



May 15, 2024

African Wildlife Foundation, Inc. 1100 New Jersey Avenue, SE 900 Washington, DC 20003 Attention: Richard Holly

Dear Mr. Holly,

Enclosed is the organization's 2022 Exempt Organization return. The return should be signed, dated, and mailed.

Specific filing instructions are as follows.

FORM 990 RETURN:

Please sign and mail on or before May 15, 2024.

Mail to:

Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027

In addition, tax-exempt organizations must make available for public inspection a copy of their annual returns for the preceding three years and exemption application, if applicable. An organization generally must furnish filings to anyone who requests them in person or in writing. An exempt organization may meet this requirement by posting all the documents on its website or at another organizations site as part of a database of similar materials. Specific requirements must be met to meet this exception.

A few final reminders relating to your tax return filings:

- There are substantial penalties for failure to properly disclose and report foreign financial accounts and foreign activity. Please make sure you have informed us of any foreign financial accounts or foreign activity so that we have the necessary information to complete any required disclosures or filings.
- Be sure to review the returns prior to signing as you have final responsibility for all information included in the returns. Please contact us if you have any questions or concerns.
- We recommend you keep a paper or electronic copy of your tax returns permanently. Supporting documentation should be kept for a minimum of seven years based on IRS guidance.

CLA exists to create opportunities – for our clients, our people, and our communities. We value our relationship with you and thank you for your trust and confidence in allowing us to serve you. If we can assist you in making strategic, informed decisions in areas of tax or beyond, please contact us as questions arise throughout the year.

Sincerely,

CliftonLarsonAllen LLP



AFRICAN WILDLIFE FOUNDATION, INC. FORM 990 INCOME TAX RETURN FOR YEAR ENDED JUNE 30, 2023

AFRICAN WILDLIFE FOUNDATION, INC. 1100 NEW JERSEY AVENUE, SE, 900 WASHINGTON, DC 20003

DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027

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PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury

Check if applicable

Address change

Name change

Initial return

Final return/ termin-ated

Amended return

Applica-tion pending

J Website:

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Part I

Activities & Governance

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) 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. 2023 A For the 2022 calendar year, or tax year beginning JUL2022 and ending JUN C Name of organization D Employer identification number AFRICAN WILDLIFE FOUNDATION, INC. 52-0781390 Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number 1100 NEW JERSEY AVENUE, SE 900 202-939-3333 38,730,824. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 20003 WASHINGTON, DC H(a) Is this a group return F Name and address of principal officer: KADDU SEBUNYA for subordinates? Yes X No SAME AS C ABOVE Yes **H(b)** Are all subordinates included? Tax-exempt status: X 501(c)(3) 527 501(c) ((insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.AWF.ORG H(c) Group exemption number **K** Form of organization: X Corporation Trust Association Other L Year of formation: 1961 M State of legal domicile: DC Summary Briefly describe the organization's mission or most significant activities: AWF'S MISSION IS TO ENSURE WILDLIFE AND WILD LANDS THRIVE IN MODERN AFRICA. AFW'S if the organization discontinued its operations or disposed of more than 25% of its net assets. 29 Number of voting members of the governing body (Part VI, line 1a) 3 28 Number of independent voting members of the governing body (Part VI, line 1b) 4 58 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 33,360,273. 32,282,205. Contributions and grants (Part VIII, line 1h) 0. Program service revenue (Part VIII, line 2g) 729,841. 1,427,578. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 128,923. 24,677. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 34,219,037. 33,734,460. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3,619,252. 2,237,414. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 321,061. 15,581,961. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 298,451. 292,907. **b** Total fundraising expenses (Part IX, column (D), line 25) 19,688,433. 18,825,076. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 36,676,458. 39,188,097. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -4,969,060. -2,941,998. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 48,801,951. 44,798,224. Total assets (Part X, line 16) 10,887,373. 8,789,995. Total liabilities (Part X, line 26) 37,914,578. 36,008,229 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block

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

Sign	Signature of officer		Date
Here	RICHARD HOLLY, CHIEF F	INANCIAL OFFICER	
	Type or print name and title		
	Print/Type preparer's name	Preparer's signature	Date Check PTIN
Paid	ROBERT WILLIAMS	ROBERT WILLIAMS	05/15/24 self-employed P01345960
Preparer	Firm's name CLIFTONLARSONA	ALLEN LLP	Firm's EIN 41-0746749
Use Only	Firm's address 901 N. GLEBE F	ROAD, SUITE 200	
	ARLINGTON, VA	22203	Phone no. 571 - 227 - 9500
May the I	RS discuss this return with the preparer sho	wn above? See instructions	X Ves No

Form 990 (2022)

Pai	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	AWF'S MISSION IS TO ENSURE THAT WILDLIFE AND WILD LANDS THRIVE IN
	MODERN AFRICA. AWF'S VISION IS OF AN AFRICA WHERE SUSTAINABLE
	DEVELOPMENT INCLUDES THRIVING WILDLIFE AND WILD LANDS AS A CULTURAL
	AND ECONOMIC ASSET FOR AFRICA'S FUTURE GENERATIONS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$12,442,850. including grants of \$642,285.) (Revenue \$
	LIVING WITH WILDLIFE
	IN FISCAL YEAR 2023, WE SUCCESSFULLY COMPLETED THREE MULTI-YEAR
	EU-FUNDED LANDSCAPE PROGRAMS IN THE DRC AND CAMEROON:
	IN BILI-UELE, DRC, THE PROGRAM WAS A FIVE-YEAR EU-FUNDED PROJECT THAT
	IMPROVED GOVERNANCE AND MANAGEMENT OF NATURAL RESOURCES FOR SUSTAINABLE
	DEVELOPMENT, CONSERVED ECOLOGICAL INTEGRITY, AND IMPROVED SECURITY IN
	THE LANDSCAPE. LAND USE PLANS HAVE ALLOCATED 4,527 SQUARE KILOMETERS
	FOR WILDLIFE CORRIDORS.
	IN FARO, CAMEROON, THE PROGRAM REVIVED ACTIVITIES IN A NEARLY ABANDONED
	PROTECTED AREA, FARO NATIONAL PARK, ESTABLISHED COMMUNITY STRUCTURES TO
	COMBAT POACHING AND PROMOTE PEACEFUL TRANSHUMANCE, AND SUPPORTED
	SUSTAINABLE LIVELIHOODS. (CONTINUED ON SCHEDULE O)
4b	(Code:) (Expenses \$9 , 038 , 514including grants of \$451 , 722) (Revenue \$
	LEADING FOR WILDLIFE
	IN FISCAL YEAR 2023, AWF INCREASED AFRICAN LEADERSHIP IN CONSERVATION
	AND DEVELOPMENT BY CO-CONVENING WITH THE IUCN AND THE GOVERNMENT OF
	RWANDA THE INAUGURAL AFRICA PROTECTED AREAS CONGRESS THAT TOOK PLACE IN
	KIGALI, RWANDA, IN JULY 2022. THE CONGRESS GALVANIZED 2,400
	PARTICIPANTS FROM 53 AFRICAN COUNTRIES TO BUILD A SHARED VISION FOR
	AFRICAN-LED CONSERVATION, RESULTING IN THE KIGALI CALL TO ACTION, A
	DETAILED POLICY ROADMAP FOR THE CONTINENT.
	AFW'S LEADERSHIP PROGRAMS CHAMPIONED COALITIONS OF AFRICAN STAKEHOLDERS
	IN THEIR EVERYDAY DECISION-MAKING AND SUPPORTED THEM IN BRINGING THEIR
	PERSPECTIVES TO GLOBAL CONFERENCES. (CONTINUED ON SCHEDULE O)
4c	(Code:) (Expenses \$7,572,675. including grants of \$1,143,406.) (Revenue \$
	CARING FOR WILDLIFE
	IN FISCAL YEAR 2023, AWF'S COUNTER WILDLIFE TRAFFICKING PROGRAM TRAINED
	LAW ENFORCEMENT OFFICERS IN KENYA, UGANDA, TANZANIA, ETHIOPIA, AND THE
	DRC IN BEST PRACTICES FOR RESPONDING TO WILDLIFE CRIME. WE ALSO BUILT
	CAPACITY AMONG 161 LAW ENFORCEMENT PERSONNEL IN THE DRC, ETHIOPIA, AND
	KENYA, INCLUDING PROSECUTORS AND JUDICIAL OFFICERS, TO ADOPT NEW TOOLS
	AND METHODOLOGIES TO ADDRESS THE CHANGING WILDLIFE CRIME LANDSCAPE ON
	THE CONTINENT.
	WE OFFICIALLY HANDED OVER A NEW CANINE TRAINING FACILITY TO THE
	TANZANIA WILDLIFE MANAGEMENT AUTHORITY. ACROSS SIX COUNTRIES, CANINE
	UNITS WE WORK WITH DETECTED 55 FINDS OF WILDLIFE CONTRABAND IN FISCAL
	YEAR 2023. (CONTINUED ON SCHEDULE O)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 29,054,039.

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Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		1
8	, ,			x
•	Schedule D, Part III	8		
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?			37
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	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	_X_	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the appropriation projection of the control of the Light of the Light of the Light of the Control	14a	Х	
14a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	 -a		
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b	Х	
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140	- 21	
15		45	Х	
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	21	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		v	
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	X	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		v	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	X	_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			_{3,7}
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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		X

Form 990 (2022) AFRICAN WILDLIFE FOUNDATION, INC. Part IV 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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			37
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> X</u>
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			v
	Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	00		x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		x
28	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	21		<u> </u>
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
_	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	<u> </u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			77
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> X</u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		X
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	31		<u> </u>
50	Note: All Form 990 filers are required to complete Schedule O	38	Х	1
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			X
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
232004	12-13-22	Form	990	(2022)

Form 990 (2022) AFRICAN WILDLIFE FOUNDATION, INC.

Part V 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	58			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur		•	2b	Х	
За				3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a		ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accour	nt)?	4a	Х	
b	If "Yes," enter the name of the foreign country SEE SCHEDULE O					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ts (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	nization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons o	r gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					37
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	vices p	provided to the payor?	7a		<u> </u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was to file Form 8282?	as req	uii e u	7c		Х
ч	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	7d		70		-23
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		†2	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri			7f		X
g g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
	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?			9a		
b	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	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	1				
	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	446				
120	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b	1	120		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1041 12b	<u> </u>	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	_ 120	1			
				13a		
-	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	13b				
С	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					
	excess parachute payment(s) during the year?			15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.					7.7
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t incor	ne?	16		X
4-	If "Yes," complete Form 4720, Schedule O.	.a				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac			47		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.			17		
232005	12-13-22			Form	990	(2022)

AFRICAN WILDLIFE FOUNDATION, INC. 52-0781390 Form 990 (2022) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 29 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 28 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 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 such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation

Section C. Disclosure

exempt status with respect to such arrangements?

17 List	the states with which a copy	of this Form 990 is required to be fil	$_{ed}$ \mathtt{AI}	」,AR	.,CA,	CT,	FL,G	A,HI	,IL,K	S,KY	, MD	, MA
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18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

X Own website Another's website X Upon request Other (explain on Schedule O)

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records RICHARD HOLLY - (202)939-3333

in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's

1100 NEW JERSEY AVE., SE STE 900, WASHINGTON, DC 20003

SEE SCHEDULE O FOR FULL LIST OF STATES

Form **990** (2022)

16h

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per	box	not c , unle: cer ar	ss per	ition more rson is	than o	n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) KADDU SEBUNYA	50.00	.,		,,				270 202	0	71 504
CHIEF EXECUTIVE OFFICER	F0 00	Х		Х				379,393.	0.	71,594.
(2) RICHARD HOLLY	50.00	1		₩.				244 466	0	11 612
CHIEF FINANCIAL OFFICER (3) LINDSAY KOSNIK	50.00			Х				244,466.	0.	41,643.
SR VP_ CAMPAIGN/PRINCIPAL INVESTMENT	30.00	1		х				225,451.	0.	42,654.
(4) CHARLY FACHEUX	50.00								•	
SR VP, CONSERVATION STRATEGY, IMPACT		1		х				221,155.	0.	45,247.
(5) ERIC COPPENGER	50.00							,	-	
CHIEF OF STAFF		1		х				203,225.	0.	35,386.
(6) PHILIP MURUTHI	50.00							·		•
VP SPECIES CONSERVATION & SCIENCE				Х				198,567.	0.	25,885.
(7) FREDERICK KUMAH	50.00									
VP GLOBAL LEADERSHIP				Х				172,344.	0.	50,440.
(8) ALISTAIR POLE	40.00									
SR DIR PROJECT MGMT/PARTNERSHIP						Х		168,396.	0.	35,321.
(9) ANDREA ATHANAS	50.00									
VP ENTERPRISE/INVESTMENT						X		156,500.	0.	43,387.
(10) FELIX OTIENO	40.00									
DIRECTOR OF IT						Х		141,734.	0.	28,634.
(11) DAVID WILLIAMS	40.00								_	
DIRECTOR OF CONSERVATION GEOGRAPHY						X		133,223.	0.	29,548.
(12) BETH FOSTER	50.00	-								
SR VP BRAND & PUBLIC ENGAGEMENT				Х				154,864.	0.	2,560.
(13) CRAIG SHOLLEY	30.00	-						100 100		
SR VP AND SPECIAL ADVISOR	40.00			Х				132,183.	0.	20,889.
(14) RICHARD RUGGIERO	40.00	-						106 654	•	11 000
LANDSCAPE DIRECTOR, FARO	4 00					X		126,654.	0.	11,909.
(15) HEATHER STURT HAAGA	4.00	v		₩.					0	0
CHAIR	2 00	Х		Х				0.	0.	0.
(16) MYMA BELO-OSAGIE TRUSTEE	2.00	Х		х				0.	0.	0.
(17) MARLEEN GROEN	2.00	Δ		^				0.	0.	<u> </u>
TRUSTEE	2.00	Х		х				0.	0.	0.
11001111	l	77		77			l	0.	0.	Form 990 (2022)

232007 12-13-22

Form 990 (2022)

52-0781390

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

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

Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on

line 1a? If "Yes," complete Schedule J for such individual

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services

rendered to the organization? If "Yes," complete Schedule J for such person

5 X

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

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

(A) Name and business address	(B) Description of services	(C) Compensation
	'	Compensation
SANKY COMMUNICATIONS, 368 9TH AVENUE,	MAIL & ONLINE	
SUITE 12-131, NEW YORK, NY 10001	FUNDRAISING	2,929,116.
SQUARE 742, LLC, 1100 NEW JERSEY AVE., SE,		
STE 900, WASHINGTON, DC 20003-3304	SPACE RENTAL	806,762.
MAISHA CONSULTING	RISK MANAGEMENT AND	
YAVNE 30, TEL AVIV, ISRAEL	SECURITY CONSULTING	492,820.
SALAKA, 6TH/7TH FL DIAS PIER BUILDING,	CANINE PROCUREMENT	
CAUDAN, MAURITIUS	AND TRAINING	285,808.
NATURE'S BEST PHOTOGRAPHY, PO BOX 9591,	PHOTOGRAPHY	
SPRING HILL RD., MCLEAN, VA 22102	CONTESTPO	275,100.
2 Total number of independent contractors (including but not limited to those liste	ed above) who received more than	
\$100,000 of compensation from the organization 27		
~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	~	200

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2022)

28

	AN WILDLIFE	E	'OU	ND	AT	'IO	Ν,	INC.	52-078	1390
Part VII Section A. Officers, Directo	rs, Trustees, Key Er	nplo	yee	s, ar	nd H	lighe	est (Compensated Employe	es (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
	hours	(cl	heck	all t	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week (list any	tor				Highest compensated employee		the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	direct				ed em		(W-2/1099-MISC)	(** 27 1033 141100)	organization
	related	tee or	ıstee			ensate		(** =* ** = ** ** ** ** ** ** ** ** ** **		and related
	organizations	individual trustee or director	Institutional trustee		Key employee	om De				organizations
	below	ividua	itutio	Officer	em p	hest o	Former			
	line)	pul	Inst	0#i	Ke	Hig	For			
(27) STEPHEN GOLDEN	2.00	1							_	
TRUSTEE		Х						0.	0.	0.
(28) DONALD GRAY	2.00								_	_
TRUSTEE		Х						0.	0.	0.
(29) LARRY GREEN	4.00									
TRUSTEE		Х						0.	0.	0.
(30) GILLES HARERIMANA	2.00	1								
TRUSTEE		Х						0.	0.	0.
(31) CHRISTINE HEMRICK	2.00	1								
TRUSTEE		Х						0.	0.	0.
(32) CATHERINE HERRING	2.00	ļ								
TRUSTEE		Х						0.	0.	0.
(33) STEPHEN JUELSGAARD	2.00	ļ							•	
TRUSTEE	0.00	Х						0.	0.	0.
(34) ANDREW KAIRU	2.00								•	
TRUSTEE (UNTIL JAN. 2023)	2.00	Х						0.	0.	0.
(35) LAURA KOHLER	2.00	. ,							0	
TRUSTEE	2.00	Х						0.	0.	0.
(36) CHRISTOPHER LEE	2.00	. ,						0.	0	
TRUSTEE (UNTIL OCT. 2022) (37) ISSOUFOU MAHAMADOU	4.00	Х						0.	0.	0.
TRUSTEE	4.00	Х						0.	0.	_
(38) ANDREW MALK	2.00	Δ						0.	0.	0.
TRUSTEE	2.00	Х						0.	0.	0.
(39) H.E. FESTUS G. MOGAE	2.00	Λ						0.	0.	0.
TRUSTEE	2.00	Х						0.	0.	0.
(40) CHRISTOPHER MURRAY	2.00	77						0.	0.	<u> </u>
TRUSTEE	2.00	х						0.	0.	0.
(41) EMERY RUBAGENGA	2.00							•	•	· ·
TRUSTEE	2,00	х						0.	0.	0.
(42) ANNE SCOTT	2.00	<u> </u>						, ·	•	,
TRUSTEE		х						0.	0.	0.
(43) FREDERICK R. STEINER	2.00	ļ								
TRUSTEE		Х						0.	0.	0.
(44) PIERRE TRAPANESE	2.00									
TRUSTEE		Х						0.	0.	0.
(45) MARIA WILHELM	2.00									
TRUSTEE		Х	L		L		L	0.	0.	0.
Total to Part VII, Section A, line 1c										
										

Form 990 (2022) AFRICAN
Part VIII Statement of Revenue

		Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
SS	1 :	a Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b					
S S		Fundraising events 1c	4,116.				
fts,		d Related organizations 1d	-,				
ij gi			6,414,398.				
ons,		ÿ ' , , , , , , , , , , , , , , , , , ,	0,414,550.				
utic	'	All other contributions, gifts, grants, and	25 963 601				
ĕ		similar amounts not included above 1f	25,863,691. 3,472,893.				
ont		Noncash contributions included in lines 1a-1f	, ,	22 202 205			
O g		Total. Add lines 1a-1f		32,282,205.			
			Business Code				
ce	2 8	i					
ervi	ŀ	.					
S	•						
ran Sev	•	d					
Program Service Revenue	•	·					
<u>-</u>	1	All other program service revenue					
	9	Total. Add lines 2a-2f					
	3	Investment income (including dividends, intere	st, and				
		other similar amounts)		610,512.			610,512.
	4	Income from investment of tax-exempt bond p					
	5	Royalties		7,976.			7,976.
		(i) Real	(ii) Personal				
	6 a	a Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)	•				
		Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 5,800,000.	594.				
		Less: cost or other basis					
ø	•	and sales expenses 7b 4,983,528.	0.				
nu		Gain or (loss) 7c 816,472.	594.				
her Revenue		Net gain or (loss)		817,066.			817,066.
<u>~</u>		a Gross income from fundraising events (not		027,0001			017,000.
	0 6	including \$ 4,116. of					
Ò							
		contributions reported on line 1c). See	5,166.				
		Part IV, line 18 8a Less: direct expenses 8b					
			12,030.	-7,670.			-7,670.
		Net income or (loss) from fundraising events		7,070.			7,070.
	9 8	Gross income from gaming activities. See					
		Part IV, line 19					
		D Less: direct expenses					
		Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns	5 650				
		and allowances 10a					
		Less: cost of goods sold10b	0.				
		Net income or (loss) from sales of inventory	I -	5,650.			5,650.
ဟ			Business Code				
on e	11 a	MISCELLANEOUS REVENUE	900099	18,721.			18,721.
Miscellaneous Revenue	ı	·					
cell Seve	(
Ais	(d All other revenue	900099				
	•	Total. Add lines 11a-11d		18,721.			
	12	Total revenue. See instructions		33,734,460.	0.	0.	1452255.

_	Check if Schedule O contains a respon	(A)	(B)	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
3	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	2,237,414.	2,237,414.		
4	Benefits paid to or for members	2,257,414.	2,237,111		
- 5	Compensation of current officers, directors,				
•	trustees, and key employees	2,446,517.	2,030,609.	122,326.	293,582
6	Compensation not included above to disqualified	2,110,01,1	2,000,000	222,0200	230,002
Ū	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	8,497,276.	6,263,945.	530,601.	1,702,730
8	Pension plan accruals and contributions (include	0 / 20 / / 2 / 0 /	0,200,0200	330,0020	
_	section 401(k) and 403(b) employer contributions)	726,315.	508,095.	51,916.	166,304
9	Other employee benefits	3,068,979.	2,207,866.	51,916. 209,331.	651,782
0	Payroll taxes	581,974.	422,063.	39,139.	120,772
1	Fees for services (nonemployees):	, -	,	,	- ,
a	Management				
b	Legal	191,651.	103,987.	13,180.	74,484
С	Accounting	103,958.	,	103,958.	•
d	Lobbying	•		,	
е	Professional fundraising services. See Part IV, line 17	292,907.			292,907
f	Investment management fees	94,983.		94,983.	•
g	Other. (If line 11g amount exceeds 10% of line 25,				
_	column (A), amount, list line 11g expenses on Sch 0.)	3,369,853.	2,779,083.	371,869.	218,901
12	Advertising and promotion	95,600.	29,958.	215.	65,427
13	Office expenses	312,056.	120,487.	54,318.	137,251
14	Information technology	765,173.	562,905.	50,603.	151,665
15	Royalties				
16	Occupancy	1,462,476.	1,323,820.	32,779.	105,877
7	Travel	2,564,735.	2,316,161.	7,221.	241,353
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,871,420.	2,788,073.	18,412.	64,935
20	Interest	83,375.	26,787.	16,210.	40,378
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	401,561.	398,444.	254.	2,863
23	Insurance	153,202.	112,605.	33,915.	6,682
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	PRINTING AND PRODUCTION	3,018,377.	1,556,777.	19.	1,461,581
b	SUPPLIES/FIELD SUPPLIES	989,681.	981,105.	1,170.	7,406
С	CONSTRUCTION COSTS	624,226.	624,226.		
d	COMMUNICATIONS	539,618.	518,866.	1,734.	19,018
е	All other expenses	1,183,131.	1,140,763.	35,334.	7,034
25	Total functional expenses. Add lines 1 through 24e	36,676,458.	29,054,039.	1,789,487.	5,832,932
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here X if following SOP 98-2 (ASC 958-720)	2,858,260.	1,354,732.	0.	1,503,528

232010 12-13-22

Form 990 (2022)

Part X | Balance Sheet

Part X		Balance Sheet					
		Check if Schedule O contains a response or note	to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
1	1	5			2,458,002.	1	3,647,480
2				22,188.	2	18,979	
3	3	Pledges and grants receivable, net			8,520,524.	3	6,563,440
4		Accounts receivable, net			356,791.	4	478,063
5		Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa	antial c	ontributor, or 35%			
		controlled entity or family member of any of thes	e perso	ons		5	
6	6	Loans and other receivables from other disqualif	ied per	sons (as defined			
		under section 4958(f)(1)), and persons described	in sec	tion 4958(c)(3)(B)		6	
<u>ဖ</u> ု 7	7	Notes and loans receivable, net			442,118.	7	360,640
Assets	3	Inventories for sale or use				8	
₹ 9	9	Prepaid expenses and deferred charges			993,151.	9	916,717
10)a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	9,220,421.			
		Less: accumulated depreciation			4,705,570.		5,129,990
11		Investments - publicly traded securities			26,905,114.	11	23,332,003
12		Investments - other securities. See Part IV, line 1				12	
13		Investments - program-related. See Part IV, line 1				13	
14		Intangible assets			4 200 400	14	4 252 212
15	5	Other assets. See Part IV, line 11			4,398,493.	15	4,350,912
16		Total assets. Add lines 1 through 15 (must equa			48,801,951.	16	44,798,224
17		Accounts payable and accrued expenses			3,294,472.	17	1,846,519
18		Grants payable			720 066	18	0 040 070
19		Deferred revenue			720,066.	19	2,242,278
20		Tax-exempt bond liabilities				20	
21		Escrow or custodial account liability. Complete F				21	
တ္မ 22		Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, substa					
<u> ja</u>		controlled entity or family member of any of thes			1 425 000	22	
23		Secured mortgages and notes payable to unrela			1,425,000.	23	
24		Unsecured notes and loans payable to unrelated				24	
25	•	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	-	·	5,447,835.	۰.	4,701,198
00		of Schedule D			10,887,373.	26	8,789,995
26		Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, chee			10,007,373.	26	0,109,993
ဖွ		and complete lines 27, 28, 32, and 33.	SK HEI				
ğ 27		Net assets without donor restrictions			28,310,364.	27	23,052,231
Ba 28		Net assets with donor restrictions			9,604,214.	28	12,955,998
힐		Organizations that do not follow FASB ASC 95			3,001,211	20	12/333/330
[]		and complete lines 29 through 33.	o, che	CK Here			
_ ১ ১		Capital stock or trust principal, or current funds				29	
s 30		Paid-in or capital surplus, or land, building, or eq				30	
88 30 31		Retained earnings, endowment, accumulated inc				31	
Net Assets or Fund Balances 25 29 30 31 32		Total net assets or fund balances			37,914,578.	32	36,008,229
ž 32		Total liabilities and net assets/fund balances			48,801,951.	33	44,798,224
	_	Total habilities and net assets/fully balances			10,001,001.	-00	Form 990 (202

Form **990** (2022)

Form **990** (2022)

Pa	T XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		73		
2	Total expenses (must equal Part IX, column (A), line 25)	2	36	,67	6,4	58.
3	Revenue less expenses. Subtract line 2 from line 1	3		94		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	37	,91	4,5	78.
5	Net unrealized gains (losses) on investments	5	1	.,05	0,9	01.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9		-1	5,2	52.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	coluṃn (B))	10	36	,00	8,2	29.
Pa	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ed audi	it			
	ar guidite, avalais why as Cahadula O and describe any stone taken to undergo such audite			0.5	v	I

SCHEDULE A

(Form 990)

<u>Total</u>

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022 Open to Public

Inspection

Employer identification number

				FE FOUNDATION				Z-0/81390
Pa	ırt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.	
The	organ	ization is not a private found	ation because it is: (l	For lines 1 through 12, cl	neck only	one box.)		
1		A church, convention of ch)(A)(i).	
2	\Box	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)						
3	一	A hospital or a cooperative				(b)(1)(A)(ii	i).	
4	Ħ	A medical research organiz					•	the hospital's name.
•	ш	city, and state:	ation operated in col	ijanotion with a noophar	docomboa	ocono	11 17 0(B)(1)(A)(III). Entor	the respitate riams,
5		An organization operated for	or the benefit of a co	llege or university owned	or operat	ad by a go	vernmental unit describ	ad in
3	ш			nege of difficerally owned	or operat	ed by a go	verninental unit describ	5 u III
_		section 170(b)(1)(A)(iv). (C		and the second s		70/L-\/4\/A\	. A	
6		A federal, state, or local gov	-				-	
7	X	An organization that norma		ntial part of its support fr	om a gove	ernmental	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (C						
8	\square	A community trust describe						
9		An agricultural research org	janization described	in section 170(b)(1)(A)(ix) operate	ed in conju	nction with a land-grant	college
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of the college	or
		university:						
10		An organization that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	is, membership fees, an	d gross receipts from
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its support f	rom gross investment
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acquii	red by the organization a	after June 30, 1975.
		See section 509(a)(2). (Con	mplete Part III.)					
11		An organization organized a	•	vely to test for public sat	ety. See	section 50	9(a)(4).	
12		An organization organized a	•	•	•			purposes of one or
		more publicly supported or	· · · · · · · · · · · · · · · · · · ·	•	-		•	
		lines 12a through 12d that						
а		Type I. A supporting orga	* *					aivina
<u> </u>		the supported organization	•	•	•	-		
		• • • • •			majority C	i tile direc	tors or trustees or trie si	аррогинд
L		organization. You must o			ion with its		d arganization(a) by bay	ina
b	· L		•					-
		control or management o			ame perso	ns that coi	ntrol or manage the sup	οοπεα
		organization(s). You mus						
С	. L		= ::				• •	ed with,
		its supported organization		·				
d			=				• • • •	
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	uirement and an attenti	veness
		requirement (see instructi	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	V.	
е		☐ Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Type I, Type II, Type III	
		functionally integrated, or	Type III non-function	nally integrated supporting	ng organiz	ation.		
f	Ente	er the number of supported o	organizations					
g		vide the following information						
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	inization listed ng document?	(v) Amount of monetary	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	27913456.	28651691.	31809676.	33360273.	32282205.	154017301
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	27913456.	28651691.	31809676.	33360273.	32282205.	154017301
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						6629952.
6	Public support. Subtract line 5 from line 4.						147387349
	ction B. Total Support		ı				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4			31809676.	33360273.	32282205.	
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	817,459.	739,748.	569,820.	710,077.	618,488.	3455592.
9	Net income from unrelated business	,	,	,	<i>'</i>	,	
	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.)		238,111.	49,545.	79,683.	18,721.	386,060.
11	Total support. Add lines 7 through 10		·	,	,		157858953
	Gross receipts from related activities.	etc. (see instruction	ons)	•	•		,959,557.
	First 5 years. If the Form 990 is for the	•	,				
	organization, check this box and sto	-					
Sec	tion C. Computation of Publ						
14	Public support percentage for 2022 (line 6, column (f), d	livided by line 11, o	column (f))		14	93.37 %
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	95.07 %
	33 1/3% support test - 2022. If the					ore, check this bo	x and
	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the						
	and stop here. The organization qua	lifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	_					
	meets the facts-and-circumstances to			-			
b	10% -facts-and-circumstances test	-	•		-		
	more, and if the organization meets t	_					
	organization meets the facts-and-circ						
18	Private foundation. If the organization						3
	<u> </u>		,	. ,			(Form 990) 2022

232022 12-09-22

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

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

Se	ction A. Public Support		•				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support				•	•	
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>
14	First 5 years. If the Form 990 is for the	-					
80	check this box and stop here ction C. Computation of Publi						<u></u>
	•			-1(6)		145	0/
	Public support percentage for 2022 (I					15	<u>%</u>
	Public support percentage from 2021 ction D. Computation of Inves					16	<u>%</u>
	•			20 12 column (f)		17	04
	Investment income percentage for 20					18	<u>%</u>
	Investment income percentage from a 33 1/3% support tests - 2022. If the						7 is not
156	more than 33 1/3%, check this box ar						
,	33 1/3% support tests - 2021. If the						
•	line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?

 If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
Sa		
3b		
Зс		
4a		
4b		
4c		
-10		
5a		
5b		
5c		
6		
7		
8		
9a		
Ja		
9b		
9с		
10a		
,		
10b		Щ.

Pai	Supporting Organizations (continued)			
			Yes	No
11	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 on lines 11b and			
	11c below, the governing body of a supported organization?	1a		
b	A family member of a person described on line 11a above?	1b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	1c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	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,			
		2		
Sect	tion 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		100	110
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sect	the supported organization(s). tion D. All Type III Supporting Organizations			
		1	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
•	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	1		
•	7			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	_		
_	the organization maintained a close and continued working relationship with the capported organization(c).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Sact	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization supported a governmental entity. Provided in Part VI.		,	
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruction Task Assume Vivo Task Assume Viv		- 1	NI -
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	and those definition of the definition of the definition	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
_	and the state of t	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	The second details in	la		
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.

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi:	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	ov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus		•	T
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrated	Type III supporting orga	anization (see
	instructions)	, ,		•

Schedule A (Form 990) 2022

Par	t v Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continu	<u>ıed) </u>	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	Г		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ıs	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
<u>a</u>	From 2017				
<u>b</u>	From 2018				
c	From 2019				
<u>d</u>	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
<u>g</u>	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2022 distributable amount				
<u>_i</u>	Carryover from 2017 not applied (see instructions)				
<u>i_</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
<u>e</u>	Excess from 2022				

Schedule A (Form 990) 2022

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization Employer identification number

AFRICAN WILDLIFE FOUNDATION 52-0781390 INC Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the

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

religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box

is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively

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

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization Employer identification number

AFRICAN WILDLIFE FOUNDATION, INC.

52-0781390

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>1,913,905.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 941,436.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 2,630,399.	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	Total contributions \$ 1,082,903.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 1,500,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

AFRICAN WILDLIFE FOUNDATION, INC.

52-0781390

Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
223/53 11-15			Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022) Page **4**

Name of organization **Employer identification number** 52-0781390 AFRICAN WILDLIFE FOUNDATION, INC. Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

Inspection

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

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		imilar Funds or A	ccounts. Complete if the
		(a) Donor advise	d funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets he	d in donor advised fu	nds
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that gra	nt funds can be used	only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any	y other purpose confe	rring
	impermissible private benefit?			Yes No
Pai	rt II Conservation Easements. Complete if the organic	anization answered "Yes	s" on Form 990, Part I	V, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	_	
	Preservation of land for public use (for example, recreating	ion or education)	Preservation of a his	torically important land area
	Protection of natural habitat		Preservation of a cer	tified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribu	ition in the form of a c	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			
b				
	Number of conservation easements on a certified historic structure			2c
d	Number of conservation easements included in (c) acquired af			
	historic structure listed in the National Register			
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or to	erminated by the orga	nization during the tax
	year			
4	Number of states where property subject to conservation ease			
5	Does the organization have a written policy regarding the period			
•	violations, and enforcement of the conservation easements it l			
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, an	a enforcing conservat	ion easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and ent	orcing conservation e	asements during the year
	3, 1 3,	3	3	3 ,
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements	s of section 170(h)(4)(E	3)(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's	financial statements t	hat describes the
	organization's accounting for conservation easements.			
Pai	rt III Organizations Maintaining Collections of	Art, Historical Trea	asures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its reve	nue statement and ba	llance sheet works
	of art, historical treasures, or other similar assets held for publ	lic exhibition, education,	or research in further	ance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that desc	cribes these items.	
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue	statement and balance	ce sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in furtherand	ce of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
				·
2	If the organization received or held works of art, historical trea-	sures, or other similar as	sets for financial gain	, provide
	the following amounts required to be reported under FASB AS			
	Revenue included on Form 990, Part VIII, line 1			
	Assets included in Form 990, Part X			
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Schedule D (Form 990) 2022

232051 09-01-22

		WILDLIFE F				52-0	<u> 781390</u>	Page 2
Pai	rt III Organizations Maintaining Co	llections of Art	, Historical Tre	asures, or	Other S	Similar Asse	ts _{(contin}	ued)
3	Using the organization's acquisition, accession	n, and other records	, check any of the f	ollowing that	make sign	ificant use of its	3	
	collection items (check all that apply):							
а	Public exhibition	d	Loan or exc	hange progra	m			
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's coll	ections and explain	how they further th	e organizatio	n's exemp	t purpose in Pa	rt XIII.	
5	During the year, did the organization solicit or	receive donations of	art, historical treas	sures, or othe	r similar as	sets		
	to be sold to raise funds rather than to be main						Yes	No
Pai	t IV Escrow and Custodial Arrange		te if the organizatio	n answered "`	Yes" on Fo	orm 990, Part I\	, line 9, or	
	reported an amount on Form 990, Part	X, line 21.						
1a	Is the organization an agent, trustee, custodiar					_		
	on Form 990, Part X?					L	Yes	L No
b	If "Yes," explain the arrangement in Part XIII ar	nd complete the follo	owing table:					
							Amount	
С	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance							
2 a	Did the organization include an amount on For	m 990, Part X, line 2	21, for escrow or cu	ıstodial accou	ınt liability	?L	Yes	No
	If "Yes," explain the arrangement in Part XIII. C							
Pai	55							
	F	(a) Current year	(b) Prior year	(c) Two years	<u></u>) Three years bac	· · ·	•
1a	Beginning of year balance	26,516,373.	33,431,430.	30,538		29,737,624		547,774
b	Contributions	-3,670,240.	-1,454,365.			1,000,000		
С	Net investment earnings, gains, and losses	2,377,746.	-4,581,727.	5,881	,291.	645,753	1,	740,423
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs	2,129,760.	878,965.	888	,238.	845,000	•	550,573
f	Administrative expenses							
g	End of year balance	23,094,119.		-	,430.	30,538,377	. 29,	737,624
2	Provide the estimated percentage of the current		(line 1g, column (a)) held as:				
а	<u> </u>	79.9268	_%					
b	Permanent endowment 20.0730	%						
С	Term endowment							
	The percentages on lines 2a, 2b, and 2c should	•						
За	Are there endowment funds not in the possess	sion of the organizat	ion that are held ar	nd administere	ed for the		Г	× 11
	organization by:							Yes No
	(i) Unrelated organizations						3a(i)	X
	(ii) Related organizations						3a(ii)	X
	If "Yes" on line 3a(ii), are the related organization						3b	
4 Dai	Describe in Part XIII the intended uses of the or t VI Land, Buildings, and Equipme		ment funds.					
Fai			Dort IV line 11e C	00 Form 000	Dort V lin	0.10		
	Complete if the organization answered	1	Ī	T T				
	Description of property	Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value					value	
		,	,	(other)	depre	SCIALIOIT	0.03	157
	Land			3,157.	E (0 226		3,157
b	Buildings			7,014.		8,336.		147
C	Leasehold improvements			0,764. 8,072.		70,617. 55,201.),147. 2,871.
d	Equipment	-		0,0/4.		05,201.		1,0/1

Schedule D (Form 990) 2022

5,129,990.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

	(· · · · · · · · · · · · · · · · · · ·
Part VII	Investments - Other Securities.

Part VIII Investments - Other Securities.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

Schedule D (Form 990) 2022

Par	t XI Reconciliation of Revenue per Audited Financial Statemen	ts Wit	h Revenue per Re	turn.	· -g-			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		•					
1	T. 1			1	34,959,226.			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				, , , , , ,			
	Net unrealized gains (losses) on investments	2a	1,050,901.					
b	Donated services and use of facilities	2b	271,264.					
С	Recoveries of prior year grants	2c						
	Other (Describe in Part XIII.)	2d	-2,416.					
	Add lines 2a through 2d			2e	1,319,749.			
3	Subtract line 2e from line 1			3	33,639,477.			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:							
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	94,983.					
b	Other (Describe in Part XIII.)	4b						
С	Add lines 4a and 4b			4c	94,983.			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	33,734,460.			
Pai	T XII Reconciliation of Expenses per Audited Financial Statemen	nts Wi	th Expenses per F	Retur	n.			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.							
1	Total expenses and losses per audited financial statements			1	36,865,575.			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		074 064					
а	Donated services and use of facilities	2a	271,264.					
	Prior year adjustments	2b						
	Other losses	2c	10 026					
	Other (Describe in Part XIII.)		12,836.		204 100			
_	Add lines 2a through 2d			2e	284,100.			
3	Subtract line 2e from line 1			3	36,581,475.			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 . 1	04 002					
	Investment expenses not included on Form 990, Part VIII, line 7b		94,983.					
	Other (Describe in Part XIII.)			4.	01 003			
	Add lines 4a and 4b			4c 5	94,983. 36,676,458.			
5 Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) † XIII Supplemental Information.			5	30,070,430.			
		/ lines 1	h and 2h: Dort V. line 4	· Dort	V line 2: Dort VI			
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.								
111162	20 and 45, and Part All, lines 20 and 45. Also complete this part to provide any additi	orial lillo	orriation.					
PAF	RT V, LINE 4:							
THE	BOARD OF TRUSTEES HAS ADOPTED A SPENDING 1	POLI	CY FOR THE					
			-					
BOA	ARD-DESIGNATED ENDOWMENT TO MEET BOARD-APPRO	OVED	BUDGETED EX	PEN	DITURES.			
THE	POLICY ALLOCATES UP TO THREE PERCENT OF THE	HE EI	NDOWMENT'S A	VER.	AGE			
BEG	SINNING INVESTED MARKET VALUES FOR THE PRIOR	R FO	UR FISCAL YE	ARS	•			
PAF	RT X, LINE 2:							
AWI	F PERFORMED AN EVALUATION OF UNCERTAINTY IN	INC	OME TAXES FO	R T	HE YEAR			
ENI	DED JUNE 30, 2023, AND DETERMINED THAT THER	E WE	RE NO MATTER	ST	HAT WOULD			
					_			
REÇ	QUIRE RECOGNITION OR DISCLOSURE IN THESE CON	NSOL:	IDATED FINAN	CIA	L			
STA	ATEMENTS OR WHICH MAY HAVE AN EFFECT ON THE	'I'AX	-EXEMPT STAT	US	OF AWF,			
T376								
INC								

SCHEDULE F (Form 990)

Department of the Treasury

Statement of Activities Outside the United States

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

OMB No. 1545-0047

Internal Revenue Service

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

Open to Public Inspection

Name of the organization **Employer identification number** AFRICAN WILDLIFE FOUNDATION, 52-0781390 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, X Yes the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (e) If activity listed in (d) (b) Number of (c) Number of (d) Activities conducted in the region (f) Total (a) Region employees, agents, and expenditures offices (by type) (such as, fundraising, prois a program service, for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region CONSERVATION PROGRAMS. SUB-SAHARAN AFRICA 23 200 PROGRAM SERVICES EDUCATION & OUTREACH 21,104,948. 5 FUNDRAISING EUROPE 3 659,108. NORTH AMERICA FUNDRAISING 109,861. 1 1 EAST ASIA AND THE GRANTS TO RECIPIENTS LOCATED IN THE REGION PACIFIC 0 80,000. 27 207 21,953,917. 3 a Subtotal **b** Total from continuation 0 sheets to Part I Totals (add lines 3a 207 21,953,917.

232071 10-17-22

and 3b)

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

Schedule F (Form 990) 2022

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
			SUPPORT TO FARO					
		SUB-SAHARAN	NATIONAL PARK IN					
		AFRICA	CAMEROON	17,549.	WIRE TRANSFER	0.	N/A	N/A
		EAST ASIA AND THE	SUPPORT TO ZOOS IN					
		PACIFIC	CHINA	80,000.	WIRE TRANSFER	0.	N/A	N/A
		SUB-SAHARAN						
			AWF PARTNER SUPPORT	5 630.	WIRE TRANSFER	0.	N/A	N/A
				.,		-		
			SUB-GRANTEE FARO			_		
		AFRICA	NATIONAL PARK	30,355.	WIRE TRANSFER	0.	N/A	N/A
			SUPPORT CONSERVATION					
		SUB-SAHARAN	EFFORTS IN THE MASAI					
		AFRICA	MARA IN KENYA	103,817.	WIRE TRANSFER	0.	N/A	N/A
		SUB-SAHARAN	SUPPORT SNIFFER DOGS					
		AFRICA	IN THE ADDIS AIRPORT	138,823.	WIRE TRANSFER	0.	N/A	N/A
			AND DONGLING					
		SUB-SAHARAN	ANTI-POACHING OPERATIONS IN MANYARA					
		AFRICA	RANCH IN TANZANIA	60 791	WIRE TRANSFER	0	N/A	N/A
				22,731,		••	r·,	F-7
			MANAGEMENT OF THE					
		SUB-SAHARAN	BILI MBOMU FOREST					
		AFRICA	SAVANNA COMPLEX	602,802.	WIRE TRANSFER	0.	N/A	N/A

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

3 Enter total number of other organizations or entities

► 10 ► 14

Schedule F (Form 990) 2022

Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	r ugo z
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	I (c) Region I		(e) Amount	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN	COUNTERING WILDLIFE	252 275	WIDE MDANGEED	_	NT / 7	NT / 2
		AFRICA	TRAFFICKING	252,375.	WIRE TRANSFER	٠.	N/A	N/A
			AWF JUREC SUB GRANT					
		SUB-SAHARAN	AGREEMENT WILDLIFE					
		AFRICA	LAW ENFORCEMENT	45,497.	WIRE TRANSFER	0.	N/A	N/A
			WILDLIFE REGULATIONS	,				
			DRAFTING, NGULIA					
		SUB-SAHARAN	RHINO PROGRAM, TSAVO					
		AFRICA	WEST NATIONAL PARK	357,385.	WIRE TRANSFER	0.	N/A	N/A
		SUB-SAHARAN	TSAVO COMMUNITY					
		AFRICA	RANGERS TRAINING	40,995.	WIRE TRANSFER	0.	N/A	N/A
			SUPPORT FOR SCHOOL					
			AND EDUCATION OF					
		SUB-SAHARAN	PRIMARY SCHOOL	0.054	WIDE MONGEED		AT / 3	
		AFRICA	STUDENTS	8,054.	WIRE TRANSFER	٠.	N/A	N/A
			SUPPORTING SECURITY					
		SUB-SAHARAN	AND ANTI-POACHING AND					
		AFRICA	TRAINING IN DRC	62,926.	WIRE TRANSFER	0.	N/A	N/A
			LABORATORY FUNDS AND	,				
			MSC. SUPPORT FOR					
		SUB-SAHARAN	CONSERVATION AGENCY					
		AFRICA	IN CAMEROON'S FARO	9,160.	WIRE TRANSFER	0.	N/A	N/A
			SUBGRANTEE-FARO					
		SUB-SAHARAN	NATIONAL PARK					
		AFRICA	CONSERVATION PROGRAM	10,951.	WIRE TRANSFER	0.	N/A	N/A
			DANGED GUDDODE					
		SUB-SAHARAN	RANGER SUPPORT,					
		SUB-SAHARAN AFRICA	UNIFORMS AND TRAINING IN KENYA	12 102	WIRE TRANSFER	,	N/A	N/A
		ML VICA	TH VUNIA	12,192.	MIVE IVWNOLFK	U.	M/A	Pi/A

Part II Continuation o			tions or Entities Outside the		(Schedule F (Form 9	90), Part II, line	1)	r age z
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(a) Region	(d) Purpose of grant	(e) Amount	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		GUD GAUADAN						
		SUB-SAHARAN AFRICA	PARTNER SUPPORT	101 634	WIRE TRANSFER	0	N/A	N/A
			AWF SPONSORSHIP	101,034.	WIRE IREMOTER	<u> </u>	14/ 21	1771
		1	TOWARDS CHOGM					
		SUB-SAHARAN	(COMMONWEALTH HEADS					
		l .	OF GOVERNMENT MEETING	5,407.	WIRE TRANSFER	0.	N/A	N/A
			CANINE FOR	,				
			CONSERVATION					
		SUB-SAHARAN	OPERATIONS AND CANINE					
		AFRICA	TRAINING	169,061.	WIRE TRANSFER	0.	N/A	N/A
		SUB-SAHARAN	SUPPORT TO THE UGANDA					
		AFRICA	INVESTMENT PROJECT	31,962.	WIRE TRANSFER	0.	N/A	N/A
		l .	SUBGRANTEE TSAVO					
		1	CONSERVATION PROGRAM	10.004	L			
		AFRICA	IN KENYA	10,994.	WIRE TRANSFER	0.	N/A	N/A
			GUDDODE EANGANTA					
			SUPPORT TANZANIA CANINE FOR					
		AFRICA	CONSERVATION PROGRAM	21 927	WIRE TRANSFER	_	N/A	N/A
		AFRICA	CONSERVATION FROGRAM	21,037.	WIKE IKANSFEK	0.	N/A	N/A
		SUB-SAHARAN	SUPPORT TO MANA POOLS					
		1	NATIONAL PARK	11.520.	WIRE TRANSFER	0.	N/A	N/A
				,				

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (f) Amount of (e) Manner of (g) Description of (a) Type of grant or assistance (b) Region cash disbursement noncash assistance recipients cash grant noncash assistance SUB-SAHARAN ROTARY CLUB OF KABALE AFRICA 9 5,673. WIRE TRANSFER 0.N/A N/A SUB-SAHARAN RAISER RESOURCE LIMITED AFRICA 15 25,921. WIRE TRANSFER 0.N/A N/A

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No
		Schedule F (Fori	n 990) 2022

232074 10-17-22

Schedule F (Form 990) 2022 Part V Supplemental Information

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

PART I, LINE 2:

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

PART II, COLUMN (D):

REGION: SUB-SAHARAN AFRICA

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

REGION: SUB-SAHARAN AFRICA

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

REGION: SUB-SAHARAN AFRICA

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

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

took to Form 000 or Form 000 F7

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

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

Employer identification number

AFRICAN	WILDLIFE FOUNDATI	ON,	INC	C.	52-0781	390
Part I Fundraising Activities	Complete if the organization answer	ered "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
required to complete this par						
 1 Indicate whether the organization rais a X Mail solicitations b X Internet and email solicitations c Phone solicitations d X In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, F 	e X Solicita f X Solicita g X Specia or oral agreement with any individual	ation of ation of I fundra	non-g gover aising	overnment grants nment grants events ficers, directors, trus	tees, or	□ No
b If "Yes," list the 10 highest paid indi compensated at least \$5,000 by the	` , .	ant to	agreei	ments under which th	ne fundraiser is to be	•
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	ustody itrol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
SANKY COMMUNICATIONS INC -	MANGEMENT OF DIRECT MAIL	Yes	No			
368 9TH AVENUE, SUITE 12-131,	AND ONLINE PROGRAM		Х	4,988,805.	185,800.	4,803,005.
STELTER - 10435 NEW YORK AVENUE, DES MOINES, IA 50322	CONSULTING FOR PLANNED GIVING PROGRAM		х	3,052,473.	107,107.	2,945,366.
· · · · · · · · · · · · · · · · · · ·						
Total				8,041,278.	292,907.	7,748,371.
List all states in which the organization or licensing.					· · · · · · · · · · · · · · · · · · ·	· · · · · ·
AK,AL,AR,AZ,CA,CO,CT,	DC,DE,FL,GA,HI,IA,	ID,I	L,I	N, KS, KY, LA	,MA,MD,ME,	MI,MN,MO
MS,MT,NC,ND,NE,NH,NJ,						
WY						
		•				

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

Schedule G (Form 990) 2022

ch	edul	e G (Form 990) 2022 AFRICAN	WILDLIFE FO	UNDATION, INC	52-	-0781390 Page 2
	rt I		e organization answered	"Yes" on Form 990, Part	IV, line 18, or reported	more than \$15,000
		or fundraising event contributions and gro	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
a)			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
irect Ex	7	Food and beverages				
	8	Entertainment Other direct expenses				
	10	Direct expense summary. Add lines 4 through	٠,			
Pa	rt I	Net income summary. Subtract line 10 from line II Gaming. Complete if the organization a		990, Part IV, line 19, or r		
		\$15,000 on Form 990-EZ, line 6a.				T
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Вè	1	Gross revenue				
Se	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct Exp	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
		er the state(s) in which the organization conducter the organization licensed to conduct gaming ac	_	states?		Yes No
		No," explain:				

Schedule G (Form 990) 2022

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

b If "Yes," explain:

232082 10-27-22

Schedule G (Form 990) 2022 AFRICAN WILDLIFE FOUNDATION, INC. 52-0	<u> </u>	Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes	No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
to administer charitable gaming?	Yes	No
13 Indicate the percentage of gaming activity conducted in:		
a The organization's facility	13a	%
b An outside facility	13b	%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
Name		
Address		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
of gaming revenue retained by the third party \$		
c If "Yes," enter name and address of the third party:		
Name		
Name		
Address		
16 Gaming manager information:		
Name		
Gaming manager compensation \$		
Description of services provided		
Director/officer Employee Independent contractor		
17 Mandatory distributions:		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
retain the state gaming license?	Yes	☐ No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
organization's own exempt activities during the tax year \$		
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part IV	rt III, lines 9, 9	9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
	7.	
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS) .	
(I) NAME OF FUNDRAISER: SANKY COMMUNICATIONS INC		
(I) ADDRESS OF FUNDRAISER:		
368 9TH AVENUE, SUITE 12-131, NEW YORK, NY 10001		

Sinecule (Grom 989) AFRICAN WILDLIFE FOUNDATION, INC. 52-0781390 Page 4 Part W Supplemental Information (continued) AFRICAN WILDLIFE FOUNDATION, INC. 52-0781390 Page 4	Schedule G	(Form 990)	AFRICAN	WILDLIFE	FOUNDATION,	INC.	52-0781390	Page 4
	Part IV	Supplemental Infor	mation _{(contin}	nued)				
			(,				
	-							
	_							
	-							
	-							

SCHEDULE J (Form 990)

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.

Open to Public

Internal Revenue Service Name of the organization

Department of the Treasury

AFRICAN WILDLIFE FOUNDATION INC. Employer identification number 52-0781390

OMB No. 1545-0047

Inspection

P	art i Questions Regarding Compensation				
	·			Yes	No
1a	Check the appropriate box(es) if the organization provided a	ny of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any				
	First-class or charter travel	X Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax indemnification and gross-up payments	X 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 organizati	ion follow a written policy regarding payment or			
	•	above? If "No," complete Part III to explain	1b	Х	
2	Did the organization require substantiation prior to reimbursi				
		, regarding the items checked on line 1a?	2	Х	
		,			
3	Indicate which, if any, of the following the organization used	to establish the compensation of the organization's			
_	CEO/Executive Director. Check all that apply. Do not check	•			
	establish compensation of the CEO/Executive Director, but of	•			
	X Compensation committee	X Written employment contract			
	X Independent compensation consultant	X Compensation survey or study			
	X Form 990 of other organizations	X Approval by the board or compensation committee			
	1 om 330 of other organizations	Approval by the board of 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:	, section 7, into 14, with respect to the fining			
a	Receive a severance payment or change-of-control payment	2	4a		Х
	Participate in or receive payment from a supplemental nong				X
	Participate in or receive payment from an equity-based comparticipate in or receive payment from a supple from an equity-based comparticipate in or receive payment from an equity-based compa				X
·	If "Yes" to any of lines 4a-c, list the persons and provide the		.		
	The storage of miles 4a c, hist the persons and provide the	applicable amounts for each term in art in.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizat	ions must complete lines 5-9			
5	For persons listed on Form 990, Part VII, Section A, line 1a,	-			
J	contingent on the revenues of:	and the organization pay or accrue any compensation			
a	-		5a		Х
					X
J	If "Yes" on line 5a or 5b, describe in Part III.		0.5		
6	For persons listed on Form 990, Part VII, Section A, line 1a,	did the organization pay or accrue any compensation			
U	contingent on the net earnings of:	and the organization pay or accrue any compensation			
•	-		6a		Х
			6b		X
J	If "Yes" on line 6a or 6b, describe in Part III.		05		
7	·	did the organization provide any ponfived payments			
'			7		х
8	Were any amounts reported on Form 990, Part VII, paid or a	occured pursuant to a contract that was subject to the			<u> </u>
0	•	3.4958-4(a)(3)? If "Yes," describe in Part III	8		х
9	If "Yes" on line 8, did the organization also follow the rebutta		. _		<u> </u>
IJ	ii i es on line o, did the organization also follow the redutta	abie presumption procedure described in			

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

Schedule J (Form 990) 2022

Regulations section 53.4958-6(c)?

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

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

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

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

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 1A:
AS AN EXPATRIATE IN KENYA, THE CEO RECEIVES EXPATRIATE BENEFITS THAT ARE
COMMENSURATE WITH OTHER EXPATRIATE CHIEF EXECUTIVES WITHIN SIMILAR NGOS IN
KENYA THAT INCLUDE HOUSING AND EDUCATIONAL ALLOWANCES.
PART I, LINE 3:
THE CFO COMPARES DATA FROM PUBLICLY AVAILABLE SOURCES IN ADDITION TO
OBTAINING A RECOMMENDATION FROM AN INDEPENDENT PAY CONSULTANT. THE DATA IS
PROVIDED TO THE COMPENSATION COMMITTEE, WHICH IS ALSO THE EXECUTIVE
COMMITTEE, WHICH ULTIMATELY DECIDES THE CEO'S COMPENSATION.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Employer identification number

	AFRICAN WILDLIFE FOUNDATION, INC. 52-0							
Par	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 10	noncash	(d) nod of determir contribution a		s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded		96	3,472,893	AVERAGE	OF HIG	H/L	_WC
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other (
29	Number of Forms 8283 received by the organ						_	
	for which the organization completed Form 8283, Part V, Donee Acknowledgement 290							
							Yes	No
30a	During the year, did the organization receive I	•		*	•			
	must hold for at least 3 years from the date of		ntribution, and whi	ich isn't required to be used	l for			
	exempt purposes for the entire holding period	<u> </u>				30a		<u> </u>
	b If "Yes," describe the arrangement in Part II.							
31								
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?							
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in	column (c) fo	r a type of property	for which column (a) is che	ecked,			
	describe in Part II.							
LHA	For Paperwork Reduction Act Notice, see	e the Instruct	tions for Form 990).	Sch	nedule M (Fori	n 990)	2022

232141 09-09-22

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2022 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

AFRICAN WILDLIFE FOUNDATION, INC.

Employer identification number 52-0781390

FORM 990, PART LINE 1, DESCRIPTION OF ORGANIZATION MISSION: AN AFRICA WHERE SUSTAINABLE DEVELOPMENT INCLUDES THRIVING WILDLIFE AND WILD LANDS AS A CULTURAL AND ECONOMIC ASSET FOR AFRICA'S FUTURE GENERATIONS. LINE 4A, FORM 990 PART III, PROGRAM SERVICE ACCOMPLISHMENTS: WE BOOSTED CONSERVATION-FRIENDLY AGRICULTURE AND CAMEROON, FOREST HARVESTING. THIS PROJECT REDUCED ILLEGAL HUNTING AND USED TRAINING AND EQUIPMENT TO BOLSTER CAPACITY AMONG ECO-GUARDS. DUE TO THIS PROGRAM, LOCAL INCOMES INCREASED BY 78%, AND POVERTY WAS REDUCED BY 83%. IN THE DRC'S MARINGA-LOPORI-WAMBA LANDSCAPE, AWF PROVIDED ADDITIONALLY, SMALL BUSINESS MICROGRANTS AND TRAINING FOR LOCAL BUSINESS ASSOCIATIONS. AS OF JULY 2023, THE PROJECT HAD AWARDED MICRO-GRANTS IN SUPPORT OF 90 NEW BUSINESSES, BENEFITING A TOTAL OF 1,890 PEOPLE IN HOMES. FISCAL YEAR 2023 SAW STRIDES IN A PILOT PROGRAM TO RESTORE 450 HECTARES OF VOLCANOES NATIONAL PARK IN RWANDA. EXERCISING THE GUIDELINES AND BEST PRACTICES OF FREE, PRIOR, AND INFORMED CONSENT, AWF ENGAGED 500 FAMILIES LIVING ON DEGRADED FARMLAND THAT USED TO BE PART OF THE PARK. THEY WERE PRESENTED WITH A LAND PURCHASE INITIATIVE THAT WOULD COMPENSATE THEM FOR THEIR LAND SO IT COULD BE RESTORED AS GORILLA HABITAT AND RELOCATE THEIR FAMILIES TO NEW GREEN TOWNS DESIGNED TO PROVIDE BETTER INFRASTRUCTURE AND ECONOMIC OPPORTUNITIES.

IN MKOMAZI

THE TANZANIAN SIDE OF THE TSAVO-MKOMAZI LANDSCAPE THAT

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page 2 Name of the organization **Employer identification number** 52-0781390 AFRICAN WILDLIFE FOUNDATION, INC. CROSSES INTO KENYA, WE INTRODUCED SUNFLOWER FARMING TO MINIMIZE HUMAN-WILDLIFE CONFLICT AND GIVE FARMERS A NEW INCOME STREAM. IN ADDITION, AWF SUPPORTED FISH FARMERS TO REDUCE THE OVEREXPLOITATION OF LAKE JIPE, INSTALLING ONE FISHPOND, OFFERING 1,200 FINGERLINGS AND 28 BAGS OF FEED, AND TRAINING THE FISH FARMERS. FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: WE AMPLIFIED THE AFRICAN CIVIL SOCIETY BIODIVERSITY ALLIANCE (ACBA), THE AFRICAN PROTECTED AREA DIRECTORS (APAD), THE AFRICAN GROUP OF NEGOTIATORS (AGN), AND THE GLOBAL YOUTH BIODIVERSITY NETWORK AFRICA (GYBN) AT GLOBAL MEETINGS OF THE CONVENTION ON BIOLOGICAL DIVERSITY, THE CONVENTION ON INTERNATIONAL TRADE IN ENDANGERED SPECIES OF WILD FAUNA AND FLORA, AND THE UNITED NATIONS FRAMEWORK CONVENTION ON CLIMATE

AWF ASSISTED AFRICAN COUNTRIES IN THE DEVELOPMENT OF THE

KUNMING-MONTREAL GLOBAL BIODIVERSITY FRAMEWORK THROUGH SUPPORTING THE

AGN. WE HOSTED PREPARATORY MEETINGS IN BOTSWANA AND GABON, ENSURING

AFRICAN COUNTRIES ALIGNED POSITIONS AND STRATEGIZED ON HOW BEST TO

APPROACH NEGOTIATIONS; WE PROVIDED ENGLISH-FRENCH INTERPRETATION FOR

ALL SESSIONS; WE FINANCED THE ONLINE COORDINATION PLATFORM OF THE AGN;

AND WE PRESENTED A SCIENCE PAPER ALONGSIDE ACBA THAT PUTS PEOPLE AT THE

CENTER OF TARGET 3 OF THE FRAMEWORK. AHEAD OF AND DURING THE UN

BIODIVERSITY CONFERENCE, TWO AWF POLICY FELLOWS SUPPORTED THE AGN

ADMINISTRATIVELY.

WE CONTRIBUTED FINANCIAL AND TECHNICAL SUPPORT FOR THE ZIMBABWE

GOVERNMENT'S DEVELOPMENT OF THE FIRST-EVER ZIMBABWE BIODIVERSITY

ECONOMY REPORT, WHICH PROVIDES A FRAMEWORK TO MAINSTREAM THE VALUE OF

CHANGE.

<u>Schedule O (Form 990) 2022</u> Page **2**

NATURE INTO PRIVATE AND PUBLIC SECTOR ECONOMIC DECISION—MAKING.

WE FACILITATED CROSS—BORDER MEETINGS WITH ZIMPARKS IN ZIMBABWE'S

MID—ZAMBEZI VALLEY LANDSCAPE TO STRENGTHEN COLLABORATION BETWEEN

ZIMBABWE AND ZAMBIA LAW ENFORCEMENT AGENTS. SIMILARLY, WE CONTINUED TO

STRENGTHEN CROSS—BORDER WILDLIFE SECURITY COLLABORATION BETWEEN KENYA

AND TANZANIA, INCLUDING PLANNING FOR CONCURRENT OPERATIONS IN EVERY

ECOSYSTEM ALONG THE KENYA—TANZANIA INTERNATIONAL BORDER.

IN TANZANIA, WE COMPLETED THE RELOCATION AND CONSTRUCTION OF MANYARA

RANCH SCHOOL AND HANDED MANAGEMENT OF IT OVER TO THE LOCAL GOVERNMENT

THROUGH THE MONDULI DISTRICT COUNCIL. AROUND 1,050 STUDENTS ATTEND THE

SCHOOL, WHICH WAS PREVIOUSLY LOCATED IN AN IMPORTANT WILDLIFE CORRIDOR.

ADDITIONALLY, WE MADE INVESTMENTS IN TRAINING AFRICAN CONSERVATION

FILMMAKERS AND JOURNALISTS THROUGH AWF'S AFRICAN CONSERVATION VOICES

PROGRAM. THIS INCLUDED BRINGING 17 YOUNG FILMMAKERS TO A MAJOR GLOBAL

NATURAL HISTORY FILMMAKING CONFERENCE TO NETWORK AND PREMIERE

CONSERVATION FILMS SHOT WITH AWF SUPPORT. WE ALSO RAN DIGITAL CLASSES

FOR JOURNALISTS IN EASTERN AFRICA, SOUTHERN AFRICA, WEST AFRICA, AND

CENTRAL AFRICA ON TOPICS SUCH AS FEATURE WRITING, PITCHING,

STORYTELLING, INVESTIGATIVE JOURNALISM IN THE DIGITAL AGE,

FACT-CHECKING, AND EFFECTIVE SOCIAL MEDIA WRITING.

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

SNIFFER DOG UNITS WERE DEPLOYED BY GOVERNMENT HANDLERS IN SIX AIRPORTS

AND TWO PORTS, SEARCHING 18,429 FLIGHTS, 1,925,587 PIECES OF CARGO, AND

9,281,393 PIECES OF LUGGAGE. TRACKING DOGS WERE USED BY AUTHORITIES IN

FOUR PROTECTED AREAS.

Schedule O (Form 990) 2022 Page 2

Name of the organization **Employer identification number** 52-0781390 AFRICAN WILDLIFE FOUNDATION, INC. IN THE DRC'S MARINGA-LOPORI-WAMBA LANDSCAPE, AWF TRAINED AND EQUIPPED RANGERS TO MANAGE THE PROTECTED AREA. AS A RESULT OF THIS WORK AND OUR COMMUNITY APPROACH MENTIONED ABOVE, POACHING HAS STOPPED AMONG LOCAL COMMUNITY MEMBERS, RANGE FOR ELEPHANTS AND BONOBOS HAS INCREASED, HUMAN-WILDLIFE CONFLICT INCIDENTS HAVE REDUCED, AND FOREST ELEPHANT NUMBERS IN THE LANDSCAPE ARE IMPROVING. ACROSS ALL OF THE 17 LANDSCAPES WHERE AWF WORKED, WE ACTIVELY MEASURED 26 WILDLIFE POPULATIONS TO DETERMINE IF THEY WERE STABLE, INCREASING, OR DECREASING AND ANALYZED FIELD AND GIS DATA TO DETERMINE THE CAUSES. THIS INCLUDES TEN ELEPHANT POPULATIONS, SIX LARGE CARNIVORE POPULATIONS, FIVE RHINO POPULATIONS, FOUR GREAT APE POPULATIONS, AND TWO GIRAFFE POPULATIONS.

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

CAMEROON, CANADA, CONGO, DEM REP, ETHIOPIA,

KENYA, NIGER, RWANDA, TANZANIA,

UGANDA, UNITED KINGDOM

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

THERE SHALL BE AN EXECUTIVE COMMITTEE CONSISTING OF THE CHAIR, THE

VICE-CHAIR, THE CHIEF EXECUTIVE OFFICER, THE SECRETARY, THE TREASURER, AND

THE CHAIRS OF THE STANDING COMMITTEES. IN THE INTERVALS BETWEEN MEETINGS OF

THE BOARD, THE EXECUTIVE COMMITTEE SHALL MANAGE AND CONTROL THE PROPERTY,

BUSINESS AND AFFAIRS OF THE FOUNDATION AND EXERCISE ALL THE POWERS OF THE

BOARD TO THE EXTENT NOT CONTRARY TO LAW OR TO THE PROVISIONS OF THESE

BYLAWS. THE CHAIR OF THE BOARD SHALL BE THE CHAIR OF THE EXECUTIVE

COMMITTEE AND SHALL REPORT ON THE ACTIVITIES OF THE EXECUTIVE COMMITTEE AT

EACH REGULAR MEETING OF THE BOARD. THE COMMITTEE SHALL ALSO MEET AT THE

Schedule O (Form 990) 2022 Page 2

Name of the organization

AFRICAN WILDLIFE FOUNDATION, INC.

Employer identification number 52-0781390

CALL OF THE CHAIR OR UPON THE WRITTEN REQUEST OF THREE MEMBERS OF THE

COMMITTEE DELIVERED TO THE SECRETARY. FIVE MEMBERS OF THE COMMITTEE SHALL

CONSTITUTE A QUORUM.

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

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

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

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

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

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

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

TRUSTEES AND OFFICERS RECEIVE AND SIGN A CONFLICT OF INTEREST POLICY

STATEMENT UPON ELECTION TO THE BOARD OF TRUSTEES, ANNUALLY. IF A TRUSTEE

FEELS THAT HE/SHE MAY HAVE A POTENTIAL CONFLICT OF INTEREST WITH AWF, THESE

CONCERNS ARE BROUGHT TO THE ATTENTION OF THE BOARD OF TRUSTEES' CHAIR

AND/OR AUDIT COMMITTEE OF THE BOARD OF TRUSTEES' FOR DELIBERATION.

ALL STAFF MEMBERS ARE REQUIRED TO SIGN A CONFLICT OF INTEREST POLICY UPON
HIRING AND WITH EACH NEW CONTRACT AMENDMENT. STAFF CONCERNS REGARDING

CONFLICTS OF INTEREST ARE BROUGHT TO THE HUMAN RESOURCES AND CULTURE

DEPARTMENT FOR REVIEW BY THE CFO AND OTHER MEMBERS OF THE EXECUTIVE

LEADERSHIP TEAM WHEN REQUIRED.

Schedule O (Form 990) 2022 Page 2

Name of the organization

AFRICAN WILDLIFE FOUNDATION, INC.

Employer identification number 52-0781390

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

POTENTIAL CONFLICTS OF INTEREST. LOCAL FINANCE OFFICERS REVIEW TRANSACTIONS

UP TO \$1,000. ADDITIONAL SCRUTINY IS GIVEN TO LARGER CONTRACTS BY THE

DIRECTOR OF ADMINISTRATION AND FACILITIES. ANY POTENTIAL CONFLICTS OF

INTEREST ARE FORWARDED TO THE CFO AND/OR THE CEO FOR REVIEW.

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

THE CFO GATHERS DATA FROM PUBLICLY AVAILABLE SOURCES TO COMPARE

COMPENSATION OF SIMILAR ORGANIZATIONS, GROUPED BY SIZE. ADDITIONALLY, AN

OUTSIDE FIRM CONDUCTS AN INDEPENDENT REVIEW TO SHOW PAY RANGES FOR THE TOP

EXECUTIVE OF SIMILAR FIRMS AND MAKES A RECOMMENDATION. THE DATA IS PROVIDED

TO THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES, WHICH ULTIMATELY

DECIDES THE LEVEL OF THE CEO'S COMPENSATION.

INFORMAL SALARY REVIEWS FOR OFFICERS AND KEY EMPLOYEES ARE PERFORMED

ANNUALLY BY THE HUMAN RESOURCES DEPARTMENT WITH OVERSIGHT BY THE CFO.

FORMALIZED SALARY SURVEYS BY AN OUTSIDE FIRM ARE CONDUCTED EVERY 3-5 YEARS

FOR OFFICERS, KEY EMPLOYEES AND HIGHLY COMPENSATED EMPLOYEES. FOR ALL

OFFICERS AND KEY STAFF LOCATED WITHIN THE UNITED STATES, INFORMATION FROM

COMPARABLE ORGANIZATIONS IS COLLECTED THROUGH PUBLICLY AVAILABLE FEDERAL

FORM 990S. FOR KEY EMPLOYEES LOCATED OUTSIDE THE UNITED STATES,

COMPENSATION STUDIES ARE OBTAINED AS NECESSARY TO PROVIDE COMPARABLE DATA.

RECOMMENDATIONS ARE MADE BY THE CFO TO THE CEO WHO ULTIMATELY MAKES

COMPENSATION DECISIONS.

THE PROCESS DESCRIBED HERE WAS LAST COMPLETED IN 2023.

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

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

Schedule O (Form 990) 2022	Page 2
Name of the organization AFRICAN WILDLIFE FOUNDATION, INC.	Employer identification number 52-0781390
UT, VA, WV, WI, MO	
FORM 990, PART VI, SECTION C, LINE 19:	
AWF'S FEDERAL FORM 990 AND ANNUAL REPORT ARE AVAILABLE UP	ON REQUEST AND ARE
PUBLISHED ON AWF'S WEBSITE.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
UNREALIZED GAIN/LOSS ON TRUST & ANNUITIES	-15,252.
ONINDIAD ON INODI & AMMOTTED	13,232.

SCHEDULE R (Form 990)

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

Department of the Treasury Internal Revenue Service Name of the organization

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

AFRICAN WILDLIFE FOUNDATION, INC.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

52-0781390

Part I Identification of Disregarded Entities.	· ·						
(a)	(b)	(c)	(d)	(e)		(f)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)	or Total inco	ome End-of-yea		controlling ntity	9
Part II Identification of Related Tax-Exempt O organizations during the tax year.	Prganizations. Complete if the organization	on answered "Yes" on Form 99	0, Part IV, line 34,	because it had one	or more related tax-exe	empt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
AWF UNITED KINGDOM							
35 BERKELEY SQUARE, MAYFAIR					AFRICAN WILDLIFE		
LONDON, UNITED KINGDOM W1J 5BF	WILDLIFE CONSERVATION	UNITED KINGDOM	501(C)(3)	LINE 7	FOUNDATION, INC.	X	
AWF SWITZERLAND							
RUE MAUVERNEY 28					AFRICAN WILDLIFE		
GLAND, SWITZERLAND 1196	WILDLIFE CONSERVATION	SWITZERLAND	501(C)(3)	LINE 7	FOUNDATION, INC.	X	
AWF CANADA							
18 KIND STREET EAST, STE 1400					AFRICAN WILDLIFE		
TORONTO, CANADA M5C 1C4	WILDLIFE CONSERVATION	CANADA	501(C)(3)	LINE 7	FOUNDATION, INC.	X	
		ı	I		1	1	1

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

		,	ı	•			_				
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of	1	ortionate	Code V-UBI	General	Percentage ownership
of related organization		(state or foreign	entity	excluded from tax under	income	end-of-year assets		itions?	amount in box 20 of Schedule K-1 (Form 1065)	partner	ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0
	1										
	1										
	1										
	1										
	1										
	1										
	1										
	1										
		l .					l				

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

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

Schedule R (Form 990) 2022

Page 3

Yes No

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

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

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

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization	ı(s)				1b	Α.	
c Gift, grant, or capital contribution from related organizat	ion(s)				1c	Х	
d Loans or loan guarantees to or for related organization(s					1d		_X
e Loans or loan guarantees by related organization(s)					1e		<u>X</u>
f Dividends from related organization(s)					1f		X
g Sale of assets to related organization(s)					1g		X
h Purchase of assets from related organization(s)					1h		X
i Exchange of assets with related organization(s)					1i		X
j Lease of facilities, equipment, or other assets to related							<u>X</u>
k Lease of facilities, equipment, or other assets from relate	ed organization(s)				1k		X
I Performance of services or membership or fundraising s						X	
m Performance of services or membership or fundraising s	olicitations by related orgar	nization(s)			1m		X
n Sharing of facilities, equipment, mailing lists, or other as	sets with related organization	on(s)			1n		X
o Sharing of paid employees with related organization(s)					10		X
p Reimbursement paid to related organization(s) for expen	ses				1 p		X
q Reimbursement paid by related organization(s) for exper	nses				1q	X	
r Other transfer of cash or property to related organization	n(s)				1r	X	
s Other transfer of cash or property from related organizat	ion(s)				1s		_X
2 If the answer to any of the above is "Yes," see the instru	ctions for information on w	no must complete th	is line, including covered relat	onships and transaction thresholds.			
(a) Name of related organization		(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount i	nvolved		
(1)							
(2)							
(3)							
(4)							
\-/							
(5)							
(6)							
232163 09-14-22			•	Schodul	e R (For	m 000)	2022

Page 4

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionate allocation	Code V-UBI amount in box of Schedule K-	General managin partner	(k) Percentage ownership
	-									

PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury

Check if applicable

Address change

Name change

Initial return

Final return/ termin-ated

Amended return

Applica-tion pending

J Website:

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11

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Part I

Activities & Governance

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) 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. 2023 A For the 2022 calendar year, or tax year beginning JUL2022 and ending JUN C Name of organization D Employer identification number AFRICAN WILDLIFE FOUNDATION, INC. 52-0781390 Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number 1100 NEW JERSEY AVENUE, SE 900 202-939-3333 38,730,824. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 20003 WASHINGTON, DC H(a) Is this a group return F Name and address of principal officer: KADDU SEBUNYA for subordinates? Yes X No SAME AS C ABOVE Yes **H(b)** Are all subordinates included? Tax-exempt status: X 501(c)(3) 527 501(c) ((insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.AWF.ORG H(c) Group exemption number **K** Form of organization: X Corporation Trust Association Other L Year of formation: 1961 M State of legal domicile: DC Summary Briefly describe the organization's mission or most significant activities: AWF'S MISSION IS TO ENSURE WILDLIFE AND WILD LANDS THRIVE IN MODERN AFRICA. AFW'S if the organization discontinued its operations or disposed of more than 25% of its net assets. 29 Number of voting members of the governing body (Part VI, line 1a) 3 28 Number of independent voting members of the governing body (Part VI, line 1b) 4 58 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 33,360,273. 32,282,205. Contributions and grants (Part VIII, line 1h) 0. Program service revenue (Part VIII, line 2g) 729,841. 1,427,578. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 128,923. 24,677. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 34,219,037. 33,734,460. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3,619,252. 2,237,414. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 321,061. 15,581,961. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 298,451. 292,907. **b** Total fundraising expenses (Part IX, column (D), line 25) 19,688,433. 18,825,076. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 36,676,458. 39,188,097. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -4,969,060. -2,941,998. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 48,801,951. 44,798,224. Total assets (Part X, line 16) 10,887,373. 8,789,995. Total liabilities (Part X, line 26) 37,914,578. 36,008,229 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block

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

Sign	Signature of officer		Date
Here	RICHARD HOLLY, CHIEF F		
	Type or print name and title		
	Print/Type preparer's name	Preparer's signature	Date Check PTIN
Paid	ROBERT WILLIAMS	ROBERT WILLIAMS	05/15/24 self-employed P01345960
Preparer	Firm's name CLIFTONLARSONA	ALLEN LLP	Firm's EIN 41-0746749
Use Only	Firm's address 901 N. GLEBE F		
	ARLINGTON, VA	22203	Phone no. 571 - 227 - 9500
May the I	RS discuss this return with the preparer sho	wn above? See instructions	X Ves No

Par	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	AWF'S MISSION IS TO ENSURE THAT WILDLIFE AND WILD LANDS THRIVE IN	
	MODERN AFRICA. AWF'S VISION IS OF AN AFRICA WHERE SUSTAINABLE	
	DEVELOPMENT INCLUDES THRIVING WILDLIFE AND WILD LANDS AS A CULTURAL	
	AND ECONOMIC ASSET FOR AFRICA'S FUTURE GENERATIONS.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$12,442,850. including grants of \$642,285.) (Revenue \$)
	LIVING WITH WILDLIFE	—
	IN FISCAL YEAR 2023, WE SUCCESSFULLY COMPLETED THREE MULTI-YEAR EU-FUNDED LANDSCAPE PROGRAMS IN THE DRC AND CAMEROON:	—
	IN BILI-UELE, DRC, THE PROGRAM WAS A FIVE-YEAR EU-FUNDED PROJECT THAT	—
	IMPROVED GOVERNANCE AND MANAGEMENT OF NATURAL RESOURCES FOR SUSTAINABLE	—
	DEVELOPMENT, CONSERVED ECOLOGICAL INTEGRITY, AND IMPROVED SECURITY IN	—
	THE LANDSCAPE. LAND USE PLANS HAVE ALLOCATED 4,527 SQUARE KILOMETERS	—
	FOR WILDLIFE CORRIDORS.	—
	IN FARO, CAMEROON, THE PROGRAM REVIVED ACTIVITIES IN A NEARLY ABANDONED	
	PROTECTED AREA, FARO NATIONAL PARK, ESTABLISHED COMMUNITY STRUCTURES TO	
	COMBAT POACHING AND PROMOTE PEACEFUL TRANSHUMANCE, AND SUPPORTED	
	SUSTAINABLE LIVELIHOODS. (CONTINUED ON SCHEDULE O)	
4b	(Code:) (Expenses \$9 , 038 , 514including grants of \$\$ 451 , 722) (Revenue \$	
	LEADING FOR WILDLIFE	— ′
	IN FISCAL YEAR 2023, AWF INCREASED AFRICAN LEADERSHIP IN CONSERVATION	
	AND DEVELOPMENT BY CO-CONVENING WITH THE IUCN AND THE GOVERNMENT OF	
	RWANDA THE INAUGURAL AFRICA PROTECTED AREAS CONGRESS THAT TOOK PLACE IN	
	KIGALI, RWANDA, IN JULY 2022. THE CONGRESS GALVANIZED 2,400	
	PARTICIPANTS FROM 53 AFRICAN COUNTRIES TO BUILD A SHARED VISION FOR	
	AFRICAN-LED CONSERVATION, RESULTING IN THE KIGALI CALL TO ACTION, A	
	DETAILED POLICY ROADMAP FOR THE CONTINENT.	
	AFW'S LEADERSHIP PROGRAMS CHAMPIONED COALITIONS OF AFRICAN STAKEHOLDERS	
	IN THEIR EVERYDAY DECISION-MAKING AND SUPPORTED THEM IN BRINGING THEIR	
	PERSPECTIVES TO GLOBAL CONFERENCES. (CONTINUED ON SCHEDULE O)	
	T FFO CFF 1 140 40C	
4c	(Code:) (Expenses \$7,572,675. including grants of \$1,143,406.) (Revenue \$)
	CARING FOR WILDLIFE	
	IN FISCAL YEAR 2023, AWF'S COUNTER WILDLIFE TRAFFICKING PROGRAM TRAINED	
	LAW ENFORCEMENT OFFICERS IN KENYA, UGANDA, TANZANIA, ETHIOPIA, AND THE	—
	DRC IN BEST PRACTICES FOR RESPONDING TO WILDLIFE CRIME. WE ALSO BUILT CAPACITY AMONG 161 LAW ENFORCEMENT PERSONNEL IN THE DRC, ETHIOPIA, AND	
	KENYA, INCLUDING PROSECUTORS AND JUDICIAL OFFICERS, TO ADOPT NEW TOOLS	—
	AND METHODOLOGIES TO ADDRESS THE CHANGING WILDLIFE CRIME LANDSCAPE ON	
	THE CONTINENT.	
	WE OFFICIALLY HANDED OVER A NEW CANINE TRAINING FACILITY TO THE	
	TANZANIA WILDLIFE MANAGEMENT AUTHORITY. ACROSS SIX COUNTRIES, CANINE	
	UNITS WE WORK WITH DETECTED 55 FINDS OF WILDLIFE CONTRABAND IN FISCAL	
	YEAR 2023. (CONTINUED ON SCHEDULE O)	
	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 29,054,039.	
	Form 990 (20	U33)

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232002 12-13-22

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		1
8	, ,			x
•	Schedule D, Part III	8		
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?			37
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		77	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	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	_X_	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the appropriation projection of the control of the Light of the Light of the Light of the Control	14a	Х	
14a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	 -a		
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b	Х	
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140	- 21	
15		45	Х	
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	21	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		v	
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	X	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		v	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	X	_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			_{3,7}
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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		X

AFRICAN WILDLIFE FOUNDATION, INC. 52-0781390 Page 4 Form 990 (2022) Part IV | Checklist of Required Schedules (continued) Yes No 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 Х 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 23 Х 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Х 24a Schedule K. If "No," go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 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 Х b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete Х 25b 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% Х controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled Х entity (including an employee thereof) 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 the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes." complete Schedule L, Part IV 28a **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If Х 28c "Yes," complete Schedule L, Part IV Х 29 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? If "Yes," complete Schedule M 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete Х 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Х 34 X 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 X within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х If "Yes," complete Schedule R, Part V, line 2 36 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 Х 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V X Yes No 26 **1a** Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 0 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

232004 12-13-22

(gambling) winnings to prize winners?

Form 990 (2022) AFRICAN WILDLIFE FOUNDATION, INC.

Part V 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 58				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	X		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a	X		
b	If "Yes," enter the name of the foreign country SEE SCHEDULE O					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Advanced in the Financi	counts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X	
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		X	
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit				
	•		6a		X	
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts				
	were not tax deductible?		6b			
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required				
	to file Form 8282?	l I	7c		X	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		X	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		X	
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g			
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza		7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the				
^			8			
9	Sponsoring organizations maintaining donor advised funds.		9a			
a Did the sponsoring organization make any taxable distributions under section 4966?						
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:		9b			
10	Initiation fees and capital contributions included on Part VIII, line 12	10a				
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	[100]	1			
	Gross income from members or shareholders	11a				
	Gross income from other sources. (Do not net amounts due or paid to other sources against	110	-			
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a			
	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.					
а	Is the organization licensed to issue qualified health plans in more than one state?		13a			
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
			14a		X	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	'e O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
	excess parachute payment(s) during the year?		15		Х	
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Х	
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17			
	If "Yes," complete Form 6069.					

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

_						LX.
Sec	tion A. Governing Body and Management					
			ا م م		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	29			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	28			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	ny other			
	officer, director, trustee, or key employee?			2	X	
3	Did the organization delegate control over management duties customarily performed by or under the					
				3		<u> </u>
4	Did the organization make any significant changes to its governing documents since the prior Form 9		filed?	4	Х	
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		<u>X</u>
6	Did the organization have members or stockholders?			6		<u>X</u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	•				7.7
	more members of the governing body?			7a		<u>X</u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st		· '			7.7
	persons other than the governing body?			7b		<u>X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	•	* I	_	37	
a	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real			_		v
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)		V	NI -
10-	Did the amonimation have lead about on home by a filling of		1	10-	Yes	No X
	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 such change beginning to approximate an experience of such changes to approximate their experience are consistent with the approximation?	apters,	anniates,	40h		
110	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body.	, bofor	filing the form?	10b 11a	х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	y belore		па	-21	
				12a	х	
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13			12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? f			120		
C	on Schedule O how this was done	,		12c	х	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approva			17		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-	Горопаот			
а	The organization's CEO, Executive Director, or top management official			15a	х	
	Other officers or key employees of the organization			15b		X
~	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent wi	th a			
	taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	-				
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed AL, AR, CA, CT, F	L,G	A,HI,IL,KS,	KY,	MD,	MA
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, at					
	for public inspection. Indicate how you made these available. Check all that apply.		,			
	X Own website Another's website X Upon request Other (explain	on Sc	hedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		•	financ	ial	
	statements available to the public during the tax year.		-			
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	records			
	RICHARD HOLLY - (202)939-3333					
	· · · · · · · · · · · · · · · · · · ·	2000	3			
232006	SEE SCHEDULE O FOR FULL LIST OF STATES			Form	990	(2022)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization ne	or any related	orga	niza	tion	con	nper	sate	ed any current officer, di	rector, or trustee.	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do		Pos		l than d	nne	Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	rson i	s both	an	compensation	compensation	amount of
	week		Cer ar	ia a a	recio	r/trus	iee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	eord	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	al trustee		yee	m pen		1099-NEC)	1000 (420)	and related
	below	Individual trustee or director	Institutional	<u></u>	Key employee	Highest compensated employee	er			organizations
	line)	Indiv	Instit	Officer	Key 6	High empl	Former			
(1) KADDU SEBUNYA	50.00									
CHIEF EXECUTIVE OFFICER		Х		Х				379,393.	0.	71,594.
(2) RICHARD HOLLY	50.00								_	
CHIEF FINANCIAL OFFICER				Х				244,466.	0.	41,643.
(3) LINDSAY KOSNIK	50.00								_	
SR VP, CAMPAIGN/PRINCIPAL INVESTMENT				Х				225,451.	0.	42,654.
(4) CHARLY FACHEUX	50.00							004 455		4- 64-
SR VP, CONSERVATION STRATEGY, IMPACT	F 0 00			Х				221,155.	0.	45,247.
(5) ERIC COPPENGER	50.00							000 005	•	25 206
CHIEF OF STAFF	F0 00			Х				203,225.	0.	35,386.
(6) PHILIP MURUTHI	50.00			,,				100 567	0	05 005
VP SPECIES CONSERVATION & SCIENCE	F0 00			Х				198,567.	0.	25,885.
(7) FREDERICK KUMAH	50.00			,,				170 244	0	FO 440
VP GLOBAL LEADERSHIP	40.00			Х				172,344.	0.	50,440.
(8) ALISTAIR POLE	40.00					3,7		160 206	0	25 221
SR DIR PROJECT MGMT/PARTNERSHIP	F0 00		_			X		168,396.	0.	35,321.
(9) ANDREA ATHANAS VP ENTERPRISE/INVESTMENT	50.00					x		156 500	0.	12 207
(10) FELIX OTIENO	40.00					^		156,500.	0.	43,387.
DIRECTOR OF IT	40.00					x		141,734.	0.	28,634.
(11) DAVID WILLIAMS	40.00					^		141,/34.	0.	20,034.
DIRECTOR OF CONSERVATION GEOGRAPHY	40.00	-				x		133,223.	0.	29,548.
(12) BETH FOSTER	50.00							133/2231	•	23,3100
SR VP BRAND & PUBLIC ENGAGEMENT	3333	-		х				154,864.	0.	2,560.
(13) CRAIG SHOLLEY	30.00								•	
SR VP AND SPECIAL ADVISOR				х				132,183.	0.	20,889.
(14) RICHARD RUGGIERO	40.00							,	-	,
LANDSCAPE DIRECTOR, FARO						x		126,654.	0.	11,909.
(15) HEATHER STURT HAAGA	4.00							·		•
CHAIR		Х		Х				0.	0.	0.
(16) MYMA BELO-OSAGIE	2.00									
TRUSTEE		Х		Х		L		0.	0.	0.
(17) MARLEEN GROEN	2.00									
TRUSTEE		X		X				0.	0.	0.

232007 12-13-22 Form **990** (2022)

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

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

Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Yes No

X

X

Section B. Independent Contractors

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

	(C) Compensation
'	Compensation
FUNDRAISING	2,929,116.
SPACE RENTAL	806,762.
RISK MANAGEMENT AND	
SECURITY CONSULTING	492,820.
CANINE PROCUREMENT	
AND TRAINING	285,808.
PHOTOGRAPHY	
CONTESTPO	275,100.
d above) who received more than	
	200
	SPACE RENTAL RISK MANAGEMENT AND SECURITY CONSULTING CANINE PROCUREMENT AND TRAINING PHOTOGRAPHY CONTESTPO

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2022)

28

rustees, Key Er (B)	nplo	yee			ligh	est (Compensated Employe	, ,	
(B)			10	٠.			I		
· · ·		(C)					(D)	(E)	(F)
Average	Position			Reportable	Reportable	Estimated			
hours	(c	heck	allt	that	app	ly)		•	amount of
					a a				other
1	tor				ploye			•	compensation from the
1 '	direc				ma pa		_	(** 27 1000 141100)	organization
related	tee or	ustee			ensate				and related
"	al trus	nal tr		loyee	dwoo				organizations
I	ividus	titutic	icer	y emp	hest	mer			
	Pu	l su	#0	. Ke	ij	- F			
2.00									
	Х						0.	0.	0.
2.00									
+	Х						0.	0.	0.
4.00									
	Х						0.	0.	0.
2.00	<u></u>							_	
	Х						0.	0.	0.
2.00								_	_
	Х						0.	0.	0.
2.00	.,							0	•
1 2 20	X						0.	0.	0.
2.00	٠,,							0	•
2 00	X						0.	0.	0.
2.00	.							0	0
2 00	Δ						0.	0.	0.
2.00	~						_	0	0.
2 00	Λ						0.	0.	0.
2.00	v						0	0	0.
4 00	Δ						0.	0.	0.
4.00	v						0	0	0.
2 00	Λ						0.	0.	0.
2.00	v						0	0	0.
2 00	22						0.	0.	0 •
2.00	x						0.	0.	0.
2.00							•	•	•
2.00	x						0.	0.	0.
2.00							•	0.	
	x						0.	0.	0.
2,00	T							0.1	
	Х						0.	0.	0.
2.00									
	Х						0.	0.	0.
2.00								-	
	Х						0.	0.	0.
2.00								-	
	Х						0.	0.	0.
					L				
	hours per week (list any hours for related organizations below line) 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00 2.00	hours per week (list any hours for related organizations below line) 2.00 X 2.00	hours per week (list any hours for related organizations below line) 2.00 X 2.00	hours per week (list any hours for related organizations below line) 2.00	hours per week (list any hours for related organizations below line) 2.00	hours per week (list any hours for related organizations below line) 2.00	Nours Check all that apply Per Week (list any hours for related organizations below line) 2.00	hours per week (list any hours for related organizations below line) 2.000 x 2	Nours Order Check all that apply Park Compensation Com

Part VIII Statement of Revenue

	Check if Schedule O contains a response or note to any line in this Part VIII								
		·	•	(A)	(B)	(C)	(D)		
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under		
					iunction revenue	business revenue	sections 512 - 514		
υυ	1 a	Federated campaigns 1a							
Contributions, Gifts, Grants and Other Similar Amounts	. u	Membership dues 1b							
	6	Fundraising events 1c	4,116.						
	4	Related organizations 1d	-,						
	u	Government grants (contributions)	6,414,398.						
	•		0,111,000.						
	T	All other contributions, gifts, grants, and	25 863 601						
		similar amounts not included above 1f	25,863,691.						
out	9	Noncash contributions included in lines 1a-1f	3,472,893.	22 202 205					
Og	h	Total. Add lines 1a-1f		32,282,205.					
Program Service Revenue			Business Code						
	2 a	·							
	b								
	С	:							
eve	d	l							
Б	е								
ᇫ	f	All other program service revenue							
	g	Total. Add lines 2a-2f							
	3	Investment income (including dividends, inte	rest, and						
		other similar amounts)		610,512.			610,512.		
	4	Income from investment of tax-exempt bond							
	5	Royalties		7,976.			7,976.		
		(i) Real	(ii) Personal						
	6 a	Gross rents 6a							
		Less: rental expenses 6b							
		Rental income or (loss) 6c							
		Net rental income or (loss)							
		Gross amount from sales of (i) Securities	(ii) Other						
	ı a	assets other than inventory 7a 5,800,000							
	h	Less: cost or other basis							
ø)	D		. 0.						
Ž									
ther Revenue		, , , , , , , , , , , , , , , , , , , ,	_	817,066.			817,066.		
Æ		Net gain or (loss)		817,000.			817,000.		
‡	8 a	Gross income from fundraising events (not							
0		including \$ of							
		contributions reported on line 1c). See	F 166						
		Part IV, line 188							
		Less: direct expenses 8	b 12,836.						
		Net income or (loss) from fundraising events		-7,670.			-7,670.		
	9 a	Gross income from gaming activities. See							
		Part IV, line 199							
		Less: direct expenses 9	b						
	С	Net income or (loss) from gaming activities							
	10 a	Gross sales of inventory, less returns							
		and allowances10	5,650.						
	b	Less: cost of goods sold10	0 .						
	С	Net income or (loss) from sales of inventory		5,650.			5,650.		
,			Business Code						
ons	11 a	MISCELLANEOUS REVENUE	900099	18,721.			18,721.		
Miscellaneous Revenue	b								
elle eve	С								
<u>I</u> SC	d	All other revenue	900099						
≥	е	Total. Add lines 11a-11d		18,721.					
	12	Total revenue. See instructions		33,734,460.	0.	0.	1452255.		

2022.05090 AFRICAN WILDLIFE FOUNDATI A1318071

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 2,237,414. 2,237,414. Benefits paid to or for members Compensation of current officers, directors, 2,446,517. 2,030,609. 122,326. 293,582. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 8,497,276. 6,263,945. 530,601. 1,702,730. Other salaries and wages 7 Pension plan accruals and contributions (include 726,315. 508,095. 51,916. 166,304. section 401(k) and 403(b) employer contributions) 209,331. 651,782. 3,068,979. 2,207,866. Other employee benefits 9 581,974. 422,063. 39,139. 120,772. 10 Payroll taxes 11 Fees for services (nonemployees): Management 13,180. 191,651. 103,987. 74,484. Legal 103,958. 103,958. Accounting Lobbying 292,907. 292,907. Professional fundraising services. See Part IV, line 17 94,983. 94,983. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 3,369,853. 218,901. 2,779,083. 371,869. column (A), amount, list line 11g expenses on Sch O.) 95,600. 29,958. 215. 65,427. Advertising and promotion 12 312,056. 120,487. 54,318. 137,251. Office expenses 13 765,173. 562,905. 50,603. 151,665. Information technology 14 Royalties 15 32,779. 105,877. 1,462,476. 1,323,820. 16 Occupancy 2,564,735. 2,316,161. 7,221. 241,353. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 2,871,420. 2,788,073. 18,412. 64,935. Conferences, conventions, and meetings 19 16,210. 83,375. 26,787. 40,378. 20 Payments to affiliates 21 401,561. 398,444. 254. 2,863. Depreciation, depletion, and amortization 22 $33,9\overline{15}$ 153,202. 112,605. 6,682. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 3,018,377. 1,556,777. 1,461,581. 19. PRINTING AND PRODUCTION 989,681. SUPPLIES/FIELD SUPPLIES 981,105. 1,170. 7,406. 624,226. 624,226. CONSTRUCTION COSTS $\overline{1,734}$ 19,018. 539,618. 518,866. COMMUNICATIONS 1,183,131. 1,140,763. 35,334. 7,034. e All other expenses 36,676,458. 29,054,039. 1,789,487. 5,832,932. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

> 1,503,528. Form **990** (2022)

11180515 131839 A131807

Check here X if following SOP 98-2 (ASC 958-720)

2,858,260.

0.

1,354,732

Form 990 (2022)

Part X | Balance Sheet

	t X Balance Sheet						
		Check if Schedule O contains a response or note					
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			2,458,002.	1	3,647,480.
	2	Savings and temporary cash investments		22,188.	2	18,979.	
	3	Pledges and grants receivable, net			8,520,524.	3	6,563,440.
	4	Accounts receivable, net			356,791.	4	478,063.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa	antial c	ontributor, or 35%			
		controlled entity or family member of any of these	e perso	ons		5	
	6	Loans and other receivables from other disqualifi	ied per	sons (as defined			
		under section 4958(f)(1)), and persons described	in sect	tion 4958(c)(3)(B)		6	
က္က	7	Notes and loans receivable, net			442,118.	7	360,640.
Assets	8	Inventories for sale or use				8	
~ ₹	9				993,151.	9	916,717.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	9,220,421.			
	b	Less: accumulated depreciation	10b	4,090,431.	4,705,570.		5,129,990. 23,332,003.
	11	Investments - publicly traded securities			26,905,114.	11	23,332,003.
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			4,398,493.	15	4,350,912.
	16	Total assets. Add lines 1 through 15 (must equa			48,801,951.		44,798,224.
	17				3,294,472.		1,846,519.
	18	Grants payable		700 066	18	0.040.070	
	19	Deferred revenue			720,066.	19	2,242,278.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
es	22	Loans and other payables to any current or former					
Liabilities		trustee, key employee, creator or founder, substa					
lak		controlled entity or family member of any of these	-	, .: F	1,425,000.	22	
-	23	Secured mortgages and notes payable to unrelat		· · · · · · · · · · · · · · · · · · ·	1,425,000.	23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay parties, and other liabilities not included on lines					
			,		5,447,835.	25	4,701,198.
	26	Total liabilities. Add lines 17 through 25			10,887,373.		8,789,995.
	20	Organizations that follow FASB ASC 958, chec	sk hore	X	10,007,373	20	0,103,333.
န္		and complete lines 27, 28, 32, and 33.	JK HEI C				
ğ	27				28,310,364.	27	23,052,231.
3ala	28				9,604,214.		12,955,998.
힐		Organizations that do not follow FASB ASC 95					
ᆵ		and complete lines 29 through 33.	,				
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or equ				30	
Ass	31	Retained earnings, endowment, accumulated inc				31	
e le	32	Total net assets or fund balances			37,914,578.		36,008,229.
_	33				48,801,951.	33	44,798,224.

Form **990** (2022)

Form 990 (2022)

232012 12-13-22

SCHEDULE A

(Form 990)

<u>Total</u>

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022 Open to Public

Inspection

Employer identification number

				FE FOUNDATION				Z-0/81390
Pa	ırt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.	
The	organ	ization is not a private found	ation because it is: (l	For lines 1 through 12, cl	neck only	one box.)		
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2	\Box	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)						
3	一	A hospital or a cooperative				(b)(1)(A)(ii	i).	
4	Ħ	A medical research organiz					•	the hospital's name.
•	ш	city, and state:	ation operated in col	ijanotion with a noophar	docomboa	ocono	11 17 0(B)(1)(A)(III). Enter	the respitate riams,
5		An organization operated for	or the benefit of a co	llege or university owned	or operat	ad by a go	vernmental unit describ	ad in
3	ш			nege of difficerally owned	or operat	ed by a go	verninental unit describ	5 u III
_		section 170(b)(1)(A)(iv). (C		and the second s		70/L-\/4\/A\	. A	
6		A federal, state, or local gov	-				-	
7	X	An organization that norma		ntial part of its support fr	om a gove	ernmental	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (C						
8	\square	A community trust describe						
9		An agricultural research org	janization described	in section 170(b)(1)(A)(ix) operate	ed in conju	nction with a land-grant	college
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of the college	or
		university:						
10		An organization that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	is, membership fees, an	d gross receipts from
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its support f	rom gross investment
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acquii	red by the organization a	after June 30, 1975.
		See section 509(a)(2). (Con	mplete Part III.)					
11		An organization organized a	•	vely to test for public sat	ety. See	section 50	9(a)(4).	
12		An organization organized a	•	•	•			purposes of one or
		more publicly supported or	· · · · · · · · · · · · · · · · · · ·	•	-		•	
		lines 12a through 12d that						
а		Type I. A supporting orga	* *					aivina
-		the supported organization	•	•	•	-		
		• • • • •			majority C	i tile direc	tors or trustees or trie si	аррогинд
L		organization. You must o			ion with its		d arganization(a) by bay	ina
b	· L		•					-
		control or management o			ame perso	ns that coi	ntrol or manage the sup	οοπεα
		organization(s). You mus						
С	. L		= ::				• •	ed with,
		its supported organization		·				
d			=				• • • •	
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	uirement and an attenti	veness
		requirement (see instructi	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	V.	
е		☐ Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Type I, Type II, Type III	
		functionally integrated, or	Type III non-function	nally integrated supporting	ng organiz	ation.		
f	Ente	er the number of supported o	organizations					
g		vide the following information						
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	inization listed ng document?	(v) Amount of monetary	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)

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

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

Sec	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	27913456.	28651691.	31809676.	33360273.	32282205.	154017301	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	27913456.	28651691.	31809676.	33360273.	32282205.	154017301	
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)						6629952.	
	Public support. Subtract line 5 from line 4.						147387349	
Sec	tion B. Total Support					_		
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
7	Amounts from line 4	27913456.	28651691.	31809676.	33360273.	32282205.	154017301	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,	045 450						
	and income from similar sources	817,459.	739,748.	569,820.	710,077.	618,488.	3455592.	
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		000 111	40 545	70 602	10 701	206 060	
	assets (Explain in Part VI.)		238,111.	49,545.	79,683.		386,060.	
	Total support. Add lines 7 through 10		,				157858953	
	Gross receipts from related activities	•	,				,959,557.	
13	First 5 years. If the Form 990 is for the	-			•			
Sec	organization, check this box and stoction C. Computation of Publ							
	Public support percentage for 2022 (<u>-</u>	column (f)\		14	93.37 %	
	Public support percentage from 2021					15	95.07 %	
						<u> </u>		
100	16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
b	b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box							
-		•		•		•		
17a	and stop here. The organization qualifies as a publicly supported organization							
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization							
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization							
b	10% -facts-and-circumstances test	•	•					
	more, and if the organization meets t	ū				•		
	organization meets the facts-and-circ							
18	Private foundation. If the organization		-				s	
			•	· '				

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

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

Sed	ction A. Public Support	slow, picase comp	oicte i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
_	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(a) 2010	(6) 2019	(6) 2020	(4) 2021	(6) 2022	(i) iotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	J		,	•	() ()	· —
	check this box and stop here						
	ction C. Computation of Publi					 	
	Public support percentage for 2022 (li	, ,,,	•	column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves			. 10 1 (0)		14-1	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	% 7 in
198	33 1/3% support tests - 2022. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	top here. The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
4		
1		
2		
_		
За		
3b		
Зс		
4a		
4b		
4c		
50		
5a		
5b		
5c		
6		
7		
8		
00		
9a		
9b		
90		
9c		
10a		
10b		
	n 990)	2022

Schedule A (Form 990

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а		son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	elow, the governing body of a supported organization?	11a		
b	A fam	ily member of a person described on line 11a above?	11b		
С	A 35%	6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	in Part VI.	11c		
Sec	tion E	3. Type I Supporting Organizations			
				Yes	No
1		e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported			
	organ	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part \	11 how providing such benefit carried out the purposes of the supported organization(s) that operated,			
0	super	vised, or controlled the supporting organization.	2		
Sec	tion C	C. Type II Supporting Organizations			
				Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
Sac-	the su	pported organization(s). D. All Type III Supporting Organizations	1		
Sec	LIOIT L	5. All Type III Supporting Organizations			l
_	D: Lu			Yes	No
1		e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	-	ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	•	(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1		
2	-	ization's governing documents in effect on the date of notification, to the extent not previously provided?	_		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2		
3	,	ganization maintained a close and continuous working relationship with the supported organization(s). ason of the relationship described on line 2, above, did the organization's supported organizations have a			
Ū	•	cant voice in the organization's investment policies and in directing the use of the organization's			
	•	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		orted organizations played in this regard.	3		
Sec	tion E	Type III Functionally Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	struction	s).	
2		ties Test. Answer lines 2a and 2b below.		Yes	No
а	Did su	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those	supported organizations and explain how these activities directly furthered their exempt purposes,			
	how ti	he organization was responsive to those supported organizations, and how the organization determined			
		nese activities constituted substantially all of its activities.	2a		
b		e activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one o	r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part \	Ithe reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's involvement.	2b		
3		t of Supported Organizations. Answer lines 3a and 3b below.			
а		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did th	e 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.

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations			
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.					
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
a	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	on C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-functional	lly integrated	Type III supporting orga	nization (see		
	instructions).					

Sche	nedule A (Form 990) 2022 AFRICAN WILDLIFE FOUNDATION, INC. 52-0781390 Page 7								
Pa	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
Sect	tion D - Distributions	-	Current Year						
1	Amounts paid to supported organizations to accomplish exempt purposes	3		1					
2	Amounts paid to perform activity that directly furthers exempt purposes o	f supported							
	organizations, in excess of income from activity			2					
3	Administrative expenses paid to accomplish exempt purposes of supporte	ed organizations	i	3					
4	Amounts paid to acquire exempt-use assets			4					
5	Qualified set-aside amounts (prior IRS approval required - provide details	in Part VI)		5					
6	Other distributions (describe in Part VI). See instructions.			6					
7	Total annual distributions. Add lines 1 through 6.			7					
8	Distributions to attentive supported organizations to which the organization	n is responsive							
	(provide details in Part VI). See instructions.			8					
9	Distributable amount for 2022 from Section C, line 6			9					
10	Line 8 amount divided by line 9 amount			10					
Gection E - Distribution Allocations (see instructions) Excess Dis			(ii) Underdistribution Pre-2022	ıs	(iii) Distributable Amount for 2022				

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
_1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2022			
<u>a</u>	From 2017			
b	From 2018			
c	From 2019			
d	From 2020			
e	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i_	Carryover from 2017 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D,			
	line 7:			
<u>a</u>	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
<u>C</u>	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2018			
	Excess from 2019			
	Excess from 2020			
d	Excess from 2021			
e	Excess from 2022			

232028 12-09-22 Schedule A (Form 990) 2022

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization Employer identification number

AFRICAN WILDLIFE FOUNDATION 52-0781390 INC Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the

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

religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box

is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively

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

Schedule B (Form 990) (2022)

Name of organization Employer identification number

AFRICAN WILDLIFE FOUNDATION, INC.

52-0781390

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>1,913,905</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 941,436.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 2,630,399.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Name, address, and ZIF + 4	\$ 1,082,903.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>1,500,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

AFRICAN WILDLIFE FOUNDATION, INC.

52-0781390

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_			
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	-
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\ \ \ \ \	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of organization **Employer identification number** 52-0781390 AFRICAN WILDLIFE FOUNDATION, INC. Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

223454 11-15-22 Schedule B (Form 990) (2022)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

OMB No. 1545-0047 Inspection

Employer identification number 52-0781390 AFRICAN WILDLIFE FOUNDATION, INC.

Pai			or Acc	ounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	(a) Donor advised funds	(h)	Funds and other accounts
4	Total number at and of year	(a) Bollot advised failes	(13)	Turius and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	_		□ Vaa □ Na
_	are the organization's property, subject to the organization's e			
6	Did the organization inform all grantees, donors, and donor ac			
	for charitable purposes and not for the benefit of the donor or		`	´ — —
Par		anization answered "Ves" on Form 900		
			raitiv, iii	ie /.
1	Purpose(s) of conservation easements held by the organizatio	`	f a biatari	adly important land area
	Preservation of land for public use (for example, recreat	· —		cally important land area
	Protection of natural habitat Preservation of open space	Preservation o	a certine	d historic structure
2	Complete lines 2a through 2d if the organization held a qualific	ad appearation contribution in the form	of a cons	or estion accoment on the last
2	day of the tax year.	ed conservation contribution in the form		Held at the End of the Tax Year
•				2a
_			·····	2b
b	Total acreage restricted by conservation easements Number of conservation easements on a certified historic stru	eturo included in (a)	····-	2c
c d	Number of conservation easements on a certified historic structure of conservation easements included in (c) acquired at		·····	20
u	historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele			
Ū	year	acce, extinguished, or terminated by the	o organiza	tion daming the tax
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period			
	violations, and enforcement of the conservation easements it			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
	3, 1	,		,
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing conserva	ation ease	ments during the year
				•
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservatio			
	balance sheet, and include, if applicable, the text of the footnote	ote to the organization's financial statem	ents that	describes the
	organization's accounting for conservation easements.			
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Of	ther Sin	nilar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue statement a	and baland	ce sheet works
	of art, historical treasures, or other similar assets held for publ	lic exhibition, education, or research in fu	urtherance	e of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes these item	ns.	
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue statement and	balance s	heet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtl	herance o	f public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
	(ii) Assets included in Form 990, Part X			\$
2	If the organization received or held works of art, historical trea	sures, or other similar assets for financia	al gain, pro	ovide
	the following amounts required to be reported under FASB AS	SC 958 relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1			\$
b	Assets included in Form 990, Part X			\$
_HA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Schedule D (Form 990) 2022

Part VI Land, Buildings, and Equipment.

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

Complete if the digamentation and reserve in the conference of the								
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value				
1a Land		993,157.		993,157.				
b Buildings		2,247,014.	568,336.	1,678,678.				
c Leasehold improvements		2,350,764.	770,617.	1,580,147.				
d Equipment		1,478,072.	1,055,201.	422,871.				
e Other		2,151,414.	1,696,277.	455,137.				
Total. Add lines 1a through 1e. (Column (d) must en		mn (B). line 10c.)		5,129,990.				

	LDLIFE FOUNDAT	ION, INC.	52-0781390 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Ye		11b. See Form 990, Part X, lir	ne 12.
(a) Description of security or category (including name of security	(b) Book value	(c) Method of valuation:	Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.	'		
Complete if the organization answered "Ye	s" on Form 990, Part IV, line	11c. See Form 990, Part X, lir	ne 13.
(a) Description of investment	(b) Book value		Cost or end-of-year market value
(1)			•
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Ye	s" on Form 990. Part IV. line	11d. See Form 990. Part X. lir	ne 15.
	(a) Description		(b) Book value
(1) ADVANCE TO PARTNERS	(,		758,483.
(2) SECURITY DEPOSITS			261,494.
(3) RIGHT OF USE ASSET			3,330,935.
			3,330,333
(4)			
<u>(5)</u> (6)			
(7)			
(8)			
(9)	r 45)		4,350,912.
Total. (Column (b) must equal Form 990, Part X, col. (B) Part X Other Liabilities.	IINE 15.)		4,330,312 .
Complete if the organization answered "Ye	s" on Form 000 Part IV line	110 or 11f Soo Form 000 Pa	art V. lino 25
(a) Description of liability	5 OH FOITH 990, Fall IV, IIIIe	THE OF THE GET FORM 990, FA	(b) Book value
			(b) Book value
(1) Federal income taxes (2) DEFERRED RENT & LEASE IN	CENTELLEC		4 552 501
	CENTIVES		4,552,501.
(3) ANNUITIES PAYABLE			148,697.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B)	line 25.)		4,701,198.

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

D 1 1//		. D	A 111 1 E1		MCH B	
schedule D	(Form 990) 2022	AFRICAN	MITDDILE	FOUNDATION,	INC.	

Par	t XI	Reconciliation of Revenue per Audited Financial Statement	s Witl	n Revenue per Ret	urn.	9-
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total r	revenue, gains, and other support per audited financial statements			1	34,959,226.
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net ur	nrealized gains (losses) on investments	2a	1,050,901.		
b	Donate	ed services and use of facilities	2b	271,264.		
С	Recov	eries of prior year grants	2c			
d	Other	(Describe in Part XIII.)	2d	-2,416.		
е	Add lir	nes 2a through 2d			2e	1,319,749. 33,639,477.
3	Subtra	act line 2e from line 1			3	33,639,477.
4	Amou	nts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a	94,983.		
b	Other	(Describe in Part XIII.)	4b			
С	Add lir	nes 4a and 4b			4c	94,983.
5	Total r	evenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	33,734,460.
Pa	rt XII	Reconciliation of Expenses per Audited Financial Statemen	ts Wi	th Expenses per R	eturi	n.
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1		expenses and losses per audited financial statements			1	36,865,575.
2		nts included on line 1 but not on Form 990, Part IX, line 25:		254 254		
а		ed services and use of facilities	2a	271,264.		
b	Prior y	rear adjustments	2b			
С	Other	losses	2c	10.00		
d		(Describe in Part XIII.)	_	12,836.		004.400
е		nes 2a through 2d			2e	284,100.
3		act line 2e from line 1			3	36,581,475.
4		nts included on Form 990, Part IX, line 25, but not on line 1:		0.4.000		
		ment expenses not included on Form 990, Part VIII, line 7b	4a	94,983.		
		(Describe in Part XIII.)	4b			0.4.000
		nes 4a and 4b		F	4c	94,983.
5	Total e	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	36,676,458.
		Supplemental Information.				
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV,			Part >	X, line 2; Part XI,
lines	2d and	4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition	nal info	ormation.		
		T TATE: 4				

PART V, LINE 4:

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

PART X, LINE 2:

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

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

 $\begin{tabular}{lll} \textbf{Go to} & \textit{www.irs.gov/Form990} & \textbf{for instructions and the latest information.} \end{tabular}$

Inspection

Employer identification number

AFRICAN WILDLIFE FOUNDATION, 52-0781390

Part I General Infor	mation on A	ctivities Out	side the United States. Comple	ete if the organization answered "Y	'es" on
Form 990, Part IV					
1 For grantmakers. Does	the organization	n maintain record	ds to substantiate the amount of its gra		
the grantees' eligibility for	or the grants or a	ssistance, and t	he selection criteria used to award the	grants or assistance? X	Yes No
	ribe in Part V the	e organization's p	procedures for monitoring the use of its	s grants and other assistance outsi	de the
United States.					
			n be duplicated if additional space is n (d) Activities conducted in the region	,	(f) Total
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	is a program service,	(f) Total expenditures for and investments in the region
				CONSERVATION PROGRAMS,	
SUB-SAHARAN AFRICA	23	200	PROGRAM SERVICES	EDUCATION & OUTREACH	21,104,948.
EUROPE	3	5	FUNDRAISING		659,108.
NORTH AMERICA	1	1	FUNDRAISING		109,861.
EAST ASIA AND THE			GRANTS TO RECIPIENTS		
PACIFIC	0	1	LOCATED IN THE REGION		80,000.
- Inciric	·		LOCATED IN THE RECION		00,000.
3 a Subtotal	27	207			21,953,917.
b Total from continuation					
sheets to Part I	0	0			0.
c Totals (add lines 3a	1				I

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

Schedule F (Form 990) 2022

21,953,917.

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

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

10

Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	<u> </u>
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		GUD GAUADAN	COLDINAL MILLOLINA					
		SUB-SAHARAN AFRICA	COUNTERING WILDLIFE TRAFFICKING	252 375	WIRE TRANSFER	,	N/A	N/A
		AFRICA	TRAFFICKING	232,373.	WIKE IKANSPEK	<u> </u>	N/A	N/A
			AWF JUREC SUB GRANT					
		SUB-SAHARAN	AGREEMENT WILDLIFE					
		AFRICA	LAW ENFORCEMENT	45,497.	WIRE TRANSFER	0.	N/A	N/A
			WILDLIFE REGULATIONS					
			DRAFTING, NGULIA					
			RHINO PROGRAM, TSAVO					
		AFRICA	WEST NATIONAL PARK	357,385.	WIRE TRANSFER	0.	N/A	N/A
		SUB-SAHARAN	TSAVO COMMUNITY					
		AFRICA	RANGERS TRAINING	40 995	WIRE TRANSFER	0	N/A	N/A
			SUPPORT FOR SCHOOL	10,333.	WIND HUMBI DI	· ·	-17.22	
			AND EDUCATION OF					
		SUB-SAHARAN	PRIMARY SCHOOL					
		AFRICA	STUDENTS	8,054.	WIRE TRANSFER	0.	N/A	N/A
			SUPPORTING SECURITY					
		SUB-SAHARAN	AND ANTI-POACHING AND					
		AFRICA	TRAINING IN DRC	62,926.	WIRE TRANSFER	0.	N/A	N/A
			LABORATORY FUNDS AND					
		aun annan	MSC. SUPPORT FOR					
		SUB-SAHARAN AFRICA	CONSERVATION AGENCY IN CAMEROON'S FARO	0 160	WIRE TRANSFER	_	N/A	N/A
		AFRICA	IN CAMEROON 5 FARO	9,100.	WIRE TRANSFER	0.	N/A	N/A
			SUBGRANTEE-FARO					
		SUB-SAHARAN	NATIONAL PARK					
		AFRICA	CONSERVATION PROGRAM	10,951.	WIRE TRANSFER	0.	N/A	N/A
			RANGER SUPPORT,					
		SUB-SAHARAN	UNIFORMS AND TRAINING					
		AFRICA	IN KENYA	12,192.	WIRE TRANSFER	0.	N/A	N/A

Part II Continuation o	f Grants and Other		tions or Entities Outside the		(Schedule F (Form 9	90). Part II. line	1)	r ago z
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN		101 501	L		L_,_	
			PARTNER SUPPORT	101,634.	WIRE TRANSFER	0.	N/A	N/A
			AWF SPONSORSHIP					
			TOWARDS CHOGM					
		SUB-SAHARAN	(COMMONWEALTH HEADS		l		L.,_	
			OF GOVERNMENT MEETING	5,407.	WIRE TRANSFER	0.	N/A	N/A
			CANINE FOR					
			CONSERVATION					
			OPERATIONS AND CANINE	150 051	l		L.,_	
		AFRICA	TRAINING	169,061.	WIRE TRANSFER	0.	N/A	N/A
		a a						
			SUPPORT TO THE UGANDA	21 060				
		AFRICA	INVESTMENT PROJECT	31,962.	WIRE TRANSFER	0.	N/A	N/A
			GUDODANIEDE EGATIO					
			SUBGRANTEE TSAVO					
		SUB-SAHARAN	CONSERVATION PROGRAM	10.004	MEDICAL MEDINATION	_	7.73	hT / 2
		AFRICA	IN KENYA	10,994.	WIRE TRANSFER	0.	N/A	N/A
			GUDDODE ENVIRANTA					
			SUPPORT TANZANIA					
			CANINE FOR	21 027	MIDE MDANGEED		AT / 3	NT / 3
		AFRICA	CONSERVATION PROGRAM	21,837.	WIRE TRANSFER	0.	N/A	N/A
		SUB-SAHARAN	SUPPORT TO MANA POOLS					
			NATIONAL PARK	11 520	WIRE TRANSFER	,	N/A	N/A
		AFRICA	NATIONAL PARK	11,520.	WIKE IKANSPEK	0.	N/A	N/A
								+

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (d) Amount of (f) Amount of (c) Number of (e) Manner of (g) Description of (a) Type of grant or assistance (b) Region recipients cash disbursement noncash assistance cash grant noncash assistance SUB-SAHARAN ROTARY CLUB OF KABALE AFRICA 9 5,673. WIRE TRANSFER 0.N/A N/A SUB-SAHARAN RAISER RESOURCE LIMITED AFRICA 15 25,921. WIRE TRANSFER 0.N/A N/A

			WILDLIFE	FOUNDATION,	INC.	52-0781390	Page 4
Part IV	Foreign Form	S					

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

Schedule F (Form 990) 2022 Part V | Supplemental Information

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

PART I, LINE 2:

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

PART II, COLUMN (D):

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: WILDLIFE REGULATIONS DRAFTING, NGULIA RHINO

PROGRAM, TSAVO WEST NATIONAL PARK RHINO ANTIPOACHING & WATER IMPROVEMENT

REGION: SUB-SAHARAN AFRICA

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

REGION: SUB-SAHARAN AFRICA

OF GOVERNMENT MEETING IN RWANDA

(D) PURPOSE OF GRANT: AWF SPONSORSHIP TOWARDS CHOGM (COMMONWEALTH HEADS

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

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

Employer identification number

AFRICAN	WILDLIFE FOUNDATI	ON,	INC	С.	52-0781	390
Part I Fundraising Activities.	Complete if the organization answer	ered "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
required to complete this par						
1 Indicate whether the organization rais	- · · <u>—</u>	-				
a X Mail solicitations				overnment grants		
b X Internet and email solicitations			-	-		
c Phone solicitationsd X In-person solicitations	g X Special	tunara	ilsing (events		
d X In-person solicitations2 a Did the organization have a written of	or aral agreement with any individual	(includ	ling of	ficare directors true	toos or	
key employees listed in Form 990, P	,	•	U	,	X Yes	No
b If "Yes," list the 10 highest paid indiv	, ,			ū		
compensated at least \$5,000 by the	, , ,	iant to	agreei	nents ander which th	ic furidialser is to be	
	T	T		ı		
(i) Name and address of individual		(iii) fundr	Did aiser	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid
or entity (fundraiser)	(ii) Activity	have c	ustody trol of	from activity	fundraiser	to (or retained by) organization
		contrib	utions?		listed in col. (i)	organization
SANKY COMMUNICATIONS INC -	MANGEMENT OF DIRECT MAIL	Yes	No			
368 9TH AVENUE, SUITE 12-131,	AND ONLINE PROGRAM		Х	4,988,805.	185,800.	4,803,005.
STELTER - 10435 NEW YORK	CONSULTING FOR PLANNED			2 252 452	10= 10=	0.045.066
AVENUE, DES MOINES, IA 50322	GIVING PROGRAM		Х	3,052,473.	107,107.	2,945,366.
Fatal				8,041,278.	292,907.	7,748,371.
Total 3 List all states in which the organization	on is registered as licensed to solicit			· · · · · ·	•	
or licensing.	in is registered of licerised to solicit (CONTINIO	utions	or rias been notified	it is exempt from reg	gistiation
AK, AL, AR, AZ, CA, CO, CT,	DC, DE, FL, GA, HI, IA,	ID,I	L,I	N, KS, KY, LA	,MA,MD,ME,	MI,MN,MO
MS, MT, NC, ND, NE, NH, NJ,						
WY						

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

ch	edul	e G (Form 990) 2022 AFRICAN	WILDLIFE FO	UNDATION, INC	: . 52-	0781390 Page 2
Pa	ırt I	Fundraising Events. Complete if the	organization answered	"Yes" on Form 990, Part	t IV, line 18, or reported	more than \$15,000
		of fundraising event contributions and gros	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
Ф			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Jirect E	7	Food and beverages				
	8	Entertainment Other direct expenses				
	10	Direct expense summary. Add lines 4 through 9	. ,			
Pa	rt I			990, Part IV, line 19, or r	reported more than	
		\$15,000 on Form 990-F7, line 6a.				
enne		\$15,000 on Form 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	\$15,000 on Form 990-EZ, line 6a. Gross revenue	(a) Bingo		(c) Other gaming	
		_	(a) Bingo		(c) Other gaming	
	2	Gross revenue	(a) Bingo		(c) Other gaming	
Direct Expenses Revenue	2	Gross revenue	(a) Bingo		(c) Other gaming	
	2	Gross revenue	(a) Bingo		(c) Other gaming	
	2 3 4 5	Gross revenue Cash prizes Noncash prizes Rent/facility costs	(a) Bingo Yes % No		(c) Other gaming Yes% No	
	2 3 4 5	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	Yes %	bingo/progressive bingo		
	2 3 4 5	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes% No 5 in column (d)	bingo/progressive bingo Yes% No		
Direct Expenses	2 3 4 5 6 7 8	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through 8	Yes% No 5 in column (d) rom line 1, column (d)	bingo/progressive bingo Yes% No		

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

Schedule G (Form 990) 2022

b If "Yes," explain: _

Sch	edule G (Form 990) 2022 AFRICAN WILDLIFE FOUNDATION, INC. 52-0	7813	<u> 390</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?	\	′ es	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?	\ \	/ es	No
13	Indicate the percentage of gaming activity conducted in:			
а	ı The organization's facility	13a		%
b	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🔲 ነ	′ es	☐ No
b	olf "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
	of gaming revenue retained by the third party \$			
С	: If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
	Mandatory distributions:			
а	solution is the organization required under state law to make charitable distributions from the gaming proceeds to	,		
_	retain the state gaming license?	יו	′ es	∟ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
Da	organization's own exempt activities during the tax year \$ Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part IIII.		- 0 0	\h_ 10h
ı u	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	t III, IIIIe	95 9, 5	ю, тою,
	13b, 13c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS	; :		
		-		
<u>(I</u>) NAME OF FUNDRAISER: SANKY COMMUNICATIONS INC			
, -	\			
<u>(I</u>) ADDRESS OF FUNDRAISER:			
36	8 9TH AVENUE, SUITE 12-131, NEW YORK, NY 10001			

Schedule G	G (Form 990)	AFRICAN	WILDLIFE	FOUNDATION,	INC.	52-0781390	Page 4
Part IV	(Form 990) Supplemental Infor	mation _{(contin}	ued)				
							

SCHEDULE J (Form 990)

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.

INC.

2022

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

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

AFRICAN WILDLIFE FOUNDATION

 $Employer\ identification\ number \\ 52-0781390$

Pa	art 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 X Housing allowance or residence for personal use						
	Travel for companions Payments for business use of personal residence						
	Tax indemnification and gross-up payments Health or social club dues or initiation fees						
	Discretionary spending account Personal services (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	X				
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	Х				
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's						
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to						
	establish compensation of the CEO/Executive Director, but explain in Part III.						
	X Compensation committee X Written employment contract						
	Independent compensation consultant						
	X Form 990 of other organizations X 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:			- v			
	Receive a severance payment or change-of-control payment?	4a		X			
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X			
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							
_	contingent on the revenues of:						
а	The organization?	5a		Х			
	Any related organization?	5b		Х			
	If "Yes" on line 5a or 5b, describe in Part III.						
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation						
-	contingent on the net earnings of:						
а	The organization?	6a		Х			
	Any related organization?	6b		Х			
	If "Yes" on line 6a or 6b, describe in Part III.						
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments						
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х			
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the						
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X			
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in						
	Regulations section 53.4958-6(c)?	9					

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

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

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

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

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) KADDU SEBUNYA	(i)	287,757.	0.	91,636.	37,939.	33,655.	450,987.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) RICHARD HOLLY	(i)	244,466.	0.	0.	23,391.	18,252.	286,109.	0.	
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) LINDSAY KOSNIK	(i)	225,451.	0.	0.	23,912.	18,742.	268,105.	0.	
SR VP, CAMPAIGN/PRINCIPAL INVESTMENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) CHARLY FACHEUX	(i)	214,650.	0.	6,505.	22,115.	23,132.	266,402.	0.	
SR VP, CONSERVATION STRATEGY, IMPACT	(ii)	0.	0.	0.	0.	0.	0.	0.	
(5) ERIC COPPENGER	(i)	203,225.	0.	0.	20,277.	15,109.	238,611.	0.	
CHIEF OF STAFF	(ii)	0.	0.	0.	0.	0.	0.	0.	
(6) PHILIP MURUTHI	(i)	198,567.	0.	0.	19,857.	6,028.	224,452.	0.	
VP SPECIES CONSERVATION & SCIENCE	(ii)	0.	0.	0.	0.	0.	0.	0.	
(7) FREDERICK KUMAH	(i)	165,804.	0.	6,540.	17,234.	33,206.	222,784.	0.	
VP GLOBAL LEADERSHIP	(ii)	0.	0.	0.	0.	0.	0.	0.	
(8) ALISTAIR POLE	(i)	168,396.	0.	0.	16,840.	18,481.	203,717.	0.	
SR DIR PROJECT MGMT/PARTNERSHIP	(ii)	0.	0.	0.	0.	0.	0.	0.	
(9) ANDREA ATHANAS	(i)	156,500.	0.	0.	15,650.	27,737.	199,887.	0.	
VP ENTERPRISE/INVESTMENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
(10) FELIX OTIENO	(i)	141,734.	0.	0.	14,173.	14,461.	170,368.	0.	
DIRECTOR OF IT	(ii)	0.	0.	0.	0.	0.	0.	0.	
(11) DAVID WILLIAMS	(i)	133,223.	0.	0.	12,861.	16,687.	162,771.	0.	
DIRECTOR OF CONSERVATION GEOGRAPHY	(ii)	0.	0.	0.	0.	0.	0.	0.	
(12) BETH FOSTER	(i)	154,864.	0.	0.	0.	2,560.	157,424.	0.	
SR VP BRAND & PUBLIC ENGAGEMENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
(13) CRAIG SHOLLEY	(i)	132,183.	0.	0.	12,391.	8,498.	153,072.	0.	
SR VP AND SPECIAL ADVISOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 1A:
AS AN EXPATRIATE IN KENYA, THE CEO RECEIVES EXPATRIATE BENEFITS THAT ARE
COMMENSURATE WITH OTHER EXPATRIATE CHIEF EXECUTIVES WITHIN SIMILAR NGOS IN
KENYA THAT INCLUDE HOUSING AND EDUCATIONAL ALLOWANCES.
PART I, LINE 3:
THE CFO COMPARES DATA FROM PUBLICLY AVAILABLE SOURCES IN ADDITION TO
OBTAINING A RECOMMENDATION FROM AN INDEPENDENT PAY CONSULTANT. THE DATA IS
PROVIDED TO THE COMPENSATION COMMITTEE, WHICH IS ALSO THE EXECUTIVE
COMMITTEE, WHICH ULTIMATELY DECIDES THE CEO'S COMPENSATION.

SCHEDULE M (Form 990)

Noncash Contributions

Employer identification number

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

Name of the organization

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

Inspection

	AFRICAN WILDLIFE FOUNDATION, INC. 52							390	
Par	rt I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1	g		(d) I of determin entribution a	•	s
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded		96	3,472,893	. AVE	ERAGE	OF HIG	H/L(WC
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ()								
26	Other ()								
27	Other ()								
28	Other (
29	Number of Forms 8283 received by the organ								
	for which the organization completed Form 8	283, Part V, D	onee Acknowledg	ement 29				0	
								Yes	No
30a	During the year, did the organization receive	•		*	•	that it			
	must hold for at least 3 years from the date of								
	exempt purposes for the entire holding period	d?					30a		X
b	b If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?								
32a	2a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?								
b	If "Yes," describe in Part II.						32a	X	
33	If the organization didn't report an amount in	column (c) for	r a type of property	for which column (a) is ch	ecked.				
	describe in Part II.	()), i i)	()	,				
LHA		e the Instruc	tions for Form 990).		Sched	dule M (Forr	n 990)	2022

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2022 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

AFRICAN WILDLIFE FOUNDATION, INC.

Employer identification number 52-0781390

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: AN AFRICA WHERE SUSTAINABLE DEVELOPMENT INCLUDES THRIVING WILDLIFE AND WILD LANDS AS A CULTURAL AND ECONOMIC ASSET FOR AFRICA'S FUTURE GENERATIONS. LINE 4A, FORM 990 PART III, PROGRAM SERVICE ACCOMPLISHMENTS: WE BOOSTED CONSERVATION-FRIENDLY AGRICULTURE AND CAMEROON, FOREST HARVESTING. THIS PROJECT REDUCED ILLEGAL HUNTING AND USED TRAINING AND EQUIPMENT TO BOLSTER CAPACITY AMONG ECO-GUARDS. DUE TO THIS PROGRAM, LOCAL INCOMES INCREASED BY 78%, AND POVERTY WAS REDUCED BY 83%. IN THE DRC'S MARINGA-LOPORI-WAMBA LANDSCAPE, AWF PROVIDED ADDITIONALLY, SMALL BUSINESS MICROGRANTS AND TRAINING FOR LOCAL BUSINESS ASSOCIATIONS. AS OF JULY 2023, THE PROJECT HAD AWARDED MICRO-GRANTS IN SUPPORT OF 90 NEW BUSINESSES, BENEFITING A TOTAL OF 1,890 PEOPLE IN HOMES. FISCAL YEAR 2023 SAW STRIDES IN A PILOT PROGRAM TO RESTORE 450 HECTARES OF VOLCANOES NATIONAL PARK IN RWANDA. EXERCISING THE GUIDELINES AND BEST PRACTICES OF FREE, PRIOR, AND INFORMED CONSENT, AWF ENGAGED 500 FAMILIES LIVING ON DEGRADED FARMLAND THAT USED TO BE PART OF THE PARK. THEY WERE PRESENTED WITH A LAND PURCHASE INITIATIVE THAT WOULD COMPENSATE THEM FOR THEIR LAND SO IT COULD BE RESTORED AS GORILLA HABITAT AND RELOCATE THEIR FAMILIES TO NEW GREEN TOWNS DESIGNED TO PROVIDE BETTER INFRASTRUCTURE AND ECONOMIC OPPORTUNITIES. THE TANZANIAN SIDE OF THE TSAVO-MKOMAZI LANDSCAPE THAT IN MKOMAZI

232211 10-28-22

Schedule O (Form 990) 2022

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

<u>Schedule O (Form 990) 2022</u> Page **2**

Name of the organization **Employer identification number** 52-0781390 AFRICAN WILDLIFE FOUNDATION, INC. CROSSES INTO KENYA, WE INTRODUCED SUNFLOWER FARMING TO MINIMIZE HUMAN-WILDLIFE CONFLICT AND GIVE FARMERS A NEW INCOME STREAM. IN ADDITION, AWF SUPPORTED FISH FARMERS TO REDUCE THE OVEREXPLOITATION OF LAKE JIPE, INSTALLING ONE FISHPOND, OFFERING 1,200 FINGERLINGS AND 28 BAGS OF FEED, AND TRAINING THE FISH FARMERS. FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: WE AMPLIFIED THE AFRICAN CIVIL SOCIETY BIODIVERSITY ALLIANCE (ACBA), THE AFRICAN PROTECTED AREA DIRECTORS (APAD), THE AFRICAN GROUP OF NEGOTIATORS (AGN), AND THE GLOBAL YOUTH BIODIVERSITY NETWORK AFRICA (GYBN) AT GLOBAL MEETINGS OF THE CONVENTION ON BIOLOGICAL DIVERSITY, THE CONVENTION ON INTERNATIONAL TRADE IN ENDANGERED SPECIES OF WILD FAUNA AND FLORA, AND THE UNITED NATIONS FRAMEWORK CONVENTION ON CLIMATE CHANGE. AWF ASSISTED AFRICAN COUNTRIES IN THE DEVELOPMENT OF THE KUNMING-MONTREAL GLOBAL BIODIVERSITY FRAMEWORK THROUGH SUPPORTING THE AGN. WE HOSTED PREPARATORY MEETINGS IN BOTSWANA AND GABON, ENSURING AFRICAN COUNTRIES ALIGNED POSITIONS AND STRATEGIZED ON HOW BEST TO APPROACH NEGOTIATIONS; WE PROVIDED ENGLISH-FRENCH INTERPRETATION FOR

AGN. WE HOSTED PREPARATORY MEETINGS IN BOTSWANA AND GABON, ENSURING

AFRICAN COUNTRIES ALIGNED POSITIONS AND STRATEGIZED ON HOW BEST TO

APPROACH NEGOTIATIONS; WE PROVIDED ENGLISH-FRENCH INTERPRETATION FOR

ALL SESSIONS; WE FINANCED THE ONLINE COORDINATION PLATFORM OF THE AGN;

AND WE PRESENTED A SCIENCE PAPER ALONGSIDE ACBA THAT PUTS PEOPLE AT THE

CENTER OF TARGET 3 OF THE FRAMEWORK. AHEAD OF AND DURING THE UN

BIODIVERSITY CONFERENCE, TWO AWF POLICY FELLOWS SUPPORTED THE AGN

ADMINISTRATIVELY.

WE CONTRIBUTED FINANCIAL AND TECHNICAL SUPPORT FOR THE ZIMBABWE

GOVERNMENT'S DEVELOPMENT OF THE FIRST-EVER ZIMBABWE BIODIVERSITY

ECONOMY REPORT, WHICH PROVIDES A FRAMEWORK TO MAINSTREAM THE VALUE OF

<u>Schedule O (Form 990) 2022</u> Page **2**

NATURE INTO PRIVATE AND PUBLIC SECTOR ECONOMIC DECISION—MAKING.

WE FACILITATED CROSS—BORDER MEETINGS WITH ZIMPARKS IN ZIMBABWE'S

MID—ZAMBEZI VALLEY LANDSCAPE TO STRENGTHEN COLLABORATION BETWEEN

ZIMBABWE AND ZAMBIA LAW ENFORCEMENT AGENTS. SIMILARLY, WE CONTINUED TO

STRENGTHEN CROSS—BORDER WILDLIFE SECURITY COLLABORATION BETWEEN KENYA

AND TANZANIA, INCLUDING PLANNING FOR CONCURRENT OPERATIONS IN EVERY

ECOSYSTEM ALONG THE KENYA—TANZANIA INTERNATIONAL BORDER.

IN TANZANIA, WE COMPLETED THE RELOCATION AND CONSTRUCTION OF MANYARA

RANCH SCHOOL AND HANDED MANAGEMENT OF IT OVER TO THE LOCAL GOVERNMENT

THROUGH THE MONDULI DISTRICT COUNCIL. AROUND 1,050 STUDENTS ATTEND THE

SCHOOL, WHICH WAS PREVIOUSLY LOCATED IN AN IMPORTANT WILDLIFE CORRIDOR.

ADDITIONALLY, WE MADE INVESTMENTS IN TRAINING AFRICAN CONSERVATION

FILMMAKERS AND JOURNALISTS THROUGH AWF'S AFRICAN CONSERVATION VOICES

PROGRAM. THIS INCLUDED BRINGING 17 YOUNG FILMMAKERS TO A MAJOR GLOBAL

NATURAL HISTORY FILMMAKING CONFERENCE TO NETWORK AND PREMIERE

CONSERVATION FILMS SHOT WITH AWF SUPPORT. WE ALSO RAN DIGITAL CLASSES

FOR JOURNALISTS IN EASTERN AFRICA, SOUTHERN AFRICA, WEST AFRICA, AND

CENTRAL AFRICA ON TOPICS SUCH AS FEATURE WRITING, PITCHING,

STORYTELLING, INVESTIGATIVE JOURNALISM IN THE DIGITAL AGE,

FACT-CHECKING, AND EFFECTIVE SOCIAL MEDIA WRITING.

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

SNIFFER DOG UNITS WERE DEPLOYED BY GOVERNMENT HANDLERS IN SIX AIRPORTS

AND TWO PORTS, SEARCHING 18,429 FLIGHTS, 1,925,587 PIECES OF CARGO, AND

9,281,393 PIECES OF LUGGAGE. TRACKING DOGS WERE USED BY AUTHORITIES IN

FOUR PROTECTED AREAS.

<u>Schedule O (Form 990) 2022</u> Page **2**

Employer identification number Name of the organization 52-0781390 AFRICAN WILDLIFE FOUNDATION, INC. IN THE DRC'S MARINGA-LOPORI-WAMBA LANDSCAPE, AWF TRAINED AND EQUIPPED RANGERS TO MANAGE THE PROTECTED AREA. AS A RESULT OF THIS WORK AND OUR COMMUNITY APPROACH MENTIONED ABOVE, POACHING HAS STOPPED AMONG LOCAL COMMUNITY MEMBERS, RANGE FOR ELEPHANTS AND BONOBOS HAS INCREASED, HUMAN-WILDLIFE CONFLICT INCIDENTS HAVE REDUCED, AND FOREST ELEPHANT NUMBERS IN THE LANDSCAPE ARE IMPROVING. ACROSS ALL OF THE 17 LANDSCAPES WHERE AWF WORKED, WE ACTIVELY MEASURED 26 WILDLIFE POPULATIONS TO DETERMINE IF THEY WERE STABLE, INCREASING, OR DECREASING AND ANALYZED FIELD AND GIS DATA TO DETERMINE THE CAUSES. THIS INCLUDES TEN ELEPHANT POPULATIONS, SIX LARGE CARNIVORE POPULATIONS, FIVE RHINO POPULATIONS, FOUR GREAT APE POPULATIONS, AND TWO GIRAFFE POPULATIONS.

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

CAMEROON, CANADA, CONGO, DEM REP, ETHIOPIA,

KENYA, NIGER, RWANDA, TANZANIA,

UGANDA, UNITED KINGDOM

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

THERE SHALL BE AN EXECUTIVE COMMITTEE CONSISTING OF THE CHAIR, THE

VICE-CHAIR, THE CHIEF EXECUTIVE OFFICER, THE SECRETARY, THE TREASURER, AND

THE CHAIRS OF THE STANDING COMMITTEES. IN THE INTERVALS BETWEEN MEETINGS OF

THE BOARD, THE EXECUTIVE COMMITTEE SHALL MANAGE AND CONTROL THE PROPERTY,

BUSINESS AND AFFAIRS OF THE FOUNDATION AND EXERCISE ALL THE POWERS OF THE

BOARD TO THE EXTENT NOT CONTRARY TO LAW OR TO THE PROVISIONS OF THESE

BYLAWS. THE CHAIR OF THE BOARD SHALL BE THE CHAIR OF THE EXECUTIVE

COMMITTEE AND SHALL REPORT ON THE ACTIVITIES OF THE EXECUTIVE COMMITTEE AT

EACH REGULAR MEETING OF THE BOARD. THE COMMITTEE SHALL ALSO MEET AT THE

232212 10-28-22

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page **2**

Name of the organization

AFRICAN WILDLIFE FOUNDATION, INC.

Employer identification number 52-0781390

CALL OF THE CHAIR OR UPON THE WRITTEN REQUEST OF THREE MEMBERS OF THE

COMMITTEE DELIVERED TO THE SECRETARY. FIVE MEMBERS OF THE COMMITTEE SHALL

CONSTITUTE A OUORUM.

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

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

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

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

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

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

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

TRUSTEES AND OFFICERS RECEIVE AND SIGN A CONFLICT OF INTEREST POLICY

STATEMENT UPON ELECTION TO THE BOARD OF TRUSTEES, ANNUALLY. IF A TRUSTEE

FEELS THAT HE/SHE MAY HAVE A POTENTIAL CONFLICT OF INTEREST WITH AWF, THESE

CONCERNS ARE BROUGHT TO THE ATTENTION OF THE BOARD OF TRUSTEES' CHAIR

AND/OR AUDIT COMMITTEE OF THE BOARD OF TRUSTEES' FOR DELIBERATION.

ALL STAFF MEMBERS ARE REQUIRED TO SIGN A CONFLICT OF INTEREST POLICY UPON
HIRING AND WITH EACH NEW CONTRACT AMENDMENT. STAFF CONCERNS REGARDING

CONFLICTS OF INTEREST ARE BROUGHT TO THE HUMAN RESOURCES AND CULTURE

DEPARTMENT FOR REVIEW BY THE CFO AND OTHER MEMBERS OF THE EXECUTIVE

LEADERSHIP TEAM WHEN REQUIRED.

Schedule O (Form 990) 2022 Page 2

Name of the organization

AFRICAN WILDLIFE FOUNDATION, INC.

Employer identification number 52-0781390

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

POTENTIAL CONFLICTS OF INTEREST. LOCAL FINANCE OFFICERS REVIEW TRANSACTIONS

UP TO \$1,000. ADDITIONAL SCRUTINY IS GIVEN TO LARGER CONTRACTS BY THE

DIRECTOR OF ADMINISTRATION AND FACILITIES. ANY POTENTIAL CONFLICTS OF

INTEREST ARE FORWARDED TO THE CFO AND/OR THE CEO FOR REVIEW.

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

THE CFO GATHERS DATA FROM PUBLICLY AVAILABLE SOURCES TO COMPARE

COMPENSATION OF SIMILAR ORGANIZATIONS, GROUPED BY SIZE. ADDITIONALLY, AN

OUTSIDE FIRM CONDUCTS AN INDEPENDENT REVIEW TO SHOW PAY RANGES FOR THE TOP

EXECUTIVE OF SIMILAR FIRMS AND MAKES A RECOMMENDATION. THE DATA IS PROVIDED

TO THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES, WHICH ULTIMATELY

DECIDES THE LEVEL OF THE CEO'S COMPENSATION.

INFORMAL SALARY REVIEWS FOR OFFICERS AND KEY EMPLOYEES ARE PERFORMED

ANNUALLY BY THE HUMAN RESOURCES DEPARTMENT WITH OVERSIGHT BY THE CFO.

FORMALIZED SALARY SURVEYS BY AN OUTSIDE FIRM ARE CONDUCTED EVERY 3-5 YEARS

FOR OFFICERS, KEY EMPLOYEES AND HIGHLY COMPENSATED EMPLOYEES. FOR ALL

OFFICERS AND KEY STAFF LOCATED WITHIN THE UNITED STATES, INFORMATION FROM

COMPARABLE ORGANIZATIONS IS COLLECTED THROUGH PUBLICLY AVAILABLE FEDERAL

FORM 990S. FOR KEY EMPLOYEES LOCATED OUTSIDE THE UNITED STATES,

COMPENSATION STUDIES ARE OBTAINED AS NECESSARY TO PROVIDE COMPARABLE DATA.

RECOMMENDATIONS ARE MADE BY THE CFO TO THE CEO WHO ULTIMATELY MAKES

COMPENSATION DECISIONS.

THE PROCESS DESCRIBED HERE WAS LAST COMPLETED IN 2023.

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

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

232212 10-28-22

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page 2 Name of the organization **Employer identification number** AFRICAN WILDLIFE FOUNDATION, INC. 52-0781390 UT, VA, WV, WI, MO FORM 990, PART VI, SECTION C, LINE 19: AWF'S FEDERAL FORM 990 AND ANNUAL REPORT ARE AVAILABLE UPON REQUEST AND ARE PUBLISHED ON AWF'S WEBSITE. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: UNREALIZED GAIN/LOSS ON TRUST & ANNUITIES -15,252.

SCHEDULE R (Form 990)

Part I

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

2022

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

AFRICAN WILDLIFE FOUNDATION, INC.

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

Employer identification number 52-0781390

(a)		(b)	(c)	(d)	(e)		(f)
Name, address, and EIN (if a of disregarded entit	• •	Primary activity	Legal domicile (state or foreign country)	r Total incon	ne End-of-year		controlling ntity
Part II Identification of Related Ta organizations during the tax	x-Exempt Organizat year.	tions. Complete if the organization a	nswered "Yes" on Form 990	, Part IV, line 34, be	ecause it had one	or more related tax-exe	mpt
(a)		(b)	(c)	(d)	(e)	(f)	(g) Section 512(b)(13)
Name, address, and F	-IN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	a and wall and

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		512(b)(13) rolled ity?
				501(c)(3))		Yes	No
AWF UNITED KINGDOM							
35 BERKELEY SQUARE, MAYFAIR					AFRICAN WILDLIFE		
LONDON, UNITED KINGDOM W1J 5BF	WILDLIFE CONSERVATION	UNITED KINGDOM	501(C)(3)	LINE 7	FOUNDATION, INC.	Х	<u> </u>
AWF SWITZERLAND							1
RUE MAUVERNEY 28					AFRICAN WILDLIFE		l
GLAND, SWITZERLAND 1196	WILDLIFE CONSERVATION	SWITZERLAND	501(C)(3)	LINE 7	FOUNDATION, INC.	Х	<u> </u>
AWF CANADA							
18 KIND STREET EAST, STE 1400					AFRICAN WILDLIFE		1
TORONTO, CANADA M5C 1C4	WILDLIFE CONSERVATION	CANADA	501(C)(3)	LINE 7	FOUNDATION, INC.	Х	<u> </u>
							1
							l
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2022

Page 2

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

	, , , , , , , , , , , , , , , , , , ,	,	ı	•			_				
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of	1	ortionate	Code V-UBI	General	Percentage ownership
of related organization		(state or foreign	entity	excluded from tax under	income	end-of-year assets	allocations?		amount in box 20 of Schedule K-1 (Form 1065)	partner	ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0
	1										
	1										
	1										
	1										
	1										
	1										
	1										
							<u> </u>	l			

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

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

Schedule R (Form 990) 2022

1a

Page 3

Yes No

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

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

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

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b	b Gift, grant, or capital contribution to related organization(s)				1b	X				
С	c Gift, grant, or capital contribution from related organization(s)				1c	Х				
	d Loans or loan guarantees to or for related organization(s)									
е	e Loans or loan guarantees by related organization(s)				1e		X			
f	f Dividends from related organization(s)				1f		Х			
g	g Sale of assets to related organization(s)				1g		X			
h	h Purchase of assets from related organization(s)									
i	i Exchange of assets with related organization(s)									
j	j Lease of facilities, equipment, or other assets to related organization(s)				1j		_X_			
k	k Lease of facilities, equipment, or other assets from related organization(s)									
	Performance of services or membership or fundraising solicitations for related organization(s)				11	Х				
	m Performance of services or membership or fundraising solicitations by related organization(s)				1m		X			
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		_X_			
0	Sharing of paid employees with related organization(s)				10		_X_			
	p Reimbursement paid to related organization(s) for expenses				1 p		_X_			
q	Reimbursement paid by related organization(s) for expenses				1q	Х				
r	r Other transfer of cash or property to related organization(s)				1r	Х				
s	s Other transfer of cash or property from related organization(s)				1s		_X_			
2	If the answer to any of the above is "Yes," see the instructions for information on who must compl	lete this I	line, including covered re	elationships and transaction thresholds.						
	(a) (b) Name of related organization Transaction type (a-s)		(c) Amount involved	(d) Method of determining amount invo	lved					
1)										
-,										
2)										
3)										
4)										
•										
5)										
6)										
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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprition allocat	opor- late tions?	General manage partner	(k) Percentage ownership
									000) 0000

Schedule R	(Form 990) 2022	AFRICAN	WILDLIFE	FOUNDATION,	INC.	52-0781390	Page 5
Part VII	(Form 990) 2022 Supplemental Infor	mation					
	Provide additional information		es to questions on	Schedule R. See instru	ictions.		
	1 TOVIGO GGGILIONAL IMPONTA	ation for response	oo to questione on	TOTTOGGETTI. COO ITTOGGE			
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