATS, HAVE BEEN DIMINISHED DUE TO POACHING, DISEASE, AND CONFLICT WITH HUMANS. AWF USES A NUMBER OF METHODS TO MONITOR AND PROTECT KEY POPULATIONS AND ENSURE THESE SPECIES SURVIVE AND THRIVE IN THEIR NATIVE HABITAT. ONE OF THESE TACTICS IS TO PROVIDE FUNDING TO PARTNERS ON THE GROUND THROUGH THE SPECIES PROTECTION GRANTS PROGRAM. THE PROGRAM OFFERS A WAY TO DIRECTLY COMBAT WILDLIFE TRAFFICKING IN PARTICULAR, AS IT FUNDS PROJECTS IN VARIOUS AREAS THAT HELP TO STOP THE KILLING AND STOP THE TRAFFICKING OF AFRICAN WILDLIFE.</p> <p>A. IN SOUTHERN AFRICA, AWF SUPPORT OF VARIOUS RHINO PROTECTION PROJECTS HAS RESULTED IN A NUMBER OF OUR GRANTEEES SEEING THEIR RHINO POPULATIONS REMAIN STABLE, OR EVEN RISE. IN SAVE VALLEY CONSERVANCY IN ZIMBABWE, AWF'S SPECIES PROTECTION GRANTS HAS ENABLED THE DEVELOPMENT OF INTELLIGENCE NETWORKS IN THE CONSERVANCY. THIS RESULTED IN THE ARREST LATE LAST YEAR OF A WELL-KNOWN POACHING MIDDLE-MAN AND A FIELD MASTERMIND. BOTH WERE SENTENCED TO 35 YEARS IN PRISON AFTER PLEADING GUILTY TO THREE COUNTS OF RHINO POACHING. MEANWHILE, AT SABI SAND WILDTUIN IN SOUTH AFRICA, WHERE AWF HAS BEEN SUPPORTING ANTI-POACHING EFFORTS THROUGH THE FUNDING OF A HELICOPTER AS WELL AS CONTINUED FUNDING OF OTHER ANTI-POACHING EFFORTS, THE RESERVE IS WORKING WITH NEIGHBORING RESERVES AND THE KRUGER NATIONAL PARK ON AN INITIATIVE, THE GREATER KRUGER ENVIRONMENTAL PROTECTION FOUNDATION, WHICH ENABLES INFORMATION-SHARING AND JOINT OPERATIONS AS NEEDED BETWEEN THESE ANTI-POACHING UNITS.</p> <p>B. AWF DETECTION DOG PROGRAM, CANINES FOR CONSERVATION, CONTINUES TO SEE SIGNIFICANT SUCCESS. DETECTION DOG UNITS TRAINED AND SUPPORTED BY AWF HAVE BEEN STATIONED AT AIRPORTS AND SEA PORTS IN KENYA (NAIROBI AND MOMBASA) AND TANZANIA (DAR ES SALAAM). BETWEEN JANUARY AND SEPTEMBER 2016, THE DETECTION DOG UNITS HAVE UNCOVERED AT LEAST 26 INCIDENTS OF HIDDEN IVORY, PANGOLIN SCALES OR OTHER ILLEGAL WILDLIFE PRODUCTS, PRIMARILY AT JOMO KENYATTA INTERNATIONAL AIRPORT IN NAIROBI, A PRIME TRAFFICKING HUB IN TANZANIA. THE UNITS HAVE SERVED AS A VISIBLE DETERRENT FOR THOSE THINKING ABOUT ENGAGING IN WILDLIFE TRAFFICKING. TO CONTINUE TO EXPAND THIS INITIATIVE, AWF ALSO TRAINED A NEW CLASS OF DETECTION DOGS AND HANDLERS THIS YEAR. THE HANDLERS WERE CHOSEN FROM, AND IN PARTNERSHIP WITH, THE UGANDA WILDLIFE AUTHORITY. UPON THEIR GRADUATION EARLIER THIS YEAR, THE NEARLY DOZEN HANDLERS AND THEIR CANINE PARTNERS HAVE BEEN DEPLOYED TO TRAFFICKING HOTSPOTS IN UGANDA. AWF CONTINUES TO WORK CLOSELY WITH THE WILDLIFE AUTHORITY TO ENHANCE DETECTION CAPABILITY IN THE COUNTRY.</p> <p>C. TO SUPPORT EFFORTS IN PROSECUTING WILDLIFE TRAFFICKING CRIMES, AWF CONTINUED ITS JUDICIAL TRAINING WORKSHOPS IN A NUMBER OF LOCATIONS IN AFRICA THIS YEAR. MOST NOTABLE AMONGST THESE WAS A REGIONAL EAST AFRICAN WORKSHOP THAT AWF HOSTED WITH KENYA'S OFFICE OF THE DIRECTOR OF PUBLIC PROSECUTIONS. THE WORKSHOP GATHERED PROSECUTORS, MAGISTRATES, AND LAW ENFORCEMENT OFFICIALS FROM BURUNDI, THE DEMOCRATIC REPUBLIC OF THE CONGO, ETHIOPIA, KENYA, TANZANIA AND UGANDA. AHEAD OF THE WORKSHOP, AWF ALSO EVALUATED THE WILDLIFE LAWS IN KENYA, TANZANIA, ETHIOPIA AND UGANDA AND PUT TOGETHER A REPORT OF THE FINDINGS--ALLOWING FOR ATTENDEES TO HAVE A BASIS FROM WHICH TO DISCUSS BEST PRACTICES AND CHALLENGES IN PROSECUTING THE WILDLIFE LAW. THE TRAININGS ARE CONTINUING WITH A JUDICIAL TRAINING SCHEDULED IN ETHIOPIA IN NOVEMBER.</p> |

| Return Reference | Explanation |
|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990, PART III, LINE 4B | <p>IN RECENT YEARS, AWF HAS SUPPLEMENTED THESE EFFORTS WITH MORE POINTED ADVOCACY EFFORTS AIMED AT SENSITIZING AFRICAN POLITICAL LEADERS ON THE NEED TO CONSERVE WILDLIFE AND WILD LANDS TO ENSURE FUTURE AFRICAN VITALITY AND PROSPERITY A AWF CONSERVATION MANAGEMENT TRAINING PROGRAM, THE CONSERVATION MANAGEMENT & LEADERSHIP PROGRAM, IS NOW IN ITS FIFTH YEAR, WITH A NEW CLASS OF TRAINEES THAT STARTED IN AUGUST 2016 THE NEW CLASS INCLUDES 3 ASSOCIATES, FROM KENYA, THE DEMOCRATIC REPUBLIC OF THE CONGO AND ETHIOPIA, WHO HAVE BEEN WORKING OUT OF AWF HEADQUARTERS FOR THE PAST FEW MONTHS THEY WILL BE PLACED IN FIELD ASSIGNMENTS IN JANUARY THE CLASS FROM TWO YEARS AGO ALSO GRADUATED THIS PAST JUNE, AND THE GRADUATES HAVE SINCE DISPERSED TO UNDERTAKE CONSERVATION ASSIGNMENTS ACROSS THE CONTINENT (ONE WAS HIRED BY AWF SPECIES TEAM) THE CLASS THAT BEGAN LAST YEAR CONTINUES TO ASSIST WITH AWF PROGRAM EFFORTS, WITH ONE BASED IN THE FIELD IN ZIMBABWE AND THE REMAINING TWO WORKING WITH THE MONITORING & EVALUATION AND LAND TEAMS AT HEADQUARTERS, RESPECTIVELY B OUR CONSERVATION SCHOOLS PROGRAM, CLASSROOM AFRICA, CONTINUES TO GROW AND MATURE THE MOST RECENT PRIMARY SCHOOL CONSTRUCTION, IN THE SIMEN MOUNTAINS IN ETHIOPIA, IS NEARING COMPLETION A CAMPUS EXPANSION OF AN EXISTING AWF -SUPPORTED SCHOOL, LUPANI PRIMARY SCHOOL IN ZAMBIA, WAS FINISHED EARLIER THIS YEAR TO RAVE REVIEWS FROM STUDENTS, TEACHERS, COMMUNITY MEMBERS AND RELATED DISTRICT AND NATIONAL EDUCATION ENTITIES WITHIN THE ZAMBIAN GOVERNMENT AWF CONTINUES WITH ITS SUPPORT FOR TEACHERS AND CONSERVATION EDUCATION, HAVING ORGANIZED TEACHER TRAININGS AT AN EXISTING AWF-SUPPORTED SCHOOL, ILIMA PRIMARY SCHOOL IN DEMOCRATIC REPUBLIC OF THE CONGO, AS WELL AS AT LUPANI SCHOOL THANKS TO CONTINUED AWF SUPPORT AT THESE SCHOOLS, IN FACT, STUDENT GRADUATION RATES AND TEACHER QUALITY IS INCREASING FOR THE FIRST TIME THIS YEAR, A COUPLE OF GRADUATES FROM ILIMA PRIMARY SCHOOL HAVE MOVED ON TO ATTEND SECONDARY SCHOOL (WHERE THEY ARE AMONGST THE BEST IN THEIR CLASS) MEANWHILE, TWO TEACHERS AT LUPANI SCHOOL HAVE BEEN RECOGNIZED WITH DISTRICT AWARDS FOR TEACHING C AWF ELECTED AN AFRICAN PRESIDENT IN LATE 2015 TO SPEARHEAD MORE ACTIVE ADVOCACY EFFORTS WITHIN THE AFRICAN CONTINENT, PARTICULARLY WITH AFRICAN ELECTED LEADERS THIS MOVE IS PAYING OFF, WITH SEVERAL SIGNIFICANT MEETINGS HAVING BEEN ARRANGED BY AWF PRESIDENT, INCLUDING MEETINGS AT THE AFRICAN UNION HEADS OF STATE MEETING IN RWANDA FURTHER, AT THE GLOBAL AFRICAN INVESTMENT SUMMIT IN RWANDA IN SEPTEMBER, AWF ALSO SIGNED AN MOU TO BECOME A PRIMARY CONSERVATION ADVISOR TO THE REGIONAL ECONOMIC BODY , THE COMMON MARKET FOR EASTERN AND SOUTHERN AFRICA (COMESA) THIS IS ALLOWING AWF TO DIRECTLY ENGAGE WITH, AND IMPACT, DEVELOPMENT DECISIONS BEING DECIDED WITHIN THIS REGIONAL TRADING BLOC AND ENSURE A SUFFICIENT CONSERVATION ANGLE IS MAINTAINED FOR THE BETTERMENT OF THE CONTINENT'S POPULACE</p> |

| Return Reference | Explanation |
|--------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990, PART VI, SECTION A, LINE 4 | FOR THE YEAR ENDED JUNE 30, 2016, AWF AMENDED THE BY LAWS TO REFLECT UPDATED POLICIES IN THE COMPOSITION OF THE GOVERNING BODY'S VOTING MEMBERS AND NUMBER AND COMPOSITION OF OFFICERS |

| Return Reference | Explanation |
|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990, PART VI, SECTION B, LINE 11 | DATA AND INFORMATION FOR THE FEDERAL FORM 990 ARE COMPILED BY THE FINANCE DEPARTMENT AND REVIEWED BY THE CONTROLLER UPON RECEIPT OF THE DRAFT VERSION OF THE FEDERAL FORM 990 FROM A WF TAX ACCOUNTANTS, THE COMPLETED RETURN UNDERGOES A SECOND LEVEL OF REVIEW BY THE VP OF FINANCE AND ADMINISTRATION (VP OF F&A) CHANGES ARE COMMUNICATED TO THE TAX ACCOUNTANTS AS NECESSARY AND APPROPRIATE THE FINAL DRAFT IS REVIEWED BY THE VP OF F&A AND THE CHIEF OPERATING OFFICER (COO) BEFORE BEING PRESENTED TO THE AUDIT COMMITTEE THEREAFTER, A COPY OF THE FINAL DRAFT 990 IS PROVIDED TO THE FULL BOARD OF TRUSTEES BEFORE FILING WITH THE INTERNAL REVENUE SERVICE |

| Return Reference | Explanation |
|----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990, PART VI, SECTION B, LINE 12C | TRUSTEES AND OFFICERS RECEIVE AND SIGN A CONFLICT OF INTEREST POLICY STATEMENT UPON ELECTION TO THE BOARD OF TRUSTEES, WITH NEW FORMS COMPLETED AT LEAST ANNUALLY IF A TRUSTEE FEELS SHE/HE MAY HAVE A POTENTIAL CONFLICT OF INTEREST WITH A WF, THESE CONCERNS ARE BROUGHT TO THE ATTENTION OF THE BOARD OF TRUSTEES' CHAIR AND/OR AUDIT COMMITTEE OF THE BOARD OF TRUSTEES' FOR DELIBERATION ALL STAFF MEMBERS ARE REQUIRED TO SIGN A CONFLICT OF INTEREST POLICY UPON HIRING AND WITH EACH NEW CONTRACT AMENDMENT STAFF CONCERNS REGARDING CONFLICTS OF INTEREST ARE BROUGHT TO THE HUMAN RESOURCES DEPARTMENT FOR RESEARCH WITH REVIEW BY THE VP OF F&A AND OTHER MEMBERS OF EXECUTIVE MANAGEMENT AS NECESSARY WITH REGARD TO CONTRACT REVIEW, THE STAFF THAT REVIEW PURCHASES AND CONTRACTS ARE TRAINED TO QUESTION POTENTIAL CONFLICTS OF INTEREST LOCAL FINANCE OFFICES REVIEW TRANSACTIONS UP TO \$1,000, WITH ADDITIONAL SCRUTINY GIVEN TO LARGER CONTRACTS ANY POTENTIAL CONFLICTS OF INTEREST ARE FORWARDED TO THE VP-F&A AND/OR COO FOR REVIEW |

| Return Reference | Explanation |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990, PART VI, SECTION B, LINE 15 | A COMPENSATION STUDY FOR OFFICERS AND KEY EMPLOYEES IS CONDUCTED ANNUALLY FOR ALL OFFICERS AND KEY STAFF LOCATED WITHIN THE UNITED STATES, INFORMATION FROM COMPARABLE ORGANIZATIONS IS COLLECTED THROUGH PUBLICLY AVAILABLE FEDERAL FORM 990S FOR KEY EMPLOYEES LOCATED OUTSIDE THE UNITED STATES, COMPENSATION STUDIES ARE OBTAINED AS NECESSARY TO PROVIDE COMPARABLE DATA. COMPENSATION DATA IS SUMMARIZED IN A REPORT AND APPROVED FIRST BY THE BOARD COMPENSATION COMMITTEE, AND THEN BY THE FULL BOARD OF TRUSTEES EACH JANUARY. THE BOARD OF TRUSTEES SETS THE COMPENSATION FOR AWF CHIEF EXECUTIVE OFFICER, AND PROVIDES GUIDELINES FOR THE CEO TO SET OTHER EXECUTIVE SALARIES. |

| Return Reference | Explanation |
|---------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990, PART VI, SECTION C, LINE 19 | A WF GOVERNING DOCUMENTS, POLICIES, FINANCIAL STATEMENTS AND FEDERAL FORM 990 ARE AVAILABLE TO THE PUBLIC UPON REQUEST. ADDITIONALLY, COPIES OF THE FEDERAL FORM 990 AND ANNUAL REPORTS ARE MAINTAINED ON THE WEBSITE. |

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2015

Open to Public Inspection

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

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

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.

Table with 6 columns: (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.

Table with 7 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile (state or foreign country); (d) Exempt Code section; (e) Public charity status (if section 501(c)(3)); (f) Direct controlling entity; (g) Section 512(b)(13) controlled entity? (Yes/No).

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|-------------------------------------------------------|-------------------------|--------------------------------------------------|----------------------------------|------------------------------------------------------------------------------------------|------------------------------|------------------------------------|--------------------------------------|----|----------------------------------------------------------------|-------------------------------------|----|-----------------------------|
| | | | | | | | Yes | No | | Yes | No | |
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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 |
| (1) AWC LIMITED C/O AXIS FIDUCIARY 18N FRERE FELIX PORT LOUIS, PORT LOUIS MP | PROVISION OF CAPITAL FOR CONSERVATION ENTERPRISES | MP | AFRICAN WILDLIFE FOUNDATION | C | 136,100 | 350,791 | 100 000 % | Yes | |
| (2) AWC CB1 LIMITED C/O AXIS FIDUCIARY 18N FRERE FELIX PORT LOUIS, PORT LOUIS MP | PROVISION OF CAPITAL FOR CONSERVATION ENTERPRISES | MP | AWC LIMITED | C | 234,511 | 2,852,951 | 100 000 % | Yes | |
| (3) AWC CB2 LIMITED C/O AXIS FIDUCIARY 18N FRERE FELIX PORT LOUIS, PORT LOUIS MP | PROVISION OF CAPITAL FOR CONSERVATION ENTERPRISES | MP | AWC LIMITED | C | 306,656 | 3,626,912 | 100 000 % | Yes | |
| | | | | | | | | | |
| | | | | | | | | | |
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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?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

| | Yes | No |
|-----------|-----|----|
| | | |
| 1a | Yes | |
| 1b | | No |
| 1c | | No |
| 1d | Yes | |
| 1e | Yes | |
| | | |
| 1f | | No |
| 1g | | No |
| 1h | | No |
| 1i | | No |
| 1j | | No |
| | | |
| 1k | | No |
| 1l | | No |
| | | |
| 1m | | No |
| 1n | | No |
| 1o | | No |
| | | |
| 1p | | No |
| 1q | | No |
| | | |
| 1r | | No |
| 1s | | No |

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 |
|-------------------------------------|-------------------------------|------------------------|----------------------------------------------|
| See Additional Data Table | | | |
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Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

| Return Reference | Explanation |
|-------------------------|--------------------|
|-------------------------|--------------------|

Additional Data

Software ID:
Software Version:
EIN: 52-0781390
Name: AFRICAN WILDLIFE FOUNDATION INC

Form 990, Schedule R, Part V - Transactions With Related Organizations

| (a) Name of related organization | (b) Transaction type(a-s) | (c) Amount Involved | (d) Method of determining amount involved |
|-------------------------------------|------------------------------|------------------------|----------------------------------------------|
| (1) AWC LIMITED | A | 136,100 | FMV |
| (1) AWC CB1 LIMITED | A | 234,511 | FMV |
| (2) AWC CB1 LIMITED | D | 2,564,919 | FMV |
| (3) AWC CB1 LIMITED | E | 3,000,000 | FMV |
| (4) AWC CB2 LIMITED | A | 306,656 | FMV |
| (5) AWC CB2 LIMITED | D | 3,399,989 | FMV |
| (6) AWC CB2 LIMITED | E | 4,000,000 | FMV |