# **Return of Organization Exempt From Income Tax**

OMB No 1545-0047

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

2018

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A	For the	2018 cale	ndar year, or tax year beginning 1 January , 2018, and endi	ing 31	December	, 20 18							
_			C Name of organization _GREAT PLAINS CONSERVATION FOUNDATION	ing 31	_	oyer identification number							
В		applicable			J Ellipii	<b>-</b>							
$\sqcup$	Address	change	Doing business as		<del>   </del>	45-5494919							
Ш	Name ch	nange	Number and street (or P O box if mail is not delivered to street address) Room/s	suite	E Telepi	none number							
V	Initial ret	urn	165 CAT ROCK LANE			+1(917)608 3589							
	Final retu	rn/terminated	City or town, state or province, country, and ZIP or foreign postal code										
	Amende	d return	JUPTIER, FLORIDA (FL) 33458	<b>G</b> Gross	receipts \$ 1,097,873								
	Applicat	on pending	F Name and address of principal officer	H(a) Is this	a group return t	for subordinates?  Yes  No							
		,	DERECK JOUBERT 27 BRYANSTON DRIVE, JOHANNESBURG, RSA			ites included? Ves \ \ \ No							
ī -	Tax-exe	mpt status	✓ 501(c)(3)			n a list (see instructions)							
<u> </u>	Website		/W.greatplainsfoundation.com	H(c) Gro	oup exemptio	on number ►							
<u>-</u>			✓ Corporation ☐ Trust ☐ Association ☐ Other ► ☐ L Year of form			ite of legal domicile FL							
	art I	Summ				to or logar commune . L							
	1		escribe the organization's mission or most significant activities: To fu	and the day	alonment (	of best practices for							
a	<b>'</b>	_	• • • • • • • • • • • • • • • • • • • •										
ĕ		conservation with long term commitment to the environment, wildlife and local communities in Africa including the promotion											
Ē	_		nsible tourism to help alleviate poverty and to support community develop										
Š	2		is box ► if the organization discontinued its operations or disposed	of more th									
Ğ	3		of voting members of the governing body (Part VI, line 1a)		. 3								
oğ V	4		of independent voting members of the governing body (Part VI, line 1b	)		0							
Activities & Governance	5		nber of individuals employed in calendar year 2018 (Part V, line 2a)		. 5	0							
⋛	6	Total nun	nber of volunteers (estimate if necessary)		. 6	100							
¥	7a	Total unr	elated business revenue from Part VIII, column (C), line 12		. <b>7</b> a	0							
	b	Net unrel	ated business taxable income from Form 999 T, line 38		. 7b	0							
			RECEIVED	Prior	Year	Current Year							
Revenue	8	Contribut	tions and grants (Part VIII, line 1h)	ပ	1,016,99	5 1,095,704							
	9	Program	service revenue (Part VIII, line 2g)										
	10	_	nt income (Part VIII, column (A), lines 3, 4, and 7d)	280-8	1,00	9 2,168							
ď	11		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u> </u>	(1,412	0							
	12	Total reve	enue—add lines 8 through 11 (must equal Part VIII, ediama (A), line 12)	11 (must equal Part VIII Polithan (A) Nine 12)									
	13	Grants ar	nd similar amounts paid (Part IX, column (A), lines 1-3)		1,016,59 147,39								
	14		paid to or for members (Part IX, column (A), line 4)										
'n	15		other compensation, employee benefits (Part IX, column (A), lines 5–10)			0							
Se	16a		anal fundraising fees (Part IX, column (A), line 11e)			8,500							
Expenses	ь		draising expenses (Part IX, column (D), line 25) ► 22,842			3,000							
Ä	17		penses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u> </u>	1,711,48	770,492							
	18	•			1,859,27								
			enses. Add lines 13–17 (must equal Part IX, column (A), line 25)			<del></del>							
	19	Revenue	less expenses. Subtract line 18 from line 12	Beginning of	(842,687	<del></del>							
Net Assets or Fund Balances	00	T-4-1	ate (Dart V. Lag 40)	beginning of									
Sset	20		ets (Part X, line 16)		2,355,62								
a de	21		ulities (Part X, line 26)		1,167,99	<del></del>							
			ts or fund balances. Subtract line 21 from line 20		1,187,63	7 1,502,899							
	art II		ture Block										
Un	der pena	Ities of perju	ry, I declare that I have examined this return, including accompanying schedules and stat	ements, and t	to the best o	f my knowledge and belief, it is							
	e, correc	t, and compi	ete Declaration of preparer (other than officer) is based on all information of which prepare	er nas any kni	owiedge	<del>,</del>							
٠.		I A FF	Anna C. Kattle		<u> </u>	or 11 2019							
Sig		Sign	ature of officer		Date	•							
He	re	I A	NNA RATHMANN DIRECTOR										
		<b>V</b> j ype	or print name and title										
Pa	id		pe preparer's name Preparer's signature	Date	Check	c ☐ ıf PTIN							
	epare	P			I	mployed							
	e Onl		ame •		imi's EIN ▶								
Jo	- UIII	y   1.00	ddress ▶	1	Phone no								
Ma	y the IF		s this return with the preparer shown above? (see instructions)	· · · ·		Yes No							
_				No 11282Y		Form <b>990</b> (2018)							

Part	Statement of Program Service Ac		5	
	Check if Schedule O contains a res	<del></del>	s Part III	_· · · · · <u>Ľ</u>
1	Briefly describe the organization's mission			
	To fund the development of best practices fo			
	communities in Africa including the promotion	n of responsible tourism to allevia	te poverty and to support commun	ity development
	in Africa.			
		<del></del>		
2	Did the organization undertake any signific		year which were not listed on th	
	prior Form 990 or 990-EZ?			✓ Yes   ☐ No
	If "Yes," describe these new services on S			
3	Did the organization cease conducting,	or make significant changes in	n how it conducts, any program	
	services?			🗌 Yes 🗹 No
	If "Yes," describe these changes on Scheo	ule O.		
4	Describe the organization's program servi-	ce accomplishments for each of	its three largest program service	s, as measured by
	expenses. Section 501(c)(3) and 501(c)(4)	organizations are required to rep	port the amount of grants and all	ocations to others,
	the total expenses, and revenue, if any, for	each program service reported.		
4a	(Code: ) (Expenses \$ 4	78,691 including grants of \$	0) (Revenue \$	554,342)
	Rhinos Without Borders			
	GPF has been instrumental in the relocation	of 87 rhinos from South Africa with	the relocation into the Botswana w	vilderness There
	are 3 core breeding herds and over the past 4			
	trans-location quarantine costs, all licence ar			
	security and monitoring costs. The Foundati			
	, the costs of a central monitoring station, tel			
	are managed and if necessary relocated away			
	constant on the ground monitoring combined			
	addition the monitoring teams consistently e			e wildlife
	population and the commercial benefits which	h flow from employment opportuni	ities in the torism sector.	
			•••••	
	<del>-</del>	<del></del>		
4b	(Code:) (Expenses \$	23,162 including grants of \$	0) (Revenue \$	135,704)
	Land for Lions			
	Land for Lions is focused on securing extend			
	initiative developing relationships with the co	mmunities, educating communitie	s and growing the area of influence	we have in this
	area. In 2018 we supported the successful he	osting of the 3rd Maasia Olympics	in December 2018.	••••
	<u>.</u>			****
		,		
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<del></del>
4c	(Code: ) (Expenses \$ 1.	30,753 including grants of \$	0) (Revenue \$	130,753)
	Anti Poaching Initiatives - Greater Zambezi R	iver Velley		·
	In 2017 GPF commenced an initiative in asso		Parks Authorities to combat noac	hing in the Greater
	Zambezi River Valley. The Foundation funds			
	vehicles and equipment and the operating ex			
	huge impact on the reduction in poaching in			ers the cost of 12
	National Park ranger costs as well as the con	servation manager.		
4d	Other program services (Describe in Scheo			
4d	Other program services (Describe in Scheo (Expenses \$ 18,054 including gran Total program service expenses >		ue \$ 64,298)	

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		<u> </u>	<u> </u>	age J
Part	Checklist of Required Schedules		V	•
1 '	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	~	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		~
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4		>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		,
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		V
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		٧
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		~
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V .	10		~
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		~
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		~
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		~
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		~
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		~
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		~
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		~
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		~
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a	<b>V</b>	~
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	174		
•	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b	•	
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? If "Yes," complete Schedule F, Parts II and IV	15		~
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		~
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		~
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		~
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		~
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21 	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		/

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Part	Checklist of Required Schedules (Continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		~
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	V	
24a b	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a 24b		v
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? If "Yes," complete Schedule L, Part I	25a		,
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	_	~
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? If "Yes," complete Schedule L, Part II	26		,
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		~
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		1
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		~
С	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? If "Yes," complete Schedule L, Part IV	28c	~	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		,
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		V
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		,
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		,
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		~
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		~
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		~
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		~
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38		,
Part				,
	Check if Schedule O contains a response or note to any line in this Part V	• •	 Yes	No.
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   -0-		res	NO
1a b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10		

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Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)									
				Yes	No					
2a -	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax									
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	o								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	. 7	2b							
_	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) .									
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		 3а		~					
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	_	3b		_					
<b>4</b> a	a financial account in a foreign country (such as a bank account, securities account, or other financial account		4a		/					
b	If "Yes," enter the name of the foreign country:	" F								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FE	BAR)			ŀ					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		— 5a		V					
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		Ť					
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c							
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did									
<b>6</b> a	organization solicit any contributions that were not tax deductible as charitable contributions?		6a		<b>"</b>					
	If "Yes," did the organization include with every solicitation an express statement that such contribution				Ě					
b	gifts were not tax deductible?	1	6ь							
7	Organizations that may receive deductible contributions under section 170(c).	· F			<b></b>					
7										
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for go and services provided to the payor?		7a		~					
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<u> </u>	7b		<u> </u>					
		_	•							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it required to file Form 8282?		7c		<b>,</b>					
a	If "Yes," indicate the number of Forms 8282 filed during the year	· H	<del>'</del>		<u> </u>					
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contri	ract?	7 <u>e</u>		v					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	_	7f		v					
g g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as requi	· · · —	7g		~					
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 109		7h		1					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by	<b>—</b>								
U	sponsoring organization have excess business holdings at any time during the year?		8		~					
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the sponsoring organization make any taxable distributions under section 4966?	. 7	9a							
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	_	9b							
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12									
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b									
11	Section 501(c)(12) organizations. Enter:		į							
а	Gross income from members or shareholders									
b	Gross income from other sources (Do not net amounts due or paid to other sources									
_	against amounts due or received from them.)									
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 104	1? 1	2a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		j							
а	Is the organization licensed to issue qualified health plans in more than one state?	. 1	За							
	Note. See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which									
	the organization is licensed to issue qualified health plans		ŀ							
	Enter the amount of reserves on hand									
14a	Did the organization receive any payments for indoor tanning services during the tax year?	. 1	4a		~					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		4b							
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration									
	excess parachute payment(s) during the year?		15		V					
	If "Yes," see instructions and file Form 4720, Schedule N.									
	Is the organization an educational institution subject to the section 4968 excise tax on net investment inco	me?	16		V					
	If "Yes " complete Form 4720. Schedule O.		$\neg \uparrow$							

Part										
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Check if Schedule O contains a response or note to any line in this Part VI			trucu	ons.					
Secti	on A. Governing Body and Management	<u></u>	• •	• •						
	on 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   1a				1					
	If there are material differences in voting rights among members of the governing body, or		1 ]							
	if the governing body delegated broad authority to an executive committee or similar									
	committee, explain in Schedule O.				1					
b	Enter the number of voting members included in line 1a, above, who are independent . 1b	·	]							
2										
	any other officer, director, trustee, or key employee?		2	~						
3	The time organization delegate contact over management delice the property of the contact of the									
_	supervision of officers, directors, or trustees, or key employees to a management company or other pe		3		-					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w		4		<b>/</b>					
·5	Did the organization become aware during the year of a significant diversion of the organization's	assets?.	5		<b>V</b>					
6	Did the organization have members or stockholders?	· · · · ·								
7a	Did the organization have members, stockholders, or other persons who had the power to election or more members of the governing body?		7a		~					
b	Are any governance decisions of the organization reserved to (or subject to approval by stockholders, or persons other than the governing body?		7b		~					
8	Did the organization contemporaneously document the meetings held or written actions under									
	the year by the following:		<u></u>	<del></del>						
а	The governing body?		8a	<b>V</b>						
b	Each committee with authority to act on behalf of the governing body?		8b							
9			9		V					
Secti	on B. Policies (This Section B requests information about policies not required by the In		_	ode.)	L,					
				Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?		10a		>					
b	If "Yes," did the organization have written policies and procedures governing the activities of su	ch chapters,								
	affiliates, and branches to ensure their operations are consistent with the organization's exempt p		10b							
11a										
b										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	~						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris		12b	_						
С	Did the organization regularly and consistently monitor and enforce compliance with the police describe in Schedule O how this was done.	cy r ir "Yes,"	12c	~						
13	Did the organization have a written whistleblower policy?		13		~					
14	Did the organization have a written document retention and destruction policy?		14		~					
15	Did the process for determining compensation of the following persons include a review and			_	ı					
. •	independent persons, comparability data, and contemporaneous substantiation of the deliberation at	nd decision?								
а	The organization's CEO, Executive Director, or top management official		15a	~						
b	Other officers or key employees of the organization		15b		~					
	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 with a taxable entity during the year?	arrangement	16a		<u> </u>					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to	evaluate its			1					
•	participation in joint venture arrangements under applicable federal tax law, and take steps to si									
	organization's exempt status with respect to such arrangements?		16b							
Secti	on C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ▶ Delaware									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 9	90, and 990-	T (Sec	tion 5	501(c)					
	(3)s only) available for public inspection. Indicate how you made these available. Check all that ap									
	Own website Another's website Upon request Other (explain in Sched	•								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents,	conflict of inf	erest	policy	, and					
20	financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's	hooke and ra	corde	•						
20	Jacqueline Usher, No 2 The Parks 26 8th Avenue, Parktown North Johannesburg South Africa +27 72 7		CUIUS	_						
	Jacqueinie Osher, NO 2 The Parks 20 our Avenue, Parktown North Johannesburg South Africa +27 72 7	100070	Forn	n <b>990</b>	(2018)					

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Part VII	Compens	ation of Officers	, Directors,	Trustees,	Key Employees,	Highest	Compensated	Employees,	and
	Independe	ent Contractors							

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

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

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

☐ Check this box if neither the organization no	r any relate	d orga	anız	atic	n c	ompe	nsa	ited any curren	t officer, director	, or trustee.	
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted	(do n box, office or direct	ot ch	Pos neck as pe	c) ition more		one n an	(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	
	line)	ustee	trustee		8	pensated				organizations	
(1) Dereck Joubert	14 30	,						0	200,000		0
(2) Beverley Joubert	10 14	,						0	72,000		0
(3) Sarah Boeckmann	14 26	,						0	76,750	·	0
(4) Jacqueline Usher	10 40			,				0			0
(5)		-									
(6)											
(7)											
(8)											
(9)								,			
(10)											
(11)											
(12)											
(13)											_
(14)		-									

Form **990** (2018)

Part VII . Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
•	Name and title	(B) Average hours per	box, ι	unles	Pos eck s pe	rson	than on the than the the than the than the than the the than the the the the the the than the	an	an Reportable Reportable compensation compensation		on from amount of	
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	trom the organization (W-2/1099-MISC)	related organizatic (W-2/1099-N		other compensation from the organization and related organizations
(15)												
(16)												
(17)										<u> </u>		
(18)	,											
(19)				_								
(20)												<del></del>
(21)											_	<del></del>
(22)												
(23)			_									
(24)												
(25)												
1b c	Sub-total			•	•			<b>▶</b> ▶	0		5,794 0 5,794	0 0
2	Total number of individuals (including but	not limited						e) w	no received me			
3	Did the organization list any former of employee on line 1a? If "Yes," complete 3	ficer, direc									nsated	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual	greater tha	an \$1 	150,	000	)? /i	f "Ye:	s," · ·	complete Sch	edule J fo 	r such	4 🗸
5 ——	Did any person listed on line 1a receive of for services rendered to the organization	r accrue co	ompe compl	nsat lete	tion Sch	froi nedu	n any <i>ile J f</i>	or s	related organiz such person	ation or inc	lividual <del>: :</del>	5 🗸
Section	on B. Independent Contractors											
1	Complete this table for your five highest compensation from the organization. Repyear.	compensate oort compe	ed ind	depe	end or th	ent ne c	contr alend	acto ar y	year ending wit	ed more that h or within	the org	anızatıon's tax
	(A) Name and business add	ress				_			(B) Description of s	ervices		(C) Compensation ————
A Rath	mann, 16055 Clarkes Gap Road, Waterford V	/A 20197					_	Ma	nagement and f	und raising		78,500
											·	
	Tatal musham of reduced the controls	المنامدا وس					od +-		non listed at	200) 1115		
2	Total number of independent contractor received more than \$100,000 of compens							ιn	nose listed abo	ove) wno		

Part	VIII	Statement of Revenue Check if Schedule O conta	aine a reer	nonse or note to	any line in this	Part VIII		
	•	Check if Schedule O conta	airis a resp	Jonise of Hote to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts, Grants Amounts	1a b	Federated campaigns Membership dues						
s, G Am	С	Fundraising events	. 1c					
Gifts, ( ilar An	d	Related organizations	. 1d					
Contributions, Giff and Other Similar	е	Government grants (contribution						
tior er S	f	All other contributions, gifts, gra						
ib th		and similar amounts not included a		1,095,704	İ			
Contributions, and Other Sim	g	Noncash contributions included in lin	es 1a–1f: \$	3,500				
_	h	Total. Add lines 1a-11.	· · ·	🕨	1,095,704			
Program Service Revenue				Business Code				<u> </u>
eve	2a							
e B	b							
Zic	C					<del> </del>		
Se	ď					<del></del>	·	
ram	e	A II - A II			···			
rog	f	All other program service re		•				<del> </del>
	<u>g</u> 3	Total. Add lines 2a-2f Investment income (include	ling divide	nde interest				<u> </u>
	٦	and other similar amounts)			2,168			2,168
	4	Income from investment of tax	-exempt bo	ond proceeds ▶		-		
	5	Royalties		▶		-		
			ı) Heál	(II) Personal	-	-		
	6a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)		<u>.</u> ▶				
	7a	Gross amount from sales of assets other than inventory	ecunties	(II) Other				
	b	Less. cost or other basis and sales expenses .						
	С	Gain or (loss)						
	d	Net gain or (loss)		<u> </u>		<del> </del>	<u> </u>	1
enne	8a	Gross income from fundrais events (not including \$	sing					
Other Revenue		of contributions reported on I See Part IV, line 18						
£ ·	b	Less: direct expenses	<b>b</b>					
	С	Net income or (loss) from fu	ındraısıng					
	9a	Gross income from gaming See Part IV, line 19						
	b	Less: direct expenses	b					
		Net income or (loss) from ga		vities ►				<u> </u>
	10a	Gross sales of inventor returns and allowances .					-	
	b	Less: cost of goods sold .	b					
		Net income or (loss) from sa						
		Miscellaneous Revenue		Business Code				
	11a							_
	b							<u> </u>
	С							
	d	All other revenue						<del>                                     </del>
	е	Total. Add lines 11a-11d .		<u> </u>			<del> </del>	
	12	Total revenue. See instruct	tions .	▶	1,097,873			1,097,873
								Form <b>990</b> (2018)

Part IX .Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must com	nplete all columns. A	ll other organization	s must complete co	lumn (A).
	. Check if Schedule O contains a respon-	se or note to any lin	e in this Part IX .		🗹
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
_ <sub>1</sub>	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				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees		-		
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 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):	70.500		70.500	
a	Management	78,500 14,845		78,500	14,845
G	Accounting	14,043			
d	Lobbying			-	
e	Professional fundraising services See Part IV, line 17	8,500			8,500
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	771			771
12	Advertising and promotion				
13	Office expenses	7,505		7,505	
14	Information technology				
15	Royalties				
16	Occupancy	7.000			7.000
17 18	Travel	7,226			7,226
	for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings . Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	492		492	
23	Insurance	402			
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.)				
а	Rhinos without Borders	478,691	478,691		
b	Community projects	18,054	18,054		
C	Land for Lions	23,162	23,162		
d	Zimbabwe anti poaching support team	130,753	130,753		
e 25	All other expenses  Total functional expenses. Add lines 1 through 24e	10,492	10,492		24 242
25 26	Joint costs. Complete this line only if the	778,992	661,152	86,498	31,342
20	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here Infollowing SOP 98-2 (ASC 958-720)				

Form 990 (2018)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X Beginning of year End of year 1 270,351 1 200,477 2 2 Savings and temporary cash investments . . . . . . 2,026,786 1,923,033 3 3 4 4 3,713 159,044 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 0 0 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(0)(D), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . . . . . 6 0 0 7 0 7 0 8 ol 8 Inventories for sale or use . . . . . . . . 0 9 9 Prepaid expenses and deferred charges . . . ol 3,500 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 1,476 1,476 10c Less: accumulated depreciation . . . . 10b b (492)984 Investments - publicly traded securities 53,307 11 11 49,688 12 Investments - other securities. See Part IV, line 11 . . . 0 12 0 Investments—program-related. See Part IV, line 11. 0 13 13 0 14 ol 14 0 Other assets. See Part IV, line 11 . . . . . . . . . . . . . 15 15 o 0 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . . 2,355,633 16 2,336,726 17 17 Accounts payable and accrued expenses . . . . . . . 1,167,996 833,827 18 18 Grants payable . . . . . . . . . . . . . . . . . ol 0 19 ol 19 0 20 ol 20 0 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. ol 0 Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . . . . 22 0 0 23 23 Secured mortgages and notes payable to unrelated third parties . . . 0 0 Unsecured notes and loans payable to unrelated third parties . . . 24 24 o 0 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 0 0 **Total liabilities.** Add lines 17 through 25 1,167,996 26 833,827 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 0 O 28 28 0 0 0 29 0 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. Capital stock or trust principal, or current funds . . . . . . . . . 30 0 0 31 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 0 0 Retained earnings, endowment, accumulated income, or other funds. 1,187,637 32 32 1,502,899 33 33 0 Total liabilities and net assets/fund balances . . . . 2.355.633 1.502.899

_		4	•
Pag	е	ı	4

	· · · · · · · · · · · · · · · · · · ·				
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		1,09	7,873
2	Total expenses (must equal Part IX, column (A), line 25)	2		77	8,779
3	Revenue less expenses. Subtract line 2 from line 1	3		31	9,094
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,18	7,637
5	Net unrealized gains (losses) on investments	5		(;	3,618 <u>)</u>
6		6			
7	myodinone oxpenses in the first transfer and the first transfer and tr	7			
8	The period adjustments	8	_		
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	l			
	7	10   _		1,50	2,899
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:  Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," expla	ain in			
_	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .		2a		~
	If "Yes," check a box below to indicate whether the financial statements for the year were compile	ed or			
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		2b	<del></del>	
D	Were the organization's financial statements audited by an independent accountant?		20		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	on a			
	separate basis, consolidated basis, or both:  Separate basis  Separate basis  Separate basis  Separate basis				
_	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	reight	<del></del>	_	
C	of the audit, review, or compilation of its financial statements and selection of an independent accounts		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain				Ī
	Schedule O.	u			
32	As a result of a federal award, was the organization required to undergo an audit or audits as set for	rth in			
Vа	the Single Audit Act and OMB Circular A-133?		3a		~
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	o the			
_	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audit		3b		
			Forr	n <b>990</b>	(2018)
					-

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

**Public Charity Status and Public Support** 

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

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

Inspection

Name	of the organization					Employer identification	number
1 Jar	nuary					31 Dec	ember
Par	t I Reason for Public Cha	rity Status (All	organizations must	comple	te this p	art.) See instruction	ns.
The o	organization is not a private founda						
1	A church, convention of church						$^{1}$
2	A school described in <b>section</b>						$\Theta$ T
3	☐ A hospital or a cooperative hos						· · · · · · · · · · · · · · · · · · ·
4	A medical research organization	•	onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A)	iii). Enter the
	hospital's name, city, and state		·				
5	An organization operated for section 170(b)(1)(A)(iv). (Com	olete Part II.)					ai unit described in
6	A federal, state, or local govern	nment or govern	mental unit described	I in section	on 170(b)	(1)(A)(v).	
7	An organization that normally described in section 170(b)(1)			port from	a goveri	nmental unit or from	the general public
8	A community trust described in						
9	An agricultural research organi or university or a non-land-gra university:	nt college of agr	culture (see instruction	ons). Ente	r the nam	ne, city, and state of	the college or
10	An organization that normally receipts from activities related support from gross investment acquired by the organization a	to its exempt ful t income and uni fter June 30, 197	nctions—subject to c related business taxal 75. See <b>section 509(</b> a	ertain exc ble incom a)(2). (Cor	eptions, le (less se nplete Pa	and (2) no more tha ection 511 tax) from art III )	n 33¹/₃% of its
11	An organization organized and						
12	An organization organized and	operated exclus	ively for the benefit o	t, to perfo	orm the fu	inctions of, or to car	ry out the purposes
	of one or more publicly support Check the box in lines 12a thro	ugh 12d that des	scribes the type of sur	oporting o	rganizatio	on and complete line	s 12e, 12f, and 12g.
а	Type I. A supporting organ the supported organization supporting organization. You	(s) the power to	regularly appoint or e	lect a ma	jority of t	rted organization(s), he directors or trust	typically by giving ees of the
b	☐ <b>Type II.</b> A supporting organization(s). <b>You must</b>	the supporting o	rganızatıon vested in	the same			
С	☐ Type III functionally integ	•			onnection	n with, and functions	ally integrated with,
·	its supported organization(	s) (see instructio	ns). <b>You must comp</b>	lete Part	IV, Secti	ons A, D, and E.	
d	☐ Type III non-functionally i						orted organization(s)
	that is not functionally integreduirement (see instruction	grated. The orgains). <b>You must c</b>	nızatıon generally mu omplete Part IV, Sed	st satisfy ctions A a	a distribu and D, ar	ition requirement an id Part V.	d an attentiveness
е	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.					e II, Type III	
f	Enter the number of supported of						
<u>g</u>	Provide the following information	about the supp	orted organization(s).	_			
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	rganization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
		]		Yes	No		
(A)				_			
(B)							
(C)							
(D)							
(E)							

Part	II Support Schedule for Organiza	ations Descri	bed in Secti	ons 170(b)(1)	(A)(iv) and 1	70(b)(1)(A)(vi	)
	(Complete only if you checked the				-	•	alify under
	<ul> <li>Part III. If the organization fails to</li> </ul>	qualify unde	r the tests lis	ted below, pl	ease comple	te Part III.)	
$\overline{}$	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	422.555	1 507 200	024 702	1 010 005	1 005 704	5 070 ACC
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	433,666	1,597,298	934,792	<u>1,016,995</u>	1,095,704	5,078,455
3	The value of services or facilities furnished by a governmental unit to the organization without charge	,					
4	Total. Add lines 1 through 3	433,666	1597,298	934,792	1,016,995	1,095,704	5,078,455
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)						1,280,000
6	Public support. Subtract line 5 from line 4						3,798,455
	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	<b>(d)</b> 2017	(e) 2018	(f) Total
7	Amounts from line 4	433,666	1,597,298	934,792	1,016,995	1,095,704	5,078,455
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	O	912	2,808	1,009	2,168	6,897
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.)	3,716	15,304	10,832	(1,412)	0	24,439
11	Total support. Add lines 7 through 10						5,113,791
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the organization, check this box and stop he on C. Computation of Public Support	re <u> </u>				ear as a section	
14	Public support percentage for 2018 (line 6			1 column (fl)		14	18,054 %
15 16a	Public support percentage from 2017 Sch 331/3% support test—2018. If the organi	nedule A, Part I zation did not	I, line 14 . check the box	on line 13, an	 d line 14 is 33	15 31/3% or more,	0 % check this
	box and stop here. The organization qua	•		_			
b	331/3% support test—2017. If the organithis box and stop here. The organization	qualifies as a p	oublicly suppo	rted organization	on		<b>&gt;</b> 🗆
17a	10%-facts-and-circumstances test – 20 10% or more, and if the organization me Part VI how the organization meets the "organization	eets the "facts- facts-and-circu	and-circumstaumstaumstances" te	ances" test, ch st. The organiz	eck this box a cation qualifies	and <b>stop here.</b> s as a publicly	Explain in supported
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization in Part VI how the organization in supported organization	tion meets the neets the "fact	e "facts-and-c s-and-circums	circumstances" stances" test.	test, check f The organizati	this box and s on qualifies as	stop here. a publicly
18	Private foundation. If the organization de	d not check a t	oox on line 13,	16a, 16b, 17a	, or 17b, chec	k this box and	see

Part							/
•	(Complete only if you checked the						der Part II.
Cooti	If the organization fails to qualify	under the te	sts listed bei	ow, please co	omplete Part	11.)	/
	on A. Public Support dar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018/	(f) Total
1	Gifts, grants, contributions, and membership fees	(a) 2014	(6) 2013	(6) 2010	(4) 2017	(6) 2010/	(i) Total
•	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		i			/	
	organization's tax-exempt purpose				/	Y 1	
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	<b>N</b>					
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	\		/	1		
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	<u> </u>		/			
/a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	\	<u> </u>				
	·				_	-	
b	Amounts included on lines 2 and 3 received from other than disqualified		\		1		
	persons that exceed the greater of \$5,000		\ /				
	or 1% of the amount on line 13 for the year		\ X				
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from		/				
_	line 6.)	/					
Secti	on B. Total Support		1				
Calen	dar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6			1			
10a	Gross income from interest, dividends,	/		\			
	payments received on securities loans, rents,	/		\			
_	royalties, and income from similar sources .	/		<del>  \                                   </del>			
b	Unrelated business taxable income (less/			\			
	section 511 taxes) from businesses acquired after June 30, 1975						
•	Add lines 10a and 10b						
11	Net income from unrelated business			<b>—</b>	<del> </del>		
•••	activities not included in line 10b, whether			\			
	or not the business is regularly/carried on			i '			
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.)			<u></u>			
14	First five years. If the Form 990 is for the	-			n, or fifth tax y	ear as a sectior	
	organization, check this box and stop he		· · · · ·		<u>· · · · · · · · · · · · · · · · · · · </u>		<b>&gt;</b> 🗸
<u>Secti</u>	on C. Computation of Public Suppor					<u></u>	<del></del>
15	Public support percentage for 2018 (line					15	<u>%</u>
16	Public support percentage from 2017 Sci			<u></u>	<u> </u>	16	
	on D. Computation of Investment In			by line 12 acti	ımn (fl)	17	%
17	Investment income percentage for 2018 ( Investment income percentage from 201)					18	<del>%</del>
18 19a	331/3% support tests—2018. If the organ	i scriedule A, I	check the bo	 x on line 14 a	nd line 15 is m	\	
138	17 is not more than 331/3%, check this box						
h (	331/3% support tests—2017. If the organiz		-			- 1	
	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization di	id not check a	box on line 14	, 19a, or 19b,	check this box	and see instruc	tions 🕨 🗌

## Part IV Supporting Organizations

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

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

determine whether the organization had excess business holdings.)

10b

Part	Supporting Organizations (continued)			
			Yes	No
	·Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	<u> </u>	<u> </u>
Secti	on B. Type I Supporting Organizations			
			Yes	No
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	i		
	tax year? If "No," describe in <b>Part VI</b> 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.			
	organizations and what conditions of restrictions, if any, applied to such powers during the tax year.	1		~
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.	2		
Secti	on C. Type II Supporting Organizations			,
			Yes	No
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	i		
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		<u> </u>
Secti	on D. All Type III Supporting Organizations	-		
			Yes	No
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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?		<u> </u>	
•		1		-
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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)			
•		2	<u> </u>	
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 <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations		l	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	netru	ction	<u></u>
' a	The organization satisfied the Activities Test. Complete line 2 below.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	01.0	3).
b	<ul> <li>☑ The organization is the parent of each of its supported organizations. Complete line 3 below.</li> </ul>			
c	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (	see in	struct	ions).
2	Activities Test. Answer (a) and (b) below.		Yes	
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
u	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	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.	2a		
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.	2b		~
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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.	3a		
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.	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 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A-Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3	·	
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		-
Section B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):	<del> </del>		
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		<u> </u>
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	- <b>-</b> -	
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):	<u> </u>		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3	· · · · · · · · · · · · · · · · · · ·	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C—Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

Part	V Type III Non-Functionally Integrated 509(a)(3	) Supporting Organi	zations (continued)	
Secti	on D—Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	orted	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nızatıons	
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	h the organization is res	nonsive	
	(provide details in <b>Part VI</b> ). See instructions.	., gaa	<b>,</b>	
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6	-		
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
3	Excess distributions carryover, if any, to 2018			
	From 2013			
<u>b</u>	From 2014			
	From 2015			
d	From 2016		***	
	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
<u>_</u>	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.	·-		
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			ļ
b	Excess from 2015			<u> </u>
С	Excess from 2016			
d	Excess from 2017			<u> </u>
е	Excess from 2018			

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.)
The Great Plains Conservation Foundation as part of its fund raising initiatives for its projects sold branded clothing ware as well as
well as accessories. These products were also used as an incentive to raise funds on a crowd raising platform in 2014 and 2015. We have
discontinued these product lines. (PART II Line 10)
·

:Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part

# SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

**Supplemental Financial Statements** 

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

► Attach to Form 990.

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

OMB № 1545-0047

Open to Public Inspection

**Employer identification number** Name of the organization 31 December 1 January Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . . . . . . 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . Aggregate value at end of year . . . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . . . ☐ Yes ☐ No 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 ☐ Yes ☐ No Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 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 a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. 2a 2b Number of conservation easements on a certified historic structure included in (a) . . . Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ www.greatplain Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 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. 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: \$ To fund the developme 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: \$ conservation with long \$ of responsible tourism Assets included in Form 990, Part X . Schedule D (Form 990) 2018 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 52283D

Part	III · Organizations Maintaining Co	ollections of I	Art, Hist	torical T	reasures, c	or Oth	er Similar As	sets (continued)
3.	Using the organization's acquisition, accollection items (check all that apply):	cession, and otl	her recor	ds, chec	k any of the	follow	ng that are a s	ignificant use of its
а	☐ Public exhibition		d	Loan	or exchange	progra	ams	
b	Scholarly research		е	Other	To fund the	devel	opment of best p	ractices for con:
C	☐ Preservation for future generations						·	
4	Provide a description of the organization	n's collections a	and expla	un how t	nev further th	e orga	nization's exen	npt purpose in Part
••	XIII.				,	<b>.</b>		
5	During the year, did the organization so	licit or receive	donation	s of art	historical trea	sures	or other similar	ar
	assets to be sold to raise funds rather the							
Part			•					
	Complete if the organization ar		on For	m 990. F	Part IV. line 9	9. or r	eported an an	nount on Form
	990, Part X, line 21.			,		,		
1a	Is the organization an agent, trustee, cu	ustodian or oth	er interm	nediary fo	or contributio	ns or	other assets no	
	included on Form 990, Part X?							☐ Yes ☐ No
b	If "Yes," explain the arrangement in Part	XIII and comple	ete the fo	llowing ta	able:			
	in 100, explain the arrangement with air	7 m and outiple	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				A	mount
_	Beginning balance					1c	communities in	Africa including the
۲ 0	Additions during the year					1d		in Africa.
d	Distributions during the year					1e		
e	Ending balance					1f		
f	Did the organization include an amount of						account liability	2 D Vas D No
2a	If "Yes," explain the arrangement in Part							
Pari		AIII. CHECK HER	e ii tile e/	(piariatio	i nas been pi	Ovide	J OITT AIT XIII .	ــــــــــــــــــــــــــــــــــــــ
Гап	Complete if the organization ar	newered "Ves'	" on For	m 990 F	Part IV line	10		
		(a) Current year		or year	(c) Two years I		(d) Three years back	(e) Four years back
10	<u> </u>	(a) Carron your	(2)	., ,	(0) / 110 / 1110 1		,-,	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Beginning of year balance Contributions							
b								<del></del>
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities and programs			,				
f	Administrative expenses							
g	End of year balance				-			
2	Provide the estimated percentage of the	current year en	d balanc	e (line 1g	, column (a))	held a	s:	
а	Board designated or quasi-endowment							
b	Permanent endowment ► In 2017 GPF c	,%						
С	Temporarily restricted endowment ▶ Za							
	The percentages on lines 2a, 2b, and 2c		00%.					
3a	Are there endowment funds not in the p			zation tha	at are held ar	nd adn	ninistered for th	ne
	organization by:		_					Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations							3a(ii)
b	If "Yes" on line 3a(ii), are the related orga							3b
4	Describe in Part XIII the intended uses of							
Part								-
	Complete if the organization ar		" on For	m 990, F	Part IV, line	11a. S	See Form 990,	Part X, line 10.
	Description of property	(a) Cost or ot			or other basis		ccumulated	(d) Book value
		(investme	ent)	(0	ther)	der	preciation	
1a	Land							
b	Buildings							
С	Leasehold improvements							
d	Equipment				_			
e	Other							
Total	Add lines 1a through 1a (Column (d) mus	et equal Form 0	On Part	Column	(R) line 10c	)	<b>—</b>	

•	(a) Description of security or cat		(b) Book value	* * * * * * * * * * * * * * * * * * * *	od of valuation
	(including name of security			Cost or end-c	of-year market value
(1) Financial					
	held equity interests				
(A)	·····				
(B)					
(C)					<del></del>
(D)				<u> </u>	
(E)		····			
(F)		•••••		-	
(G) (H)					· · · ·
``	(h) must soud Form 000. Book V. and (f) line 12				
Part VIII	(b) must equal Form 990, Part X, col (B) line 12.  Investments—Program Rela				
Part VIII	Complete if the organization		m 990 Part IV line	11c See Form	990 Part X line 13
	(a) Description of investmen		(b) Book value		od of valuation
	(a) Description of investmen	ıı	(b) Book value	1.,	of-year market value
(1)			<del>                                     </del>		
(1)					
(2)	<del></del>	<del></del>			
(4)	·				
(5)					
(6)				-	
(7)					
(8)					
(9)					
	b) must equal Form 990, Part X, col. (B) line 13.	) <b>&gt;</b>		-	-
Part IX	Other Assets.	==			-
	Complete if the organization a	answered "Yes" on For	m 990, Part IV, line	11d. See Form	990, Part X, line 15.
		(a) Description			(b) Book value
(1)		<u>.</u>			
(2)		<u>.</u>			
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	mn (b) must equal Form 990, Part .	X, col. (B) line 15.)	<u> </u>	<u> ▶ </u>	
Part X	Other Liabilities.				
	Complete if the organization	answered "Yes" on For	m 990, Part IV, line	11e or 11f. See	Form 990, Part X,
	line 25.	-· <sub> </sub>			
1.	(a) Description of liability	(b) Book value			
(1) Federal in	ncome taxes				
(2)					
(3)	<u> </u>				
(4)					
(5)			1		
(6)	· · · · · · · · · · · · · · · · · · ·		<del></del>		
(6) (7)					
(6) (7) (8)					
(6) (7) (8) (9)	b) must equal Form 990, Part X, col. (B) line 25.				

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part	Reconciliation of Revenue per Audited Financial Stateme		Return.
•	Complete if the organization answered "Yes" on Form 990, I		<del> </del>
1	Total revenue, gains, and other support per audited financial statements		1 -0-
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a -0-	
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants		_{
d	Other (Describe in Part XIII.)		<u> </u>
е	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:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	4
b	Other (Describe in Part XIII.)	4b	<b>_ </b>
C	Add lines <b>4a</b> and <b>4b</b>		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		
Part	·		er Return.
	Complete if the organization answered "Yes" on Form 990, I		, <del>, , ,</del>
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	l <sub>=</sub>	
а	Donated services and use of facilities	2a	4
b	Prior year adjustments	2b	4
С	Other losses		4
d	Other (Describe in Part XIII.)		-
е	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:		1
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	4
b	Other (Describe in Part XIII.)	4b	
c			4c   5
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line		] 5
	Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4: Port IV lines 1b and 2b	o: Port V. lino 4: Port V. lino
	e the descriptions required for Part II, lines 3, 3, and 9, Part III, lines 1a and 1. It is part III, lines 2d and 4b. Also complete this part		
-, , u	into 2d and 10, and 1 are mi, into 2d and 10. This complete the part	io provido dili, decimenta il	
<b></b>			
			<del>-</del>
			•••••

Schedule D (Fo		age 5
Part XIII	· Supplemental Information (continued)	
0		

#### **SCHEDULE F** (Form 990)-

## **Statement of Activities Outside the United States**

OMB No 1545-0047 2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

1 January

Part I

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

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

Name of the organization Employer identification number 31 December General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

Form 990, Part IV, line	14b.				
For grantmakers. Does the other assistance, the grante award the grants or assistant.	ees' eligibility				✓ Yes □ No
For grantmakers. Describe outside the United States.	ın Part V the	e organization	's procedures for monitorin	ng the use of its grants an	d other assistance
3 Activities per Region. (The fo	llowing Part	I, line 3 table o	can be duplicated if addition	nal space is needed.)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) Botswana	1	40	Program services	Rhinos without borders	478,691
(2) Botswana	1	_ 12	grants in kind to receiptants	Lights for education	9,686
(3) Botswana	1	24	conservation education	conservation education	1,956
(4) Botswana	1	15	conservation education	Herding programme	8,729
(5) Kenya	1	8	grants and investments	Land for lions	23,162
(6) Kenya	1	11	conservation education	Conservation education	6,413
(7) Zimbabwe	1	18	program services	antı-poaching in Greater	
(8)				Zambezi Valley	130,753
(9) Botswana			grants	poaching apprehension	1,763
(10)					
(11)					
(12)					
(13)					
(14)					-
(15)					
(16)					
(17)					
<b>3a</b> Subtotal			_		661,152
<b>b</b> Total from continuation sheets to Part I	_	-			0
c Totals (add lines 3a and 3b).	I	I	I .	I	661 152

Page 2

Schedule F (Form 990) 2018

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

(i) Method of valuation (book, FMV, appraisal, other)																		Schedule F (Form 990) 2018
(h) Description of noncash assistance																	ax-exempt	Sche
(g) Amount of noncash assistance																	itry, recognized as ta	
(f) Manner of cash disbursement																	are recognized as charities by the foreign country, recognized as tax-exempt section 501(c)(3) equivalency letter	
(e) Amount of cash grant																	ognized as charities 1 501(c)(3) equivaler	
(d) Purpose of grant																-		
(c) Region																	Enter total number of recipient organizations listed above that by the IRS, or for which the grantee or counsel has provided a	Eritei total funibei of otiler organizations of entities
(b) IRS code section and EIN (if applicable)																	nber of recipier for which the g	
1 (a) Name of organization	(1)	(2)	(3)	(4)	(5)	(9)	(7)	(8)	(6)	(10)	(11)	(12)	(13)	(14)	(15)	(16)		S Eliter total nul

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. Schedule F (Form 990) 2018

Part III Grants an

			appraisal, other)
1			
			,

P	2	10	4

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

## Part V Supplemental Information

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

Part 1 Line 1 Great Plains Foundation has a project to translocate rhinos from the highly vunderable regions in South Africa to Botswana. The
Foundation uses donations received to acquire the rhinos, quarantine the rhinos and transport the rhinos into pre agreed release sites Post
release the project employs a team of dedicated rhino monitors who patrol the rhino in the wild ensuring their safety and security. Each
ranslocation is treated as a mini project with the budget pre agreed upfront. Cost disbursements are managed against the agreed budget.
The budget includes capital equipment, human resources and ongoing venerinary care of the animals. The project co-ordinator reports both
to a steering committee of the Foundation and to the National Rhino Co-ordinator in Botswana as well as the Minister of Tourism and Wildlife
35 To date 87 rhinos have been translocated into the wild with a total of 22 calves born in the wild.
At the time of release we provide for the full 3 year post release securuty and monitoring costs.
Part 1 Line 2 Great Plains Foundation has a number of projects to improve the economic welfare of the communities which live in the same
,

### **SCHEDULE J** (Form 990) ·

Department of the Treasury Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

OMB No 1545-0047 2018

Open to Public Inspection

Employer identification number Name of the organization 31 December 1 January Part I Questions Regarding Compensation

-			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use			
	☐ Travel for companions ☐ Payments for business use of personal residence	ŀ		
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees			
	☐ Discretionary spending account ☐ Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line		l	
	1a?	2	>	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☐ Compensation committee			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		~
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		~
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		~
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any		ĺ	
	compensation contingent on the revenues of:			
<b>a</b>	The organization?	5a		<i>y</i>
b	Any related organization?	5b		-
	If "Yes" on line 5a or 5b, describe in Part III.			
_	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
6	compensation contingent on the net earnings of:			
_	The organization?	6a	<del> </del>	V
a	Any related organization?	6b		~
b	If "Yes" on line 6a or 6b, describe in Part III.	- 02		
	If tes of fine oa of ob, describe in rait in.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
•	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		~
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject	<b>–</b>	-	<del> </del>
0	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		~
		ٿ	<u> </u>	<del>                                     </del>
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
-	Regulations section 53.4958-6(c)?	9		

Page 2

Schedule J (Form 990) 2018

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

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

Note: The sum of columns (BNI)—(iii) for each listed individual must equal the total amount of Form 990. Part VII. Section A line 1a applicable columns for that inclinidate

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.	or eac	h listed individual mu	st equal the total amo	ount of Form 990, Pa	rt VII, Section A, line 1	a, applicable colum	ι (D) and (E) amounts	for that individual.
		(B) Breakdown o	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nonfaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)-(b)(a)	in column (B) reported as deferred on prior Form 990
	(3)							
1Dereck R Joubert - CEO	€	200,000		) 			200,000	
	€							
2 Beverly J Joubert Ambassador	(ii)	72,000					72,000	
	€		11 11 11 11 11 11 11 11 11 11 11 11 11					
3 S Boeckmann - USA Sales	冟	76,750					76,750	
	€							
4J Usher - CFO	( <u>ii</u> )	177,044					177,044	
	(1)							
5	≘							
	(9)							
ø	€					1		• • • • • • • • • • • • • • • • • • •
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	€							
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	(1)							
6	(ii)							
	()			,				
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13	€							
	€							
14	€							
	€	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						
15	€							
	€							
16	€							

Schedule J (Form 990) 2018

Schedule J (Form 990) 2018  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 par for any additional information of the CEO of Great Plains Conservation Limited is approved by the Board of Great Plains Conservation Limited  Part II Line 2 The remuneration of Mrs BJ Joubert is approved by the Board of Great Plains Conservation Limited  Part II Line 3 & 4 The remuneration of senor executives of Great Plains Conservation are reviewed annual in accordance with their contract of employment and approved by the CEO of Great Plains Conservation Limited	Page Complete this par
Schedu	Schedule J (Form 990) 201

#### PART 2

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

## **Transactions With Interested Persons**

OMB No 1545-0047

Department of the Treasury

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information. Internal Rèvenue Service Name of the organization

Open To Public Inspection

Name of the organization								Employ	yer idei	ntıficat	ion nui	mber		
1 January										31 D	ecem	ber		
Part I Excess Bene Complete if t	efit Transaction	ns (section 501 answered "Ye	(c)(3), s" on	section Form 99	501(c)(4), a 0, Part IV, I	nd 50 ine 25	01(c)(29) o 5a or 25b,	rganız or For	ations rm 99	only) 0-EZ,	Part '	V, lıne	40b.	
4 (-) )		(b) Relationship be	etween o	disqualified	person and		(c) Description of transaction				(d) Cor	rected?		
1 (a) Name of disqualified	person		organiza				(C) DE	scriptio	n or trai	ISaction	.1		Yes	No
(1)														
(2)														
(3)					-									
(4)														
(5)														
(6)						<u> </u>								L
2 Enter the amount under section 495	8							ns du 	rıng t 	he ye !	▶ \$	cons		
3 Enter the amount of	of tax, if any, or	i line 2, above,	reimb	ursed by	tne organi	ızatıoı	n			'	▶ ३	of re	spons	ibie ti
Complete if t	d/or From Intelline organization reported an am	answered "Ye	s" on	Form 99	0-EZ, Part ' e 5, 6, or 22	V, line	38a or F	orm 99	90, Pa	ırt IV,	line 2	6; or 1	f the	
(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	fro	oan to or om the nization?		(e) Original principal amount (f) Balance		e due	ue (g) In default?		by bo	proved pard or nittee?	(i) Written agreement?	
			То	From					Yes	No	Yes	No	Yes I	No
(1)									ļ					
(2)			<u></u>								<u> </u>	ļ		
(3)		ļ		<b>.</b>					-	ļ	ļ	ļ	ļ	
(4)					_							<u> </u>	ļ	
(5)				<del> </del>					-		├─	<u> </u>	-	-
(6)			-	+					ļ .					
(7)	<del> </del>	<del></del> -		-	_		_		+	-	<del> </del>			-
(8) (9)	-	_	-	-					+				-	
(10)			-	+					<del>                                     </del>				<del> </del>	
Total	1.		1		l	<b>•</b>	\$		1	1		J	<del>                                     </del>	
Part III Grants or As	ssistance Bene he organization	fiting Interest	ed Pe	rsons.		ine 27	7.		1	•	1			
(a) Name of interested person		ship between inter and the organization		(c) Amount	of assistance		(d) Type of assistance			(e) Purpose of assistance				
(1)														
(2)				_										
(3)														
(4)				_										
(5)										<u> </u>				
(6)										<u> </u>				
(7)						<u> </u>				-			_	
(8)														
<u>(9)</u> (10)						<del>                                     </del>								
LIVI										•				

#### **SCHEDULE L** (Form 990 or 990-EZ)

**Transactions With Interested Persons** 

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

name (	or the organization							Emp	ioyei ide	nuncat	JUIT HU	IIIDEI		
1 Jan	uary									31 D	ecem	ber		
Par		efit Transaction ne organization	<b>ns</b> (section 50° answered "Ye	1(c)(3), es" on	section Form 99	501(c)(4), a 0, Part IV, l	nd 50 ine 29	01(c)(29) organ 5a or 25b, or F	izations orm 99	only) 0-EZ,	). Part '	V, line	40b.	
4	(-) Name of diamental field		(b) Relationship be	etween o	disqualified	person and		(c) Descript	on of tro	naaatia	_		(d) Con	rected?
_1	(a) Name of disqualified	person		organiza	ation			(c) Descript	ion or tra	nsactio	n		Yes	No
(1)													<u> </u>	
(2)								<del></del> -					<u> </u>	
(3)													<u> </u>	
(4)					_								<u> </u>	
(5)														<u> </u>
(6)								P - d	l	L			<u> </u>	
2	Enter the amount under section 4958		a by the organ	nizatio		-	-	=	iuring t	ne ye	_			
_											•		ervati	
3	Enter the amount of	of tax, if any, or	i line 2, above,	reimb	ursea by	tne organ	ızatıo	n	•		<b>&gt;</b> 3	or re	spons	ibie t
Dow	<b>.</b>													
Part	Loans to and	i/or From Intented in the inte	rested Person answered "Ye	IS. e" on l	Form 99	∩-F7 Part	V line	- 38a or Form	99N Ps	art IV	line 2	6· or i	if the	
	organization r	reported an am	ount on Form	990, P	art X, lin	e 5, 6, or 2	2.	0 000 01 1 01111	000,	,		,		
		<del>.</del>						1						
(a) N	lame of interested person	(b) Relationship with organization	(c) Purpose of loan		oan to or om the	(e) Origin principal an		(f) Balance due	(g) In (	default?		proved pard or		ritten ment?
		With Organization	loan		nization?	principal an	iodiit					nittee?	l agree	
				То	From				Yes	No	Yes	No	Yes	No
(1)		_		<del> </del>	1770				1.00	1.10	1.00	† · · · ·	100	
(2)					<del> </del>						<b>†</b>			
(3)			-	<del>                                     </del>	1	-								
(4)														
(5)	•													
(6)														
(7)														
(8)										ļ			<u> </u>	
(9)				<u> </u>	<u> </u>								<u> </u>	
(10)		1		<u> </u>										
Total		<del> <u>.</u> .</del>					. ▶	\$						
Part		sistance Bene ne organization				∩ Part IV I	ıne 2	7						
				I		··	1			Τ.				
(a)	Name of interested perso		ship between inter and the organization		(c) Amount	t of assistance		(d) Type of assista	nce	(e	) Purpo	ose of a	ssistan	ice
(1)	-		<del>`</del>											
(2)						<u> </u>								
(3)														
(4)														
(5)														
(6)														
(7)										ļ				
(8)	<del></del>									<b>_</b>				
(9)								_		<u> </u>				_
(10)							1							

#### **SCHEDULE L** (Form 990 or 990-EZ)

**Transactions With Interested Persons** 

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Department of the Treasury Internal Rèvenue Service

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number Name of the organization 1 January 31 December

Part I	Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 4	10b.
		n Camad

4	(a) Name of disqualified person	(b) Relationship between disqualified person and	(c) Description of transaction	(d) Con	rected?
•	(a) Name of disqualified person	organization	(c) Description of transaction	Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
2	Enter the amount of tax incur	rred by the organization managers or dis-	qualified persons during the year		

2	Enter the amount of tax	cincu	rrea by	y tne	orga	nization	ı manager	s or	disqualified	ı pe	rson	s u	urii	ıg ı	ne	year	
	under section 4958									•						. ▶	\$ conservation w
3	Enter the amount of tax,	if any,	, on line	e 2, a	bove,	reimbu	irsed by th	e or	ganization							. ▶	\$ of responsible t

#### Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	fron	an to or the zation?	(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			То	From			Yes	No	Yes	No	Yes	No
(1)		,		-								
(2)												
(3)		·										
(4)								_				
(5)												
(6)												
(7)					_							
(8)												
(9)						=						
(10)				_								
Total					▶	\$						

#### Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				<u></u>

Schedule L (Form 990 or 990-EZ) 2018

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person .	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	
				Yes	No
(1) Linyanti Explorations (Pty) Ltd	DR & BJ Joubert have an	342,005	Expenses paid on behalf of RWB		~
(2)	indirect shareholding	37,787	Fund raising event for RWB		~
(3)		38,723	Conservation levies receipted**		~
(4)		1,920	Bed nights - charged to GPF		~
(5) Banoxi (Pty) Ltd	DR & BJ Joubert have an	165,129	Expenses paid on behalf of RWB		~
(6)	indirect shareholding	•	Conservation levies receipted ** '		~
(7)		5,520	Bed nights charged to GPF		~
(8) Ol Donyo Wuas Ltd	as above	27,449	Bed nights charged for Ride for Lio		~
(9) Great Plains Conservation Ltd	DR&BJ Joubert have a	11,616	Donations receipted		~
(10)	direct shareholding	31,245	Expense paid and recovered from		~

Part V Supplemental Information.

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

Part IV Line 1 DR Joubert is the CEO of Great Plains Foundation and Great Plains Conservation as well as a director of Linyanti Exploration As a shareholder of Great Plains Conservation Ltd, Mr Joubert has an Indirect holding of 19.24% of the Issued shares of Linyanti Explorations Linyanti Explorations provide management and purchasing services for the security and monitoring of rhinos released into the Botswana wilderness. There is no charge for these services but all direct costs in relation to the project are charged to GPF and paid at cost. Part IV Line 2 in 2017 Linyanti Explorations held fund raising event for GPF and raised a net amount of \$37,787. Part IV Line 3 and 6 - Linyanti Explorations and Banoxi own and operate safari camps in Northern Botswana. As part of their marketing On certain bookings, Banoxi and Linyanti have agreed to support the GPF by raising a conservancy fee as an agent for GPF. This amount is paid in full to GPF. Part IV Line 4 and 7; As part of the conservation efforts Banoxi and Linyanti have agreed to contribute a certian number of bed nights pa to to GPF to facilitate its fund raising activities. These beds are charged at direct cost to company to GPF at \$120 per night which is a significant discount on the prevailing rack rate. Part IV Line 5 DR Joubert is the CEO of Great Plains Foundation and Great Plains Conservation as well as a director of Banoxi (Pty) Ltd. Mr Joubert has an indirect shareholding of 20.25% in the issued shares of Banoxi (Pty) Ltd. The rhino monitoring staff have contracts of employment with Banoxi (Pty) Ltd but the full cost of these employment contracts including statutory benefits accruing under Botswana employment legislation is charged to GPF and paid at cost. Part IV Line 8 DR Joubert is the CEO of Great Plains Foundation and Great Plains Conservation as well as a director of Ol Donyo Wuas Ltd. Mr Joubert has an Indirect shareholding of 10.33% in the issued shares of OI Donyo Wuas Ltd. In 2017 GPF hosted the first Ride for Lions cross country blke ride in the Ambosell, Kenya raising awareness of the diminishing wildlife corridors in this critical ecosystem and to raise funds for expanding corridors. Of Donyo Lodge hosted a number of nights during the event and accommodation was charged at \$360pppn Part IV Line 9 and 10. Donations receipted directly into GPC are paid dolaar for dollar to GPF. Expenses paid on behalf of GPF are recharged

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction		nanng of iization's enues?	
				Yes	No	
(1) Linyanti Explorations (Pty) Ltd	DR & BJ Joubert have an	232,820	Expenses paid on behalf of GPF		~	
(2)	Indirect shareholding	38,464	Fund raising event for RWB		~	
(3)	(19.24%)	170,172	Conservation levies receipted**		~	
(4) Banoxi (Pty) Ltd	as above (20.25%)	101,924	Expenses paid on behalf of GPF		~	
(5)		0	Conservation levies receipted**		~	
(6) Great Plains Sapi Concession	as above (8.26%)	47,505	Expenses paid on behalf of GPF		~	
(7) Mara Plains Ltd	as above (10.33%)	1,603	Expenses paid on behalf of GPF		1	
(8)		15,766	Conservation levies receipted	T	~	
(9) OI Donyo Waus Ltd	as above (10.33%)	9,360	Expenses paid on behalf of GPF		~	
(10)		26,095	Conservation levies receipted		~	

Part V Supplemental Information.

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

Part IV Line 1 DR Joubert is the CEO of Great Plains Foundation and Great Plains Conservation ("GPC") & a director of Linyanti Explorations As a shareholder of GPC, Mr Joubert has an indirect holding of 19.24% of the issued shares of Linyanti Explorations, this company provides management and purchasing services for the security and monitoring of rhinos released into the Botswana wilderness as well as other GPF projects. There is no charge for these services but all direct costs in relation to the project are charged to GPF and paid at cost. Part IV Line 2 in 2018 Linyanti Explorations held a fund raising event for GPF and raised a net amount of \$38,464. Part IV Lines3, 5, 8 and 10 These companies are subsidiary companies of GPC. DR Joubert is therefore an indirect shareholder and director of these companies. As part of the marketing strategy the GPC companies levy a conservation charge on their bookings. All amounts received are either paid to GPF or held for account of GPF to cover direct costs incurred on behalf of GPF. Part IV Line 6 DR Joubert has an indirect shareholding of 8.26% in the equity of Great Plains Sapi Concession ("GPSC") and is a director of this company. GPSC provides purchasing services and administration services for the anti-poaching initiative in the Greater Zambezi River Valley, There is no charge for this service and all direct costs in relation to the project are charged to GPF at cost Part IV Line 4 DR Joubert is a director of Banoxi (Pty) Ltd. The RWB rhino monitoring staff have contracts of employment with Banoxi (Pty) Ltd and the full cost of these employment contracts including statutory benefits accruing under Botswana employment legislation is charged to GPF and paid at cost. The company also pays direct costs on behalf of GPF and recovers these at the actual cost. Part IV Line 7 and 9 Mara Plains Ltd and Ol Donyo Wuas Ltd assist in the administration for GPF by paying costs incurred on above projects on behalf of GPF. In 2018 these included the Children Conservation Club events hosted in the Maasia Mara as well as the wind down of Ride for Llons event and the 2018 Maasia Olympic held near Ol Donyo Lodge in the Ambosell. Ol Donyo hosted a number of nights for these event and accommodation was charged at US\$360 pppn.

	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	aring o zation' nues?
				Yes	No
Great Plains Conservation Ltd	DR & BJ Joubert have an		Expenses paid on behalf of GPF	<del> </del>	V
***	direct shareholding	9,003	Donations received for GPF	<del> </del>	<b>'</b>
	(20.25%)		· · · · · · · · · · · · · · · · · · ·		<del> </del>
	<u> </u>				<del> </del>
				+	$\vdash$
					<u> </u>
t V Supplemental Information	on for responses to questions o				
ations receipted directly into GPC are al cost paid.			•		
		•			

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

## Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Name of the organization

GREAT PLAINS CONSERVATION FOUNDATION

Employer identification number 45-5494919

Part III - line 2 In prior years the Foundation projects were not described as program services. Revisiting the definition of Program Services
the Foundations major projects namely Rhino Without Boards, Land for Lions, Anti poaching initiatives - Greater Zambezi Valley are program
services as these are the projects for which the Foundation raises funding.
Part VI - Line 2 Dereck Joubert, Beverly Joubert, Jacqueline Usher and Sarah Boeckmann have a business relationship
with Great Plains Conservation Limited; Dereck Joubert is a shareholder in Great Plains Conservation Limited and is the CEO of the company
Beveriey Joubert is a shareholder in Great Plains Conservation Limited and is Ambassador at large for the company, Jacqueline Usher is
employed by Great Plains Conservation Limited as the CFO; Sarah Boeckmann is a full time USA sales ambassador of Great Plains
Conservation Limited.
Part V1 Line 2: Dereck Joubert and Beverly Joubert; family relationship.
Part VI Line 9: Dereck Joubert and Beverly Joubert: 27 Bryanston Drive, Bryanston, Johannesburg, South Africa.
Part VI Line 9: Jacqueline Usher, No 2 The Parks, 26 8th Avenue, Parktown North, Johannesburg, South Africa.
Part VI Line 11 b: Forms completed by Jacqueline Usher and reviewed by A Rathmann with reference to the IRS instructions for Form 990
Part V1 Line 12c Please refer to Exhibit A.
Part V1 line 15 a Great Plains Conservation Ltd has a Remco which is chaired by an Independent Director and comprises the shareholders
of the Company. The remuneration of the CEO and senor executive are approved annual by the Remco with reference to market bench
marks.
Part V1 Line 19 The policy documents and annual financial statements are not available to the public however upon request we do provide
these to potential donors.
Part IX Line 24 a: Rhinos without Borders is a project that is managing and handling the translocation of rhinos from South Africa to
Botswana. The project covers the full scope of the translocation including capture, quarantine of the rhinos, Transportation from quarantine
bomas to Botswana including air charter costs and then transportation from airstip to the release sites. After release the project team then
The full costs incurred in relation to security and monitoring work in 2018 is attached as Exhibit B.
Part IX line 24 c: Land for Lions this is a project that seeks to increase the diminishing ilon population in Africa by securing wildness areas,
maintaining essential migration corridors and educating local communities as to the critical importance of big cats in the eco-system chain.
in Kenya particular emphasis is given to the passage of rite where traditional Maasia transition to manhood through the sympoblic killing of a
lion and changing this to maturity through the competion in the Maasia Olympics where young warriors compete against each other in their

Schedule O-(Form 990 or 990-EZ) (2018)  Name of the organization	Page 2
GREAT PLAINS CONSERVATION FOUNDATION	45-5494919
traditional sports. The full costs incurred in this project in 2018 is attached as Exhibit D.	
Part IX Line 24 d: Anti Poaching Initiatives - Greater Zmbezi River Valley In 2017 GPF commence	ed an initiative in association with the
Zimbabwe National Parks Authorities to combat poaching in the Greater Zambezi River Valley. T	The Foundation funds the capital investment
of having a team in the field including camp accommodation, ehicles and equipment and the oper	rating expenditure by way of salaries, staff
rations and welfare and uniforms. This has had a uge impact on the reduction in poaching in the	area in particular elephants and game meat.
The Foundation covers the cost of 12 National Park ranger costs as well as the conservation man	nager. The full costs incurred in this
project in 2018 is attached as Exhibit C.	
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