

Form **990**

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

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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.

A For the 2018 calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019**

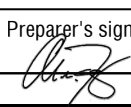
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization AFRICAN WILDLIFE FOUNDATION, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1100 NEW JERSEY AVENUE, SE 900 City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20003 F Name and address of principal officer: KADDU SEBUNYA SAME AS C ABOVE	D Employer identification number 52-0781390 E Telephone number (202) 939-3333 G Gross receipts \$ 31,208,857. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.AWF.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
		L Year of formation: 1961
		M State of legal domicile: DC

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: AWF WORKS TO ENSURE WILDLIFE AND WILDLANDS THRIVE IN MODERN AFRICA.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	22
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	21
	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	57
	6	Total number of volunteers (estimate if necessary)	6	48
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, line 38	7b	0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 25,416,311.
9		Program service revenue (Part VIII, line 2g)	470,697.	588,427.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	728,416.	783,519.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	28,005.	27,383.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	26,643,429.	29,312,785.
13		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,139,096.	3,464,717.
14		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	10,531,694.	11,325,169.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	1,267,662.	242,953.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,565,225.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	11,700,079.	15,379,427.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	28,638,531.	30,412,266.
	19	Revenue less expenses. Subtract line 18 from line 12	-1,995,102.	-1,099,481.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 49,878,753.	End of Year 46,612,111.
	21	Total liabilities (Part X, line 26)	7,840,638.	4,641,999.
	22	Net assets or fund balances. Subtract line 21 from line 20	42,038,115.	41,970,112.

Part II Signature Block

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

Sign Here	Signature of officer RICHARD HOLLY, CFO Type or print name and title	Date			
Paid Preparer Use Only	Print/Type preparer's name AARON M. FOX	Preparer's signature 	Date 02/14/20	Check if self-employed <input type="checkbox"/>	PTIN P01365820
	Firm's name ▶ MARCUM LLP Firm's address ▶ 1899 L STREET, NW, #850 WASHINGTON, DC 20036	Firm's EIN ▶ 11-1986323 Phone no. (202) 227-4000			

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE AFRICAN WILDLIFE FOUNDATION, INC. (AWF), WORKS TO ENSURE WILDLIFE AND WILDLANDS THRIVE IN MODERN AFRICA.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 17,644,728. including grants of \$ 3,307,787.) (Revenue \$ 31,550.) CONSERVATION PROGRAMS

AWF PLAYS A SIGNIFICANT ROLE IN CONSERVING AFRICAN WILDLIFE, INCLUDING THE CONTINENT'S MOST ICONIC SPECIES: ELEPHANTS, RHINOCEROS, GIRAFFES, GREAT APES, AND LARGE CARNIVORES, INCLUDING LIONS AND CHEETAHS. MUCH OF OUR WORK ADDRESSES THE INTERSECTION OF WILDLIFE CONSERVATION AND HUMAN ACTIVITY, OFTEN IN THE CONTEXT OF LIVELIHOODS AND ECONOMIC DEVELOPMENT.

(SEE SCHEDULE O FOR CONTINUATION)

4b (Code:) (Expenses \$ 7,711,582. including grants of \$ 156,930.) (Revenue \$ 557,748.) EDUCATION AND OUTREACH

AWF BELIEVES THAT CONSERVATION, TO BE LASTING AND EFFECTIVE, MUST BE AFRICAN-LED. OVER THE PAST DECADES, AWF HAS SPONSORED HUNDREDS OF YOUNG AFRICAN CONSERVATIONISTS TO STUDY WILDLIFE MANAGEMENT AND TO ACQUIRE HIGHER DEGREES IN CONSERVATION-RELATED FIELDS. AWF STAFF MEMBERS ALSO DO POLICY AND ADVOCACY WORK, SERVING AS TECHNICAL ADVISERS TO POLICYMAKING BODIES, INCLUDING THE AFRICAN UNION, AND SENSITIZING AFRICAN POLITICAL LEADERS TO THE NEED FOR CONSERVATION AS A MEANS OF ENSURING AFRICA'S VITALITY AND PROSPERITY.

(SEE SCHEDULE O FOR CONTINUATION)

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

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

4e Total program service expenses 25,356,310.

Part IV Checklist of Required Schedules

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
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 in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 16 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 22; 1b Enter the number of voting members included in line 1a... 21; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O... X

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AL, AR, CA, CT, FL, GA, HI, IL, KS, KY, MD, MA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records RICHARD HOLLY - (202) 939-3333 1100 NEW JERSEY AVENUE, SE, NO. 900, WASHINGTON, DC 20003

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MS. HEATHER STURT HAAGA CHAIRMAN & INT. CEO (10/18-05/19)	4.00	X		X				0.	0.	0.
(2) H.E. BENJAMIN W. MKAPA VICE-CHAIRMAN	4.00	X		X				0.	0.	0.
(3) DR. MYMA BELO-OSAGIE SECRETARY	4.00	X		X				0.	0.	0.
(4) MS. MARLEEN GROEN TREASURER	4.00	X		X				0.	0.	0.
(5) MS. SARA AVIEL TRUSTEE	2.00	X						0.	0.	0.
(6) MR. GORDON CHENG TRUSTEE	1.00	X						0.	0.	0.
(7) MR. PAYSON COLEMAN TRUSTEE	3.00	X						0.	0.	0.
(8) MS. LYNN DOLNICK TRUSTEE	3.00	X						0.	0.	0.
(9) MR. GREGORY EDWARDS TRUSTEE - UNTIL 05/2019	3.00	X						0.	0.	0.
(10) MR. STEPHEN GOLDEN TRUSTEE	3.00	X						0.	0.	0.
(11) MR. DONALD GRAY TRUSTEE	3.00	X						0.	0.	0.
(12) MR. LARRY GREEN TRUSTEE	2.00	X						0.	0.	0.
(13) MR. BARRY HALL TRUSTEE	2.00	X						0.	0.	0.
(14) MS. CHRISTINE HEMRICK TRUSTEE	3.00	X						0.	0.	0.
(15) MR. MICHAEL HOFFMAN TRUSTEE	2.00	X						0.	0.	0.
(16) MR. CHRISTOPHER LEE TRUSTEE	2.00	X						0.	0.	0.
(17) H.E. FESTUS G. MOGAE TRUSTEE	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MS. ANNE SCOTT TRUSTEE	1.00	X						0.	0.	0.
(19) MR. STUART L. SCOTT TRUSTEE - UNTIL 02/2019	3.00	X						0.	0.	0.
(20) MS. VERONICA VAREKOVA TRUSTEE - UNTIL 02/2019	2.00	X						0.	0.	0.
(21) MR. WARREN WALKER TRUSTEE	2.00	X						0.	0.	0.
(22) MR. CHARLES R. WALL TRUSTEE	3.00	X						0.	0.	0.
(23) MS. LINDSAY WEISSERT TRUSTEE	1.00	X						0.	0.	0.
(24) MS. MARIA WILHELM TRUSTEE	2.00	X						0.	0.	0.
(25) KADDU SEBUNYA CEO - AS OF 01/2019	40.00	X		X				233,648.	0.	37,801.
(26) TOM OGILVIE GRAHAM CEO - UNTIL 09/2018	40.00	X		X				255,503.	0.	10,028.
1b Sub-total								489,151.	0.	47,829.
c Total from continuation sheets to Part VII, Section A								2,113,071.	0.	311,190.
d Total (add lines 1b and 1c)								2,602,222.	0.	359,019.

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 **14**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SANKY COMMUNICATIONS, INC., 599 11TH AVENUE, 6TH FLOOR, NEW YORK, NY 10036	MAIL & ONLINE FUNDRAISING	2,060,797.
PALBINA TRAVEL P.O. BOX 10669, NAIROBI, KENYA	TRAVEL SERVICES	508,113.
CANINE SPECIALIST SERVICES, BOWEN SQUARE, DR FERRIERE ST., PORT LOUIS, MAURITIUS	CANINE PROCUREMENT/TRAINING	394,976.
HANDS UGANDA LTD, SOROTI OFF PILOT #4, HARPER RD, #565 SOROTI KAMPALA, UGANDA	PRIMARY SCHOOL CONSTRUCTION	375,757.
MEERO CONTRACTORS LTD P.O. BOX 184, DULUTI ARUSHA, TANZANIA	MAINTENANCE WORKS	365,674.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **17**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns					
	b Membership dues					
	c Fundraising events					
	d Related organizations					
	e Government grants (contributions)	10351198.				
	f All other contributions, gifts, grants, and similar amounts not included above	17562258.				
	g Noncash contributions included in lines 1a-1f: \$	1,612,091.				
	h Total. Add lines 1a-1f	27913456.				
Program Service Revenue	2 a SAFARI INCOME	900099	557,748.	557,748.		
	b OTHER PROGRAM INCOME	900099	30,679.	30,679.		
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		588,427.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		790,076.	871.	789,205.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties		26,273.		26,273.	
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)		-6,557.		-6,557.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
		b Less: direct expenses				
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses					
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold					
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a MAILING LIST RENTAL	900099	1,110.		1,110.		
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		1,110.				
12 Total revenue. See instructions		29312785.	589,298.	0.	810,031.	

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 X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	131,003.	131,003.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	3,333,714.	3,333,714.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,944,843.	1,632,729.	59,012.	253,102.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	6,023,441.	4,514,419.	393,135.	1,115,887.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	540,557.	410,698.	33,655.	96,204.
9 Other employee benefits	2,458,023.	1,637,536.	207,719.	612,768.
10 Payroll taxes	358,305.	276,104.	20,586.	61,615.
11 Fees for services (non-employees):				
a Management				
b Legal	115,274.	103,860.	11,414.	
c Accounting	847,674.	55,088.	792,586.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	242,953.			242,953.
f Investment management fees	42,632.		42,632.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	3,088,833.	3,021,422.	22,714.	44,697.
12 Advertising and promotion	49,038.	40,841.	1,298.	6,899.
13 Office expenses	1,299,444.	1,033,771.	142,111.	123,562.
14 Information technology	873,198.	276,326.	458,883.	137,989.
15 Royalties				
16 Occupancy	855,862.	220,453.	635,409.	
17 Travel	1,553,913.	1,314,568.	14,443.	224,902.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	1,904,623.	1,866,069.	9,140.	29,414.
20 Interest	19,359.	15,222.		4,137.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	329,392.	227,908.	101,484.	
23 Insurance	39,511.	29,600.	9,911.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DIRECT MAILING COSTS	2,099,633.	1,634,284.		465,349.
b FIELD EQUIPMENT	1,307,157.	1,300,793.	5,142.	1,222.
c VEHICLE OPERATIONS	554,751.	554,027.		724.
d ALLOC. OF FACIL. EXP.	399,133.	1,725,875.	-1,470,543.	143,801.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	30,412,266.	25,356,310.	1,490,731.	3,565,225.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input checked="" type="checkbox"/> X if following SOP 98-2 (ASC 958-720)	2,411,612.	1,649,106.	0.	762,506.

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	9,150,773.	1	3,802,226.
	2 Savings and temporary cash investments	175,801.	2	145,183.
	3 Pledges and grants receivable, net	5,264,599.	3	5,459,000.
	4 Accounts receivable, net	276,283.	4	414,357.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net	886,498.	7	1,706,573.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	694,594.	9	641,981.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 7,235,912.		
	b Less: accumulated depreciation	10b 2,773,902.		
	11 Investments - publicly traded securities	4,703,211.	10c	4,462,010.
	12 Investments - other securities. See Part IV, line 11	28,964,819.	11	30,145,511.
	13 Investments - program-related. See Part IV, line 11	-562,247.	12	-562,247.
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	324,422.	14	397,517.
16 Total assets. Add lines 1 through 15 (must equal line 34)	49,878,753.	15	46,612,111.	
17 Accounts payable and accrued expenses	1,837,897.	16	1,364,936.	
18 Grants payable		17		
19 Deferred revenue	3,980,515.	18	1,309,499.	
20 Tax-exempt bond liabilities		19		
21 Escrow or custodial account liability. Complete Part IV of Schedule D		20		
22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		21		
23 Secured mortgages and notes payable to unrelated third parties	191,916.	22	131,916.	
24 Unsecured notes and loans payable to unrelated third parties		23		
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,830,310.	24	1,835,648.	
26 Total liabilities. Add lines 17 through 25	7,840,638.	25	4,641,999.	
27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		26		
28 Unrestricted net assets	30,399,154.	27	29,291,399.	
29 Temporarily restricted net assets	8,526,646.	28	9,566,398.	
30 Permanently restricted net assets	3,112,315.	29	3,112,315.	
31 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
32 Capital stock or trust principal, or current funds		30		
33 Paid-in or capital surplus, or land, building, or equipment fund		31		
34 Retained earnings, endowment, accumulated income, or other funds		32		
35 Total net assets or fund balances	42,038,115.	33	41,970,112.	
36 Total liabilities and net assets/fund balances	49,878,753.	34	46,612,111.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	29,312,785.
2	Total expenses (must equal Part IX, column (A), line 25)	2	30,412,266.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,099,481.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	42,038,115.
5	Net unrealized gains (losses) on investments	5	1,031,478.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	41,970,112.

Part XII Financial Statements and Reporting

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

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

Form 990 (2018)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	31585502.	24337569.	24185152.	25416311.	27913456.	133437990
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	31585502.	24337569.	24185152.	25416311.	27913456.	133437990
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)						2678058.
6 Public support. Subtract line 5 from line 4.						130759932

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	31585502.	24337569.	24185152.	25416311.	27913456.	133437990
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1050414.	938,181.	691,600.	714,999.	817,459.	4212653.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	29,875.	-2,072.	87,687.	-4,279.		111,211.
11 Total support. Add lines 7 through 10						137761854
12 Gross receipts from related activities, etc. (see instructions)					12	2,367,974.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	94.92 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	91.18 %
16a 33 1/3% support test - 2018. 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		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	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 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER INCOME

2014 AMOUNT: \$ 10,000.

2015 AMOUNT: \$ 0.

2016 AMOUNT: \$ 0.

2017 AMOUNT: \$ 0.

2018 AMOUNT: \$ 0.

MERCHANDISE SALES

INSURANCE SETTLEMENT CLAIM

AMORTIZATION DISCOUNT

2014 AMOUNT: \$ 19,875.

2015 AMOUNT: \$ -2,072.

2016 AMOUNT: \$ -16,079.

2017 AMOUNT: \$ -4,279.

2018 AMOUNT: \$ 0.

SALE OF EQUIPMENT

2014 AMOUNT: \$ 0.

2015 AMOUNT: \$ 0.

2016 AMOUNT: \$ 103,766.

2017 AMOUNT: \$ 0.

2018 AMOUNT: \$ 0.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2018

Name of the organization

AFRICAN WILDLIFE FOUNDATION, INC.

Employer identification number

52-0781390

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

Name of organization AFRICAN WILDLIFE FOUNDATION, INC.	Employer identification number 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	 <hr/> <hr/> <hr/>	\$ <u>1,964,790.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>1,073,263.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ <u>1,067,728.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ <u>1,000,957.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>1,000,000.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization AFRICAN WILDLIFE FOUNDATION, INC.	Employer identification number 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
7	<hr/> <hr/> <hr/>	\$ <u>953,036.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization AFRICAN WILDLIFE FOUNDATION, INC.	Employer identification number 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
5	CONSERVATION BOND 1 AND CONSERVATION BOND 2 _____ _____ _____	\$ 1,000,000.	02/01/19
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

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

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

2018 Open to Public Inspection

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Form with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes, a table for tracking easements held at the end of the tax year, and questions about monitoring and reporting.

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

Form with questions (1a, 1b, 2) regarding reporting of art and historical treasures, including fields for revenue and assets.

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	28,547,774.	26,188,660.	25,453,553.	26,879,150.	26,614,112.
b Contributions	0.	385,541.	1,229,345.	963,411.	4,756,044.
c Net investment earnings, gains, and losses	1,740,423.	2,099,073.	3,334,961.	313,550.	-1,523,554.
d Grants or scholarships					
e Other expenditures for facilities and programs	550,573.	125,500.	3,829,199.	2,702,558.	2,967,452.
f Administrative expenses					
g End of year balance	29,737,624.	28,547,774.	26,188,660.	25,453,553.	26,879,150.

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

- a Board designated or quasi-endowment 86.01 %
- b Permanent endowment 10.46 %
- c Temporarily restricted endowment 3.53 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

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

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		993,157.		993,157.
b Buildings		2,247,014.	388,096.	1,858,918.
c Leasehold improvements		1,295,547.	241,808.	1,053,739.
d Equipment		1,540,713.	1,021,327.	519,386.
e Other		1,159,481.	1,122,671.	36,810.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				4,462,010.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
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)		
(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 "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

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	1,796,620.
(3) ANNUITIES PAYABLE	39,028.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,835,648.

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

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

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

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

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

Part XIII Supplemental Information.

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

PART V, LINE 4:

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

Part XIII Supplemental Information (continued)

PART X, LINE 2:

AWF PERFORMED AN EVALUATION OF UNCERTAINTY IN INCOME TAXES FOR THE YEAR ENDED JUNE 30, 2019, 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)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

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

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

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
SUB-SAHARAN AFRICA	0	149	EMPLOYEES		6,076,520.
SUB-SAHARAN AFRICA	22	0	MAINTAINING OFFICES		325,012.
SUB-SAHARAN AFRICA	0	0	GRANTMAKING		3,333,714.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	CONSERVATION PROGRAMS, EDUCATION & OUTREACH	15,447,456.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	3	EMPLOYEES		371,008.
EUROPE (INCLUDING ICELAND & GREENLAND)	2	0	MAINTAINING OFFICES		3,891.
3 a Subtotal	24	152			25,557,601.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	24	152			25,557,601.

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

Schedule F (Form 990) 2018

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	SUPPORT TO FARO NATIONAL PARK	100,964.	WIRE/EFT	0.		
		SUB-SAHARAN AFRICA	SUPPORT TO OLE NARIKA & KITENDEN SCOUTS AND PAYMENT OF KITENDEN LEASES	6,260.	WIRE/EFT	0.		
		SUB-SAHARAN AFRICA	AIRPORT SNIFFER DOGS	68,794.	WIRE/EFT	0.		
		SUB-SAHARAN AFRICA	PARTNERSHIP FOR IMPROVED ANTI-POACHING AND COMPATIBLE LAND USE	11,498.	WIRE/EFT	0.		
		SUB-SAHARAN AFRICA	AFRSG MEETING SUPPORT FEB 2019	20,000.	WIRE/EFT	0.		
		SUB-SAHARAN AFRICA	AIRPORT SNIFFER DOGS	129,364.	WIRE/EFT	0.		
		SUB-SAHARAN AFRICA	MANYARA RANCH ANTI-POACHING PROGRAM	105,640.	WIRE/EFT	0.		
		SUB-SAHARAN AFRICA	MANAGEMENT OF THE BILI MBOMU FOREST SAVANNA COMPLEX	342,257.	WIRE/EFT	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **15**

3 Enter total number of other organizations or entities **26**

SEE PART V FOR COLUMN (D) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	KRUGER LIMPOPO RHINO PROTECTION PHASE 1-PAYMENT 2	12,500.	WIRE/EFT	0.		
		SUB-SAHARAN AFRICA	CENTRAL AFRICA FOREST ECOSYSTEMS CONSERVATION (CAFEC)MARINGA-LOPORI-	23,758.	WIRE/EFT	0.		
		SUB-SAHARAN AFRICA	SAFEGUARDING BONOBO AND MARINGA-LOPORI-WAMBA FOREST LANDSCAPE	148,843.	WIRE/EFT	0.		
		SUB-SAHARAN AFRICA	COMMUNITY CONSERVANCY SUPPORT	26,278.	WIRE/EFT	0.		
		SUB-SAHARAN AFRICA	WILDLIFE REGULATIONS DRAFTING, NGULIA RHINO PROGRAM, TSAVO WEST NATIONAL PARK	352,179.	WIRE/EFT	0.		
		SUB-SAHARAN AFRICA	MARA REGIONAL LION RESEARCH AND CONSERVATION PROJECT	29,944.	WIRE/EFT	0.		
		SUB-SAHARAN AFRICA	COMMUNITY CONSERVANCY SUPPORT	43,379.	WIRE/EFT	0.		
		SUB-SAHARAN AFRICA	SUPPORTING ANTI-POACHING AND TRAINING	139,089.	WIRE/EFT	0.		
		SUB-SAHARAN AFRICA	CANINE FOR CONSERVATION SUPPORT	22,240.	WIRE/EFT	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	SUPPORT VEGETATION IN A CONSERVANCY	104,673.	WIRE/EFT	0.		
		SUB-SAHARAN AFRICA	SUPPORT TO LAND USE PLANNING KILOMBERO	39,885.	WIRE/EFT	0.		
		SUB-SAHARAN AFRICA	ADC-MUTARA RANGERS SUPPORT UNIFORMS& TRAINING	87,700.	WIRE/EFT	0.		
		SUB-SAHARAN AFRICA	CENTRAL AFRICA FOREST ECOSYSTEMS CONSERVATION (CAFEC)MARINGA-LOPORI-	6,457.	WIRE/EFT	0.		
		SUB-SAHARAN AFRICA	PAINTED DOG CONSERVATION	7,818.	WIRE/EFT	0.		
		SUB-SAHARAN AFRICA	CANINE FOR CONSERVATION SUPPORT	88,367.	WIRE/EFT	0.		
		SUB-SAHARAN AFRICA	CENTRAL AFRICA FOREST ECOSYSTEMS CONSERVATION (CAFEC)MARINGA-LOPORI-	7,238.	WIRE/EFT	0.		
		SUB-SAHARAN AFRICA	REFORESTATION PLANNING FOR THE UDZUNGWA-KILOMBERO ECOSYSTEM	25,214.	WIRE/EFT	0.		
		SUB-SAHARAN AFRICA	FORMATION OF KILOMBERO CATCHMENT COMMITTEE	5,521.	WIRE/EFT	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	COMMUNITY SCOUTS ANTIPOACTING SUPPORT	19,676.	WIRE/EFT	0.		
		SUB-SAHARAN AFRICA	RHINO CONSERVATION	21,465.	WIRE/EFT	0.		
		SUB-SAHARAN AFRICA	SUPPORT FOR RHINO PROTECTION	194,400.	WIRE/EFT	0.		
		SUB-SAHARAN AFRICA	SUPPORT TO THE UGANDA INVESTMENT PROJECT	84,993.	WIRE/EFT	0.		
		SUB-SAHARAN AFRICA	LUKOSI RESTORATION	18,277.	WIRE/EFT	0.		
		SUB-SAHARAN AFRICA	SUSTAINABILITY AND INCLUSION STRATEGY FOR GROWTH CORRIDORS IN AFRICA (HEREAFTER	138,674.	WIRE/EFT	0.		
		SUB-SAHARAN AFRICA	TANZANIA GIRAFFE CONSERVATION STATUS ASSESSMENT	133,819.	WIRE/EFT	0.		
		SUB-SAHARAN AFRICA	HUMAN-LION CONFLICT MITIGATION IN THE MAASAI STEPPE, NORTHERN TANZANIA	10,416.	WIRE/EFT	0.		
		SUB-SAHARAN AFRICA	PARTNERSHIP FOR IMPROVED ANTI-POACHING AND COMPATIBLE LAND USE	41,410.	WIRE/EFT	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	VILLAGE SCOUTS SUPPORT	6,108.	WIRE/EFT	0.		
		SUB-SAHARAN AFRICA	SUPPORT TO DJA NATIONAL PARK	108,102.	WIRE/EFT	0.		
		SUB-SAHARAN AFRICA	HEAVY ROAD EQUIPMENT FOR PARK MAINTENANCE	16,553.	WIRE/EFT	0.		
		SUB-SAHARAN AFRICA	PARTNERSHIP FOR IMPROVED ANTI-POACHING AND COMPATIBLE LAND USE	180,181.	WIRE/EFT	0.		
		SUB-SAHARAN AFRICA	SUPPORT TO MANA POOLS NATIONAL PARK	38,753.	WIRE/EFT	0.		
		SUB-SAHARAN AFRICA	ENHANCING AFRICAN WILDLIFE LWA ENFORCEMENT AND NETWORKING	136,663.	WIRE/EFT	0.		

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
DIPLOMA WILDLIFE MANAGEMENT-MWEKA	SUB-SAHARAN AFRICA	1	7,001.	EFT	0.		
MASTER OF SCIENCE IN WILDLIFE MANAGEMENT	SUB-SAHARAN AFRICA	1	6,437.	EFT	0.		
MASTER OF LAWS IN WILDLIFE CRIME	SUB-SAHARAN AFRICA	1	8,013.	EFT	0.		
KABALE ROTARY CLUB SCHOLARSHIP PROGRAM	SUB-SAHARAN AFRICA	9	13,050.	EFT	0.		
RESEARCH FEES PHD-BIODIVERSITY CONSERVATION	SUB-SAHARAN AFRICA	1	7,155.	EFT	0.		

Part IV Foreign Forms

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

Schedule F (Form 990) 2018

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:

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

SUB-RECIPIENTS ARE GENERALLY PROVIDED WITH ADVANCES AND ARE REQUIRED TO REPORT QUARTERLY. BOTH FINANCIAL AND PROGRAMMATIC REPORTS ARE REQUIRED TO BE SUBMITTED TO THE RELATED PROGRAM IMPLEMENTATION TEAMS (GENERALLY LANDSCAPE/PROGRAM DIRECTOR). THE GRANTS & CONTRACTS OFFICER REVIEWS THE SUB-RECIPIENT FINANCIAL REPORTS AND THEN FORWARDS TO THE GRANTS FINANCIAL MANAGER FOR A FURTHER QUALITY CONTROL. ONLY UPON THE REVIEW AND APPROVAL BY THE GRANTS FINANCIAL MANAGER AND THE TECHNICAL PROGRAM LEAD ARE FURTHER PAYMENTS OR ADVANCES PROVIDED. ALL LARGE SUB-RECIPIENTS PAYMENTS AND CONTRACTS ARE ROUTED TO THE COO FOR ADDED SCRUTINY AND APPROVALS PRIOR TO DISTRIBUTION.

PART I, LINE 3:

IN ACCORDANCE WITH IRS INSTRUCTIONS, ALL AMOUNTS REPORTED ON PARTS I, II, AND III OF SCHEDULE F ARE REPORTED USING THE ACCRUAL BASIS OF ACCOUNTING, THE SAME METHOD OF ACCOUNTING USED IN THE FINANCIAL STATEMENTS.

PART II, COLUMN (D):

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: PARTNERSHIP FOR IMPROVED ANTI-POACHING AND COMPATIBLE LAND USE IN COMMUNITY LANDS LOZA

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.

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: CENTRAL AFRICA FOREST ECOSYSTEMS CONSERVATION (CAFEC)MARINGA-LOPORI-WAMBA FOREST LANDSCAPE

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: CENTRAL AFRICA FOREST ECOSYSTEMS CONSERVATION (CAFEC)MARINGA-LOPORI-WAMBA FOREST LANDSCAPE

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: CENTRAL AFRICA FOREST ECOSYSTEMS CONSERVATION (CAFEC)MARINGA-LOPORI-WAMBA FOREST LANDSCAPE

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: SUSTAINABILITY AND INCLUSION STRATEGY FOR GROWTH CORRIDORS IN AFRICA (HEREAFTER ALTERNATIVELY REFERRED TO AS "SUSTAIN

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: PARTNERSHIP FOR IMPROVED ANTI-POACHING AND COMPATIBLE LAND USE IN COMMUNITY LANDS MANA POOLS

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: PARTNERSHIP FOR IMPROVED ANTI-POACHING AND COMPATIBLE LAND USE IN COMMUNITY LANDS MANA POOLS

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts			
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
	11	Net income summary. Subtract line 10 from line 3, column (d)			

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

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

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

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

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

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

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

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

(I) NAME OF FUNDRAISER: SANKY COMMUNICATIONS, INC.

(I) ADDRESS OF FUNDRAISER: 599 11TH AVENUE, 6TH FLOOR, NEW YORK, NY 10036

(I) NAME OF FUNDRAISER: SHARPE GROUP

(I) ADDRESS OF FUNDRAISER:

855 RIDGE LAKE BOULEVARD, SUITE 300, MEMPHIS, TN 38120

Part IV Supplemental Information *(continued)*

Lined area for supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
INTERNATIONAL FUND FOR ANIMAL WELFARE, INC. - 290 SUMMER STREET - YARMOUTH PORT, MA 02675	31-1594197	501(C)(3)	101,700.	0.			ENHANCING AFRICAN WILDLIFE LAW ENFORCEMENT AND NETWORKING
UNIVERSITY OF MARYLAND UNIVERSITY OF MARYLAND COLLEGE PARK, MD 20742	52-6002033	501(C)(3)	11,748.	0.			CENTRAL AFRICA FOREST ECOSYSTEMS CONSERVATION (CAFEC)MARINGA-LOPORI-WAMB A FOREST LANDSCAPE
NATURE'S BEST PHOTOGRAPHY 1930 ISSAC NEWTON SQUARE RESTON, VA 20910	27-0222344	501(C)(3)	17,555.	0.			NATURE'S BEST PHOTOGRAPHY SPONSORSHIP

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **3.**

3 Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) (2018)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

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

SUB-RECIPIENTS ARE GENERALLY PROVIDED WITH ADVANCES, AND REQUIRED TO REPORT QUARTERLY. BOTH FINANCIAL AND PROGRAMMATIC REPORTS ARE REQUIRED TO BE SUBMITTED TO THE RELATED PROGRAM IMPLEMENTATION TEAMS (GENERALLY

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2018

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

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

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2018

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) KADDU SEBUNYA CEO - AS OF 01/2019	(i)	233,648.	0.	0.	23,296.	14,505.	271,449.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) TOM OGILVIE GRAHAM CEO - UNTIL 09/2018	(i)	255,503.	0.	0.	0.	10,028.	265,531.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JEFF CHRISFIELD COO - UNTIL 11/2018	(i)	237,267.	0.	0.	23,755.	12,518.	273,540.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) CRAIG SHOLLEY SENIOR VP, PHILANTHROPY AND MKTG	(i)	197,410.	0.	0.	19,669.	9,205.	226,284.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) CHARLY FACHEUX VP OF CONSERVATION PROJECTS	(i)	187,350.	0.	0.	18,735.	20,008.	226,093.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) PHILIP MURUTHI VP OF SPECIES CONSERVATION	(i)	187,350.	0.	0.	18,735.	5,447.	211,532.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) LINDSAY KOSNIK VP OF PHILANTRHOPY & MKTG	(i)	186,290.	0.	0.	11,563.	15,164.	213,017.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) KATHLEEN FITZGERALD VICE PRESIDENT, LAND PROTECTION	(i)	185,450.	0.	0.	18,500.	8,025.	211,975.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) TYRENE HARALSON, VP OF FINANCE & ADMIN. - UNTIL 03/2018	(i)	49,885.	0.	85,385.	4,625.	13,543.	153,438.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) ERIC COPPENGER VP OF PROGRAM DESIGN	(i)	134,244.	0.	0.	8,571.	14,195.	157,010.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) BRIAN MCBREARITY VP OF MANAGEMENT SYSTEMS	(i)	159,450.	0.	0.	15,900.	5,334.	180,684.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(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 4A:

TYRENE HARALSON, VP OF FINANCE AND ADMINISTRATION, WAS COMPENSATED \$85,385
IN SEVERANCE DURING THE YEAR ENDING DECEMBER 31, 2018.

THE SEVERANCE PAID TO TOM OGILVIE GRAHAM, CEO, WAS PAID ON 2/22/2019. THE
PAYMENT WAS MADE DURING AWF'S 2019 FISCAL YEAR BUT NOT IN THE 2018 CALENDAR
YEAR.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ 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.

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

Part I Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	45	612,091.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (RECEIVABLES)	X	1	1,000,000.	FMV
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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

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

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

SCHEDULE M, PART I, COLUMN (B):

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

Multiple horizontal lines for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

AFRICAN WILDLIFE FOUNDATION, INC.

Employer identification number

52-0781390

FORM 990, PART III, LINE 4A:

WE OPERATE WITHIN STRATEGICALLY IMPORTANT LANDSCAPES, APPLYING OUR
DECADES OF CONSERVATION EXPERIENCE TO CREATE PRAGMATIC SOLUTIONS IN
PARTNERSHIP WITH RURAL COMMUNITIES AND AFRICAN GOVERNMENTS ALIKE. WE
ALSO PROVIDE CRITICAL ASSISTANCE TO NATIONAL PARKS AND RESERVES AND
PROMOTE TRANSBOUNDARY COOPERATION IN THE PROTECTION OF ESSENTIAL
WILDLIFE POPULATIONS. AWF WORK FALLS INTO THE FOLLOWING CORE AREAS:
LAND AND HABITAT CONSERVATION, WILDLIFE PROTECTION, AND EDUCATION &
ADVOCACY. BELOW ARE DESCRIPTIONS OF AWF WORK AND KEY ACHIEVEMENTS
WITHIN THE LAST FISCAL YEAR.

LAND AND HABITAT CONSERVATION

AWF'S SELECTS CROSS-BOUNDARY AREAS OF EXCEPTIONAL NATURAL VALUE, WHICH
WE CALL "LARGE LANDSCAPES," FOR INTEGRATED INTERVENTIONS. THE GOAL IS
TO RESTORE, PROTECT, AND EXPAND HABITAT FOR SPECIES THAT REQUIRE LARGE
TRACTS OF RANGELAND IN ORDER TO THRIVE. AWF'S HOLISTIC APPROACH
INCLUDES ENTERPRISE PROJECTS AND PROGRAMS THAT ENSURE LOCAL COMMUNITIES
BENEFIT FROM WILDLIFE CONSERVATION IN LARGE LANDSCAPES.

A. SOUTHERN TANZANIA IS RESOURCE-RICH, WITH WATER CATCHMENTS, FERTILE
SOIL, AND DIVERSE WILDLIFE SPECIES. BUT INTENSIFIED LAND USE IS
CROWDING OUT WILDLIFE, AND HUMAN-WILDLIFE CONFLICT (HWC) IS A GROWING
PROBLEM. ESSENTIAL ECOSYSTEM SERVICES SUCH AS WATER SUPPLY ARE AT RISK,
TOO. AWF ADDRESSES THESE ISSUES THROUGH A SUITE OF PROJECTS DESIGNED TO
DELIVER SUSTAINABLE RESOURCE MANAGEMENT THAT IMPROVES FARMER INCOMES;

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

Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

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

AGRICULTURAL SOLUTIONS THAT ENHANCE RESILIENCE; HWC TOOLS; ENGAGEMENT WITH THE PRIVATE SECTOR TO PROMOTE SUSTAINABILITY; AND INCENTIVES TO CONSERVE WILD LANDS. THESE EFFORTS OFFER A MODEL FOR CONSERVATION THROUGHOUT AFRICA, DEMONSTRATING THAT ECONOMIC DEVELOPMENT CAN GO HAND-IN-HAND WITH CONSERVATION. SINCE 2015, AWF HAS HELPED IMPROVE INCOMES FOR 2,000 SMALLHOLDER FARMERS IN 13 VILLAGES IN IHEMI AND KILOMBERO, TWO "CLUSTERS" MARKED BY THE TANZANIAN GOVERNMENT AS PRIORITIES FOR AGRICULTURAL DEVELOPMENT. WE SUPPORT PRIMARILY COCOA AND SUGAR-CANE FARMERS THROUGH TRAINING IN BEST PRACTICES, ESTABLISHING NURSERIES, AND PROVIDING SEEDLINGS AND EQUIPMENT. WE DISTRIBUTED OVER 8,000 TONS OF TREATED SEEDS TO 735 AREA FARMERS, WHO'VE SINCE NEARLY DOUBLED AGRICULTURAL YIELDS. THE CANE GROWN FROM THE SEEDS IS A SWEETER, DROUGHT-TOLERANT, SHORT-SEASONED VARIETY THAT HELPS BUILD CLIMATE RESILIENCE. TO REACH MORE FARMERS, AWF AND FARM RADIO INTERNATIONAL HAVE PRODUCED PROGRAMS THAT DISCUSS HWC STRATEGIES SUCH AS BEEHIVE FENCES, CLIMATE-SMART AGRICULTURE, AND MORE. RADIO IS A FIXTURE IN RURAL AFRICA, AND THE BROADCASTS HAVE A REACH OF OVER 1 MILLION LISTENERS.

B. DJA FAUNAL RESERVE IN SOUTHEASTERN CAMEROON SPANS OVER 5,200 SQUARE KILOMETERS OF DENSE, TROPICAL FOREST. TO BEGIN TO HAVE A CONSERVATION IMPACT IN THIS REMOTE LOCALE, AWF NEEDED TO KNOW MORE ABOUT THE SPECIFIC POPULATIONS, MOVEMENT, AND OTHER BEHAVIOR OF WILDLIFE INHABITANTS, INCLUDING CHIMPANZEES, LOWLAND GORILLAS, AND FOREST ELEPHANTS. AWF SUPPLIED AND TRAINED DJA RANGERS TO USE CUTTING-EDGE MONITORING TECHNOLOGY SO THEY COULD EASILY RECORD (ON SMARTPHONES) OBSERVATIONS OF WILDLIFE SUCH AS DUNG OR TRACKS AS WELL AS EVIDENCE OF THREATS SUCH AS SNARES, AMMUNITION, AND HUNTING CAMPS. WE ALSO TRAINED

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

THE PARK STAFF TO ANALYZE THE COLLECTED DATA WITH MONITORING AND REPORTING SOFTWARE. THE RESULTS PRODUCED A WEALTH OF ACTIONABLE INFORMATION FOR DJA FAUNAL RESERVE MANAGERS, INCLUDING MAPS OF WILDLIFE SIGHTINGS, GRAPHS OF TRENDS IN SNARES AND HUNTING CAMPS ENCOUNTERED, AND OTHER REPORTS USEFUL FOR PATROL PLANNING. THE DATA SHOWED THAT THE NORTHERN HALF OF DJA WAS UNDER THE MOST THREAT, SO PARK MANAGERS ENHANCED RANGER PRESENCE THERE VIA FOUR OUTPOSTS IN HOTSPOTS WHERE A HIGH DENSITY OF WILDLIFE AND THREATS OVERLAPPED. IN 2018, THE PARK CONTINUED TO SEE A DECLINE IN HUNTING CAMPS AND EVEN EARLY SIGNS OF WILDLIFE POPULATION RECOVERY.

C. SIMIEN MOUNTAINS NATIONAL PARK OFFERS STUNNING VIEWS, INCREDIBLE LANDSCAPES, AND UNIQUE WILDLIFE. WORKING WITH THE ETHIOPIAN WILDLIFE CONSERVATION AUTHORITY (EWCA), AWF HAS HELPED DEVELOP A TEN-YEAR PLAN THAT WILL ADDRESS ONE OF THE PARK'S MOST PRESSING NEEDS, BETTER TOURISM MANAGEMENT FOR A GROWING NUMBER OF VISITORS. A LOAN FROM AWF'S INVESTMENT BRANCH HELPED DEVELOP THE LIMALIMO LODGE, WHICH OPENED IN 2015. THE NEW TOURISM PLAN CALLS FOR THE DEVELOPMENT OF AT LEAST TWO ADDITIONAL LODGES, AS WELL AS IMPROVING CAMPSITES WITHIN THE PARK. AWF IS SUPPORTING THE PLAN'S IMPLEMENTATION, PROVIDING TRAINING, MANAGING RELATIONSHIPS WITH PRIVATE OPERATORS, AND ADVANCING THE MANAGEMENT AND CONSERVATION OF THE PARK THROUGH A GENERAL MANAGEMENT PLAN. THROUGH A PARTNERSHIP WITH EWCA AND THE GERMAN DEVELOPMENT BANK KFW, AWF HAS BEEN WORKING TO ALLEVIATE OVERGRAZING PRESSURES WITHIN THE LANDSCAPE AS WELL. THE KFW PROJECT IS HELPING TO REALIZE A NEW GRAZING PLAN, SPREAD AWARENESS OF PARK BOUNDARIES, AND INCREASE THE CAPACITY OF COMMUNITY GUARDS TO PREVENT ILLEGAL INCURSIONS INTO THE PARK.

Name of the organization

AFRICAN WILDLIFE FOUNDATION, INC.

Employer identification number

52-0781390

WILDLIFE PROTECTION

CERTAIN SPECIES FACE UNIQUE THREATS AND REQUIRE A TARGETED CONSERVATION APPROACH. POPULATIONS OF RARE AND ENDANGERED SPECIES SUCH AS THE RHINOCEROS, ELEPHANT, LION, AND GORILLA HAVE BEEN DIMINISHED DUE TO POACHING, DISEASE, AND CONFLICT WITH HUMANS. AWF USES MANY METHODS, INCLUDING LAW ENFORCEMENT, TO MONITOR AND PROTECT CRITICAL POPULATIONS AND ENSURE THESE SPECIES SURVIVE AND THRIVE IN THEIR NATIVE HABITAT.

A. CANINES FOR CONSERVATION, A FLAGSHIP AWF PROGRAM, IS PART OF A STRATEGICALLY DESIGNED ECOSYSTEM OF SERVICES, INTERVENTIONS, AND ADVOCACY EFFORTS HELPING TO THWART THE ILLEGAL TRADE THAT THREATENS AFRICA'S ICONIC WILDLIFE. DETECTION DOG-AND-HANDLER UNITS TRAINED AND SUPPORTED BY AWF WERE FIRST STATIONED AT TRANSPORTATION HUBS IN KENYA, UGANDA, TANZANIA. THEY WERE MORE RECENTLY DEPLOYED TO SMUGGLING HOTSPOTS IN NORTHERN TANZANIA, AS WELL AS TO BOTSWANA, CAMEROON, AND MOZAMBIQUE. AWF HAS PLANS TO ESTABLISH UNITS IN ETHIOPIA AS WELL. SINCE CANINES FOR CONSERVATION STARTED, THE DETECTION UNITS HAVE UNCOVERED HUNDREDS OF CACHES IVORY, RHINO HORN, PANGOLIN SCALES, OR OTHER ILLICIT WILDLIFE PRODUCTS WORTH MILLIONS OF DOLLARS. THE SKILLED DOGS AND THEIR HANDLERS, WHO UNDERGO THREE MONTHS OF INTENSIVE TRAINING, CAN DETECT THE SMALLEST AMOUNT OF CONTRABAND, INCLUDING IVORY AND RHINO HORN DUST. THE CANINES FOR CONSERVATION UNITS ALSO WORK AS TRACKING TEAMS THAT CAN FOLLOW THE SCENT OF POACHERS BACK TO VILLAGES OR HIDEOUTS AFTER AN ILLEGAL KILL OR CAPTURE. BY RAISING THE STAKES OF POACHING AND OF MOVING ILLEGAL WILDLIFE PRODUCTS TO MARKET, BOTH TRACKING AND AIRPORT DOG-AND-HANDLER UNITS MAKE THE ILLICIT WILDLIFE TRADE MUCH LESS ATTRACTIVE TO WOULD-BE OFFENDERS.

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

B. THROUGH TRAINING, LONG-TERM MENTORSHIPS, AND SENSITIZATION TO THE COSTS OF WILDLIFE CRIME, AWF IS HELPING TO STRENGTHEN WILDLIFE LAW ENFORCEMENT IN AFRICA. TO DATE, AWF'S WILDLIFE LAW ENFORCEMENT PROGRAM HAS TRAINED 1,370 INDIVIDUALS FROM 16 COUNTRIES PROSECUTORS, RANGERS, AIRPORT PERSONNEL, ANTI-CORRUPTION OFFICERS, AND OTHERS. WORKSHOPS COVER TOPICS INCLUDING WILDLIFE-CRIME INVESTIGATIONS, ADMISSIBILITY OF CANINE EVIDENCE, WILDLIFE RANGERS AS WITNESSES, AND HANDLING OF ELECTRONIC EVIDENCE. IN 2019 AWF CONDUCTED TRAINING PROGRAMS IN KEY AFRICAN REGIONS TO IMPROVE AND SUSTAIN TRANSBOUNDARY PROSECUTORIAL COOPERATION. ENCOURAGING COLLABORATION AMONG AGENCIES IS ESSENTIAL, GIVEN THE DYNAMIC AND CROSS-BOUNDARY NATURE OF WILDLIFE CRIME. AWF ALSO INFLUENCES THE DEVELOPMENT OF LAWS AND POLICIES THAT CAN HELP DETER CRIME. TO DATE, AWF HAS DELIVERED ANALYSES OF NATIONAL WILDLIFE LEGISLATION TO BOTSWANA, CAMEROON, DRC, ETHIOPIA, KENYA, MOZAMBIQUE, SOUTH AFRICA, SWAZILAND, TANZANIA, AND UGANDA. AWF'S STILL-GROWING LAW ENFORCEMENT PROGRAM HIGHLIGHTS OUR COMMITMENT TO DELIVERING ORGANIC, HOLISTIC SOLUTIONS THAT SUPPORT AFRICAN-LED CONSERVATION.

C. AWF WAS INTEGRAL TO KENYA'S DEVELOPMENT OF A NATIONAL GIRAFFE RECOVERY AND ACTION PLAN, WHICH WAS RELEASED IN LATE 2018. KENYA IS A GIRAFFE STRONGHOLD, BUT IN RECENT DECADES HAS LOST A SIGNIFICANT NUMBER OF ITS THREE GIRAFFE SUBSPECIES (THE MAASAI, ROTHSCHILD'S, AND RETICULATED GIRAFFE). THE RECOVERY PLAN, DEVELOPED BY A SPECIAL TASK FORCE THAT INCLUDED AWF SENIOR STAFF MEMBERS, SEEKS TO MITIGATE THREATS AND REVERSE GIRAFFE DECLINES WHILE ENSURING BENEFITS ACCRUE TO COMMUNITIES. STRATEGIES THE TASK FORCE DELINEATED INVOLVE: SECURING HABITAT AND STOPPING POACHING; IMPROVING MANAGEMENT OF PROTECTED AREAS

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

AND GIRAFFE POPULATIONS; MITIGATING HUMAN-WILDLIFE CONFLICT, AND INSPIRING COMMUNITY SUPPORT FOR GIRAFFE CONSERVATION. AWF ALSO PROVIDED TECHNICAL AND FINANCIAL SUPPORT FOR THE KENYA WILDLIFE SERVICE'S (KWS) UNDERCOVER INVESTIGATION OF TRADE IN GIRAFFE MEAT. THROUGH DNA ANALYSIS KWS FOUND THAT THE MEAT SOME BUTCHERIES WERE SELLING AS BEEF CONTAINED MEAT OF GIRAFFE AND OTHER WILDLIFE. KWS AND AWF CONTINUE TO PARTNER ON WILDLIFE LAW ENFORCEMENT THROUGH BUTCHERIES' MONITORING.

FORM 990, PART III, LINE 4A:

AWF ALSO IS IMPLEMENTING A COMPREHENSIVE PROGRAM TO ENSURE LONG-TERM GIRAFFE SURVIVAL IN ONE OF THE SPECIES' FAVORED HABITATS, THE CROSS-BORDER TSAVO-MKOMAZI LANDSCAPE.

FORM 990, PART III, LINE 4B:

AWF IS THE VOICE OF WILDLIFE IN MEETING ROOMS WHEN IMPORTANT DECISIONS ARE MADE THAT WILL HAVE LASTING CONSERVATION IMPACTS.

A. AS MORE YOUNG AFRICANS ENTER THE FIGHT FOR ENVIRONMENTAL ACTION AND INCLUSIVITY, AWF IS HELPING TO BUILD YOUTH LEADERSHIP AND ADVOCACY SKILLS IN THE POLICY ARENA. ONE OF OUR MOST SIGNIFICANT RECENT SUCCESSES OCCURRED IN NOVEMBER 2018 IN SHARM EL-SHEIKH, EGYPT, AT THE CONFERENCE OF THE PARTIES TO THE CONVENTION FOR BIOLOGICAL DIVERSITY (CBD), THE WORLD'S LARGEST BIODIVERSITY MEETING. THE CONVENTION IS A MULTILATERAL TREATY THAT SEEKS TO ENSURE CONSERVATION AND THE WORLD'S SUSTAINABLE AND EQUITABLE USE OF BIODIVERSITY. AHEAD OF THE NEGOTIATIONS IN EGYPT, 50 YOUNG AFRICANS FROM 17 COUNTRIES ATTENDED AN INTENSIVE FIVE-DAY WORKSHOP THAT AWF HOSTED IN NAIROBI. AWF STAFF MEMBERS FACILITATED IN-DEPTH DISCUSSIONS ABOUT YOUNG PEOPLE'S ROLE IN

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

AFRICA'S SOCIO-ECONOMIC DEVELOPMENT AND PROVIDED EXPERTISE ON RESOURCE MOBILIZATION, LOBBYING FOR CHANGE, AND ADVOCACY CAMPAIGNS. PERHAPS MOST IMPORTANTLY, THE WEEK-LONG SUMMIT HELPED THE STUDENTS TRANSLATE LARGE-SCALE GOALS INTO ACHIEVABLE ACTIONS. IN FY19, AWF HOSTED SEVERAL SUCH TRAINING AND MOBILIZATION EVENTS FOR YOUNG AFRICANS AND YOUNG PEOPLE FROM AROUND THE WORLD, SEEKING TO EMPOWER THE NEXT GENERATION OF CONSERVATION LEADERS.

B. AWF'S CLASSROOM AFRICA PROGRAM REDESIGNS AND RENOVATES LOCAL PRIMARY SCHOOLS WHILE INCENTIVIZING CONCRETE CONSERVATION ACTIONS WITHIN THE SCHOOLS' COMMUNITIES. THROUGH PARTICIPATION IN ECO-CLUBS, CLASSROOM AFRICAN STUDENTS LEARN ABOUT CONSERVATION AND WHY IT IS ESSENTIAL TO PROTECT WILDLIFE AND WILDLIFE HABITAT. IN THE SEKUTE COMMUNITY IN ZAMBIA, THE LUPANI COMMUNITY SCHOOL WAS BUILT AS AN INCENTIVE TO PROTECT ALMOST 50,000 ACRES OF CRITICAL ELEPHANT HABITAT. SCHOOL ENROLLMENT TRIPLED, AND LUPANI HAS BECOME ONE OF THE REGION'S TOP PERFORMERS. THE COMMUNITY IS ENTHUSIASTIC ABOUT THE SCHOOL, AND IN 2019 THE SEVENTH-GRADE CLASS HAD A 99 PERCENT PASS RATE ON NATIONAL EXAMS. IN TANZANIA, MANYARA PRIMARY SCHOOL IS THE ONLY CLASSROOM AFRICAN BOARDING SCHOOL, SERVING ABOUT 900 STUDENTS. FORMERLY LOCATED ON 45,000-ACRE MANYARA RANCH, THE SCHOOL WAS DILAPIDATED, HAVING SEEN NO PHYSICAL MAINTENANCE OR REPAIR IN OVER 20 YEARS. ITS BUILDINGS LACKED ELECTRICITY AND A PROPER WATER DISTRIBUTION SYSTEM. IT WAS OVERCROWDED, AT ALMOST DOUBLE CAPACITY. ADDITIONALLY, THE SCHOOL ITSELF WAS IN AN IMPORTANT WILDLIFE CORRIDOR, WHICH MEANT THAT STUDENTS SHARED THEIR SCHOOLYARD WITH ELEPHANTS AND OTHER WILDLIFE, WHICH DISRUPTED CLASSES AND ENDANGERED STUDENTS. IN 2018, THE MANYARA PRIMARY SCHOOL, NOW AWAY FROM THE WILDLIFE CORRIDOR, SAW THE COMPLETION OF THE FIRST PHASE OF

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

ITS RENOVATION, CUTTING THE RIBBON ON BEAUTIFUL NEW DORMITORIES.
MANYARA STUDENT PERFORMANCE REMAINS EXEMPLARY, WITH A RECENT
100-PERCENT PASS RATE ON 7TH-GRADE EXAMS AND A RANK OF SECOND
DISTRICT-WIDE.

C. DESPITE CHINA'S LANDMARK IVORY BAN, DEMAND FOR IVORY PRODUCTS STILL
DRIVES POACHING. RECOGNIZING THE INFLUENCE OF CONSUMER CHOICES IN
CHINA, AWF ENGAGES WITH STRATEGIC PARTNERS ON THE MAINLAND TO PROMOTE
CONSERVATION AND ENDANGERED-SPECIES AWARENESS. IN SEPTEMBER 2018, AWF
LAUNCHED A TWO-MONTH EXHIBIT AT THE BEIJING ZOO, ONE OF CHINA'S LARGEST
ZOOS, RECEIVING MORE THAN 8 MILLION VISITORS PER YEAR. THE "SAVING
AFRICA'S ENDANGERED SPECIES" EXHIBITION FEATURED ENGAGING PROFILES OF
SOME OF AFRICA'S MOST ICONIC WILDLIFE, COMPLETE WITH UNFORGETTABLE
IMAGES. AND IT DETAILED AWF'S EFFORTS TO PROMOTE AFRICAN-LED
CONSERVATION, PROTECT WILDLIFE, AND BENEFIT LOCAL COMMUNITIES. AWF TOOK
THE SAME EXHIBIT TO THE SHANGHAI ZOO IN 2019. ANOTHER RECENT AWARENESS
EFFORT INVOLVED ONE OF THE MOST GLOBALLY RECOGNIZED AND WIDELY
DISTRIBUTED MULTIMEDIA ENTERTAINMENT BRANDS FOR KIDS AND FAMILY --
NICKELODEON INTERNATIONAL. AWF PARTNERED WITH NICKELODEON'S 'TOGETHER
FOR GOOD' PROGRAM TO INSPIRE KIDS WHILE RAISING AWARENESS ABOUT
ENDANGERED AFRICAN WILDLIFE. NICKELODEON ACTRESS BREANNA YDE HOSTED
BEHIND-THE-SCENES SEGMENTS FEATURING CONSERVATION HEROES, INCLUDING
IVORY-DETECTING CANINES, PARK RANGERS, FARMERS WHO LIVE NEAR WILDLIFE,
AND TEACHERS. THE TOGETHER FOR GOOD WILDLIFE SPECIAL AIRED ACROSS
NICKELODEON'S INTERNATIONAL NETWORK OF CHANNELS, REACHING A VIEWERSHIP
MARK OF 3.3 MILLION. THE CAMPAIGN CULMINATED WITH A CELEBRATION AT THE
UNITED NATIONS GENERAL ASSEMBLY IN NEW YORK IN SEPTEMBER.

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

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

CONGO, DEM REP, ETHIOPIA, KENYA, SOUTH AFRICA,
TANZANIA, UGANDA, UNITED KINGDOM, ZAMBIA,
MAURITIUS, CANADA, RWANDA, CAMEROON

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

DATA AND INFORMATION FOR THE FEDERAL FORM 990 ARE COMPILED BY THE FINANCE DEPARTMENT AND REVIEWED BY THE DIRECTOR OF FINANCE. UPON RECEIPT OF THE DRAFT VERSION OF THE FEDERAL FORM 990 FROM AWF'S TAX ACCOUNTANTS, THE COMPLETED RETURN UNDERGOES A SECOND LEVEL OF REVIEW BY THE CFO. CHANGES ARE COMMUNICATED TO THE TAX ACCOUNTANTS AS NECESSARY AND APPROPRIATE. AFTER A SUBSEQUENT REVIEW BY THE CFO, THE FINAL DRAFT IS REVIEWED BY THE AUDIT COMMITTEE. THEREAFTER, A COPY OF THE FINAL DRAFT 990 IS PROVIDED TO THE FULL BOARD OF TRUSTEES BEFORE FILING WITH THE INTERNAL REVENUE SERVICE.

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

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

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

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

AS NECESSARY.

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

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

A SALARY REVIEW FOR OFFICERS AND KEY EMPLOYEES IS PERFORMED ANNUALLY BY THE HUMAN RESOURCES DEPARTMENT. 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.

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

VARIOUS SALARY SURVEY TOOLS AND BENCHMARK STUDIES ARE EMPLOYED WHEN DETERMINING COMPENSATION FOR NEW HIRES AND FOR PROMOTIONS.

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

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

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
UT, VA, WV, WI

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

AWF GOVERNING DOCUMENTS, POLICIES, FINANCIAL STATEMENTS, AND FEDERAL FORM
990 ARE AVAILABLE TO THE PUBLIC UPON REQUEST. ADDITIONALLY, COPIES OF THE
FEDERAL FORM 990 AND ANNUAL REPORTS ARE MAINTAINED ON THE WEBSITE.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONSULTING FEES:

PROGRAM SERVICE EXPENSES	1,526,496.
MANAGEMENT AND GENERAL EXPENSES	22,714.
FUNDRAISING EXPENSES	44,697.
TOTAL EXPENSES	1,593,907.

CONSTRUCTION CONTRACTOR:

PROGRAM SERVICE EXPENSES	1,494,926.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,494,926.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	3,088,833.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

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

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

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

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

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
UMLIKI LIMITED C/O AXIS FIDUCIARY, 18N FRERE FELIX DE VALOIS PORT LOUIS, PORT LOUIS, MAURITIUS	PROVISION OF CAPITAL FOR CONSERVATION ENTERPRISES	MAURITIUS	AFRICAN WILDLIFE FOUNDATION	C CORP	339,321.	0.	100%	X	
AWC CB1 LIMITED C/O AXIS FIDUCIARY, 18N FRERE FELIX DE VALOIS PORT LOUIS, PORT LOUIS, MAURITIUS	PROVISION OF CAPITAL FOR CONSERVATION ENTERPRISES	MAURITIUS	UMLIKI LIMITED	C CORP	159,700.	1,350,329.	100%	X	
AWC CB2 LIMITED C/O AXIS FIDUCIARY, 18N FRERE FELIX DE VALOIS PORT LOUIS, PORT LOUIS, MAURITIUS	PROVISION OF CAPITAL FOR CONSERVATION ENTERPRISES	MAURITIUS	UMLIKI LIMITED	C CORP	328,434.	4,050,063.	100%	X	

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) UMLIKI LIMITED	A	339,321.	FMV
(2) AWC CB1 LIMITED	A	159,700.	FMV
(3) AWC CB2 LIMITED	A	328,434.	FMV
(4) AWC CB1 LIMITED	D	929,913.	FMV
(5) AWC CB2 LIMITED	D	3,424,104.	FMV
(6) AWC CB1 LIMITED	E	2,521,500.	FMV

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7) AWC CB2 LIMITED	E	3,896,000.	FMV
(8)			
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

