

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2016

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning **JUL 1, 2016** and ending **JUN 30, 2017**

B Check if applicable: <input checked="" 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	D Employer identification number 52-0781390
F Name and address of principal officer: JEFF CHRISFIELD SAME AS C ABOVE		E Telephone number (202) 939-3333
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		G Gross receipts \$ 28,969,244.
J Website: ▶ WWW.AWF.ORG		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
L Year of formation: 1961		H(c) Group exemption number ▶
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.	
3	Number of voting members of the governing body (Part VI, line 1a)	3
4	Number of independent voting members of the governing body (Part VI, line 1b)	22
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	49
6	Total number of volunteers (estimate if necessary)	27
7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	0.

		Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	24,337,569.
	9	Program service revenue (Part VIII, line 2g)	253,345.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,551,098.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	295,685.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	26,437,697.
			24,276,409.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,430,340.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	9,577,889.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	907,096.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶	2,766,109.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	10,596,666.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	27,511,991.
	19	Revenue less expenses. Subtract line 18 from line 12	-1,074,294.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	43,540,907.
	21	Total liabilities (Part X, line 26)	3,535,490.
	22	Net assets or fund balances. Subtract line 21 from line 20	40,005,417.
		Beginning of Current Year	End of Year
		44,408,909.	2,853,834.
		41,555,075.	

Part II Signature Block

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

Sign Here	Signature of officer TYRENE HARALSON, VP OF FINANCE & ADMINISTRATION Type or print name and title	Date 2/2/18
------------------	---	----------------

Paid Preparer Use Only	Print/Type preparer's name FRANK H. SMITH	Preparer's signature 	Date 02/05/18	Check <input type="checkbox"/> self-employed	PTIN P00639053
	Firm's name ▶ RAFFA, P.C.	Firm's EIN ▶ 52-1511275			
	Firm's address ▶ 1899 L STREET, NW, SUITE 850 WASHINGTON, DC 20036			Phone no. (202) 822-5000	

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

COPY

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 \$ 17,061,670. including grants of \$ 4,807,532.) (Revenue \$ 37,925.) CONSERVATION PROGRAMS: AWF PLAYS A MAJOR ROLE IN ENSURING THE CONTINUED EXISTENCE OF SOME OF AFRICA'S MOST ICONIC SPECIES, INCLUDING ELEPHANTS, RHINOCEROS, LIONS AND GREAT APES.

(SEE SCHEDULE O FOR CONTINUATION)

4b (Code:) (Expenses \$ 3,850,211. including grants of \$ 102,062.) (Revenue \$ 432,731.) EDUCATION AND OUTREACH: AWF WAS FOUNDED ON THE BELIEF THAT CONSERVATION EFFORTS MUST ULTIMATELY REST IN THE HANDS OF THE PEOPLE OF AFRICA WHO, WITH EDUCATIONAL SUPPORT, WILL CONSTRUCT A VIABLE PLATFORM TO CONSERVE THE CONTINENT'S WILDLIFE HERITAGE.

(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 20,911,881.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
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?	X	
Note. All Form 990 filers are required to complete Schedule O		

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

X

Table with columns for question number, description, sub-questions (1a-14b), Yes, and No. Includes questions about Form 1096, Form W-3, foreign accounts, 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 of the governing body at the end of the tax year (23); 1b Enter the number of voting members included in line 1a, above, who are independent (22); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (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); 8a Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? (X); 8b 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 (or 1024 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: TYRENE HARALSON - (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) MR. DAVID THOMSON CHAIRMAN	4.00	X	X				0.	0.	0.	
(2) H.E. BENJAMIN W. MKAPA VICE-CHAIRMAN	2.00	X	X				0.	0.	0.	
(3) DR. MYMA BELO-OSAGIE SECRETARY	2.00	X	X				0.	0.	0.	
(4) MS. MARLEEN GROEN TREASURER	3.00	X	X				0.	0.	0.	
(5) MR. GORDON CHENG TRUSTEE	1.00	X					0.	0.	0.	
(6) MR. PAYSON COLEMAN TRUSTEE	3.00	X					0.	0.	0.	
(7) MS. LYNN DOLNICK TRUSTEE	3.00	X					0.	0.	0.	
(8) MR. GREGORY EDWARDS TRUSTEE	3.00	X					0.	0.	0.	
(9) DR. HELEN GICHOHI TRUSTEE	1.00	X					0.	0.	0.	
(10) MR. LARRY GREEN TRUSTEE - UNTIL 10/2016	1.00	X					0.	0.	0.	
(11) MR. STEPHEN GOLDEN TRUSTEE	2.00	X					0.	0.	0.	
(12) MS. HEATHER STURT HAAGA TRUSTEE	3.00	X					0.	0.	0.	
(13) MR. BARRY HALL TRUSTEE	2.00	X					0.	0.	0.	
(14) MS. CHRISTINE HEMRICK TRUSTEE	4.00	X					0.	0.	0.	
(15) MS. ADRIAN JAY TRUSTEE	2.00	X					0.	0.	0.	
(16) MR. DONALD KABERUKA TRUSTEE - UNTIL 10/2016	1.00	X					0.	0.	0.	
(17) MR. RAHIM KHAN TRUSTEE	2.00	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			
(18) MR. ROBERT KING TRUSTEE	4.00	X					0.	0.	0.
(19) MR. CHRISTOPHER LEE TRUSTEE	3.00	X					0.	0.	0.
(20) H.E. FESTUS G. MOGAE TRUSTEE	2.00	X					0.	0.	0.
(21) H.E. RAZAN AL MUBARAK TRUSTEE - UNTIL 10/2016	1.00	X					0.	0.	0.
(22) MR. STUART L. SCOTT TRUSTEE	3.00	X					0.	0.	0.
(23) MS. VERONICA VAREKOVA TRUSTEE	1.00	X					0.	0.	0.
(24) MR. WARREN WALKER TRUSTEE	1.00	X					0.	0.	0.
(25) MR. CHARLES R. WALL TRUSTEE	2.00	X					0.	0.	0.
(26) MS. MARIA WILHELM TRUSTEE - UNTIL 10/2016	1.00	X					0.	0.	0.
1b Sub-total							0.	0.	0.
c Total from continuation sheets to Part VII, Section A							2,183,532.	0.	414,666.
d Total (add lines 1b and 1c)							2,183,532.	0.	414,666.

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 12

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		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	DIRECT MAIL SERVICES	1,059,652.
PRODUCTION SOLUTIONS, INC. 1953 GALLOWES ROAD, #600, VIENNA, VA 22182	PRINTING & MAILSHOP	488,820.
CONSERVATION CAPITAL CONSULTING, 64 NEW CAVENDISH ST., LONDON, UNITED KINGDOM	DEVELOPMENT & STRATEGIC MGMT	345,136.
DANIEL ALEBACHEW GEN. CONTRACTOR, #572, GULELE WOREDA 02, ADDIS ABABA, ETHIOPIA	CONSTRUCTION SERVICES	184,216.
CANINE SPECIALIST SERVICES INT'L, BOWEN SQ., FERRIERE ST., PORT LOUIS, MAURITIUS	DETECTOR DOG TRAINING	172,896.

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 6

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	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	8,600,341.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	15584811.			
	g Noncash contributions included in lines 1a-1f: \$		897,761.			
	h Total. Add lines 1a-1f		24185152.			
Program Service Revenue	2 a SAFARI INCOME	Business Code 900099	432,731.	432,731.		
	b OTHER PROGRAM INCOME	900099	36,304.	36,304.		
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		469,035.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		677,943.	1,621.	676,322.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties		12,224.		12,224.	
	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	3535770.			
		(ii) Other				
		b Less: cost or other basis and sales expenses	4692835.			
		c Gain or (loss)	-1157065			
	d Net gain or (loss)		-1157065.		-1157065.	
	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	b			
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	b				
	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	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a SALE OF EQUIPMENT	900099	103,766.			103,766.	
b MAILING LIST RENTAL	900099	1,433.			1,433.	
c AMORTIZATION DISCOUNT	900099	-16,079.			-16,079.	
d All other revenue						
e Total. Add lines 11a-11d		89,120.				
12 Total revenue. See instructions.		24276409.	470,656.		0.-379,399.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	4,909,594.	4,909,594.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,256,779.	1,711,914.	199,796.	345,069.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	4,119,985.	3,326,392.	229,126.	564,467.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	609,119.	481,267.	40,971.	86,881.
9 Other employee benefits	1,951,304.	1,490,163.	147,970.	313,171.
10 Payroll taxes	319,512.	252,448.	21,491.	45,573.
11 Fees for services (non-employees):				
a Management				
b Legal	76,629.	58,975.	16,668.	986.
c Accounting	118,462.	45,877.	72,585.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	882,804.			882,804.
f Investment management fees	46,104.		46,104.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	1,104,686.	1,059,303.	28,927.	16,456.
12 Advertising and promotion	23,119.	16,898.	2,039.	4,182.
13 Office expenses	1,103,139.	879,146.	138,027.	85,966.
14 Information technology	668,650.	534,561.	74,455.	59,634.
15 Royalties				
16 Occupancy	498,828.	196,350.	302,478.	
17 Travel	1,258,146.	1,100,824.	5,943.	151,379.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,875,852.	1,865,150.	6,728.	3,974.
20 Interest	28,093.	16,000.	8,720.	3,373.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	336,138.	201,041.	133,099.	1,998.
23 Insurance	12,620.	10,163.	2,457.	
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	872,736.	834,747.		37,989.
b FIELD EQUIPMENT	523,508.	523,400.	66.	42.
c VEHICLE OPERATIONS	514,280.	509,485.	677.	4,118.
d CONSTRUCTION	409,212.	409,212.		
e All other expenses	255,562.	478,971.	-381,456.	158,047.
25 Total functional expenses. Add lines 1 through 24e	24,774,861.	20,911,881.	1,096,871.	2,766,109.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	1,410,006.	453,684.	0.	956,322.

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	677,199.	1	6,418,569.	
	2	Savings and temporary cash investments	3,261,339.	2	180,162.	
	3	Pledges and grants receivable, net	8,235,846.	3	6,006,440.	
	4	Accounts receivable, net	312,561.	4	168,752.	
	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	914,351.	7	903,357.	
	8	Inventories for sale or use		8		
	9	Prepaid expenses and deferred charges	1,149,434.	9	854,285.	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 6,358,909.			
	b	Less: accumulated depreciation	10b 2,864,053.	10c 3,523,323.	3,494,856.	
	11	Investments - publicly traded securities	25,714,771.	11	26,488,408.	
	12	Investments - other securities. See Part IV, line 11	-1,028,201.	12	-1,420,839.	
	13	Investments - program-related. See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11	780,284.	15	1,314,919.	
16	Total assets. Add lines 1 through 15 (must equal line 34)	43,540,907.	16	44,408,909.		
Liabilities	17	Accounts payable and accrued expenses	2,071,107.	17	1,418,563.	
	18	Grants payable		18		
	19	Deferred revenue	972,026.	19	954,860.	
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23	Secured mortgages and notes payable to unrelated third parties	171,611.	23	187,134.	
	24	Unsecured notes and loans payable to unrelated third parties		24		
	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	320,746.	25	293,277.	
	26	Total liabilities. Add lines 17 through 25	3,535,490.	26	2,853,834.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets	27,938,615.	27	29,248,993.	
	28	Temporarily restricted net assets	8,954,487.	28	9,193,767.	
	29	Permanently restricted net assets	3,112,315.	29	3,112,315.	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds		30		
	31	Paid-in or capital surplus, or land, building, or equipment fund		31		
	32	Retained earnings, endowment, accumulated income, or other funds		32		
33	Total net assets or fund balances	40,005,417.	33	41,555,075.		
34	Total liabilities and net assets/fund balances	43,540,907.	34	44,408,909.		

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	24,276,409.
2	Total expenses (must equal Part IX, column (A), line 25)	2	24,774,861.
3	Revenue less expenses. Subtract line 2 from line 1	3	-498,452.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	40,005,417.
5	Net unrealized gains (losses) on investments	5	2,048,110.
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	41,555,075.

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 (2016)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2016

Open to Public Inspection

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

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

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

g Provide the following information about the supported organization(s).

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

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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	21999183.	26722612.	31585502.	24337569.	24185152.	128830018
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	21999183.	26722612.	31585502.	24337569.	24185152.	128830018
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)						9978097.
6 Public support. Subtract line 5 from line 4.						118851921

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	21999183.	26722612.	31585502.	24337569.	24185152.	128830018
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	851,922.	905,558.	1050414.	938,181.	691,600.	4437675.
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.)	20,675.	20,799.	29,875.	-2,072.	87,687.	156,964.
11 Total support. Add lines 7 through 10						133424657
12 Gross receipts from related activities, etc. (see instructions)					12	2,084,260.
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 2016 (line 6, column (f) divided by line 11, column (f))	14	89.08 %
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	88.25 %
16a 33 1/3% support test - 2016. 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 - 2015. 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 - 2016. 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 - 2015. 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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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 2016 (line 8, column (f) divided by line 13, column (f))	15		%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16		%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17		%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18		%

19a 33 1/3% support tests - 2016. 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 - 2015. 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? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (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).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

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?		
11a		
b A family member of a person described in (a) above?		
11b		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		
11c		

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? 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.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

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)? 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).		
1		

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?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <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? 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.		
2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
3b		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
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			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 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7:			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

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**

2012 AMOUNT: \$ 0.

2013 AMOUNT: \$ 4,129.

2014 AMOUNT: \$ 10,000.

2015 AMOUNT: \$ 0.

2016 AMOUNT: \$ 0.

AFRICA REV. HOLDINGS

2012 AMOUNT: \$ 1,675.

2013 AMOUNT: \$ 0.

2014 AMOUNT: \$ 0.

2015 AMOUNT: \$ 0.

2016 AMOUNT: \$ 0.

MERCHANDISE SALES

2012 AMOUNT: \$ 19,000.

2013 AMOUNT: \$ 2,710.

2014 AMOUNT: \$ 0.

2015 AMOUNT: \$ 0.

2016 AMOUNT: \$ 0.

INSURANCE SETTLEMENT CLAIM

2012 AMOUNT: \$ 0.

2013 AMOUNT: \$ 13,960.

2014 AMOUNT: \$ 0.

2015 AMOUNT: \$ 0.

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.)

2016 AMOUNT: \$ 0.

AMORTIZATION DISCOUNT

2012 AMOUNT: \$ 0.

2013 AMOUNT: \$ 0.

2014 AMOUNT: \$ 19,875.

2015 AMOUNT: \$ -2,072.

2016 AMOUNT: \$ -16,079.

SALE OF EQUIPMENT

2012 AMOUNT: \$ 0.

2013 AMOUNT: \$ 0.

2014 AMOUNT: \$ 0.

2015 AMOUNT: \$ 0.

2016 AMOUNT: \$ 103,766.

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

OMB No. 1545-0047

2016

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, 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).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. **Schedule B (Form 990, 990-EZ, or 990-PF) (2016)**

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		\$ 5,340,689.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 2,353,437.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 1,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 1,200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 865,375.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 750,000.	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		\$ <u>542,372.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization 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
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

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

(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

(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

(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

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.

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

OMB No. 1545-0047

2016

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.

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

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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	25,453,553.	26,879,150.	26,614,112.	22,168,845.	19,788,812.
b Contributions	1,229,345.	963,411.	4,756,044.	2,818,826.	1,382,884.
c Net investment earnings, gains, and losses	3,334,961.	313,550.	-1,523,554.	2,754,271.	1,179,053.
d Grants or scholarships					
e Other expenditures for facilities and programs	3,829,199.	2,702,558.	2,967,452.	1,127,830.	181,904.
f Administrative expenses					
g End of year balance	26,188,660.	25,453,553.	26,879,150.	26,614,112.	22,168,845.

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

- a Board designated or quasi-endowment **85.79** %
- b Permanent endowment **11.88** %
- c Temporarily restricted endowment **2.33** %

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

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

	Yes	No
(i) unrelated organizations		X
(ii) related organizations		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?		

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.	297,976.	1,949,038.
c Leasehold improvements		446,983.	385,595.	61,388.
d Equipment		1,348,859.	919,552.	429,307.
e Other		1,322,896.	1,260,930.	61,966.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,494,856.

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	11,630.
(3) ANNUITIES PAYABLE	48,643.
(4) DEFINED BENEFIT PLAN LIABILITY	233,004.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	293,277.

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

Part XIII Supplemental Information (continued)

PART X, LINE 2:

AWF PERFORMED AN EVALUATION OF UNCERTAINTY IN INCOME TAXES FOR THE YEAR ENDED JUNE 30, 2017, 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.

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

OMB No. 1545-0047

2016

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	153	EMPLOYEES		5,152,544.
SUB-SAHARAN AFRICA	22	0	MAINTAINING OFFICES		283,388.
SUB-SAHARAN AFRICA	0	0	GRANTMAKING		3,931,754.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	CONSERVATION PROGRAMS, EDUCATION & OUTREACH	8,473,012.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	2	EMPLOYEES		158,175.
EUROPE (INCLUDING ICELAND & GREENLAND)	1	0	MAINTAINING OFFICES		9,296.
NORTH AMERICA	0	0	GRANTMAKING		977,840.
3 a Sub-total	23	155			18,986,009.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	23	155			18,986,009.

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

Schedule F (Form 990) 2016

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 - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	SUSTAINABLE AGRICULTURAL PRACTICES TO CONSERVE BIODIVERSITY	5,888.	WIRE/EFT	0.		
			SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	SEED CAPITAL FOR VICOBA	8,983.	WIRE/EFT	0.		
			SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CONSTRUCTION OF KIMANJO SLAUGHTER HOUSE	10,799.	WIRE/EFT	0.		
			SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	SUPPORT OF WELL MANAGED COMMUNITY RANCH	13,042.	WIRE/EFT	0.		
			SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CONSTRUCTION OF A HOUSE AT THE NYAKASIKANA BASE CAMP IN MANA POOL	15,606.	WIRE/EFT	0.		
			SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	AIRPORT SNIPPER DOGS	15,965.	WIRE/EFT	0.		
			SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	MONITORING APES & OTHER LARGE MAMMALS IN THE PARK	16,000.	WIRE/EFT	0.		
			SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CONSTRUCTION OF DOG KENNELS AND STAFF HOUSING	16,608.	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 22

3 Enter total number of other organizations or entities 27

SEE PART V FOR COLUMN (D) DESCRIPTIONS 34

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 - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	ENHANCEMENT OF ANTI-POACHING EFFORTS IN THE NORTHERN PARTS OF DJA BIOSPHERE	27,783.	WIRE/EFT	0.			
			SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	WILDLIFE MONITORING AND ANTI-POACHING OPERATIONS AT OLTIVANI AND NALARAMI	29,270.	WIRE/EFT	0.			
			SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	DEVELOPMENT OF VILLAGE-BASED TOURISM CIRCUIT	34,884.	WIRE/EFT	0.			
			SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	AIRPORT SNIPPER DOGS	36,360.	WIRE/EFT	0.			
			SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	PROTECTING NAMIBIA'S BLACK RHINO	37,500.	WIRE/EFT	0.			
			SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	PROTECTING LIONS THROUGH COMMUNITY ENGAGEMENT	37,973.	WIRE/EFT	0.			
			SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	MARA REGIONAL LION RESEARCH AND CONSERVATION PROJECT	40,698.	WIRE/EFT	0.			
			SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	SUSTAINABILITY AND INCLUSION STRATEGY FOR GROWTH CORRIDORS IN AFRICA (HEREAFTER	41,899.	WIRE/EFT	0.			
			SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CENTRAL AFRICA FOREST ECOSYSTEMS CONSERVATION (CAPEC) - MARINGA-LOPO	42,052.	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 - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	SPONSORSHIP GLOBAL AFRICAN INVEST, SUMMIT RW 2016	44,000.	WIRE/EFT	0.			
	SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	PROTECTING LIONS IN LIMPOPO	45,580.	WIRE/EFT	0.			
	SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	ADC-MUTARA RANGERS SUPPORT UNIFORMS & TRAINING	47,917.	WIRE/EFT	0.			
	SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	AIRPORT SNIFFER DOGS	58,063.	WIRE/EFT	0.			
	SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	GREAT FISH RIVER NATURE RESERVE RANGER DEVELOPMENT	58,699.	WIRE/EFT	0.			
	SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	NIASSA LION PROTECTION	71,250.	WIRE/EFT	0.			
	SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	WILDLIFE PROTECTION IN THE LOWER ZAMBEZI, ZAMBIA	78,123.	WIRE/EFT	0.			
	SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	SUPPORT FOR RHINO PROTECTION	98,815.	WIRE/EFT	0.			
	SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CAPACITY BUILDING FOR LIVESTOCK COOPERATIVES IN ENDUIMENT WMA	135,000.	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 - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	HEAVY ROAD EQUIPMENT FOR PARK MAINTENANCE	173,011.	WIRE/EFT	0.		
	SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	AIRPORT SNIFFER DOGS	179,532.	WIRE/EFT	0.		
	SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	WILDLIFE REGULATIONS DRAFTING, NGULIA RHINO PROGRAM, TSAVO WEST NATIONAL PARK	234,551.	WIRE/EFT	0.		
	SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	MANAGEMENT OF THE BILLI MBOMU FOREST SAVANNA COMPLEX	330,264.	WIRE/EFT	0.		
	SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	HEAVY ROAD EQUIPMENT FOR PARK MAINTENANCE	783,906.	WIRE/EFT	0.		
	SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	SUPPORT TO OLE NARIKA & KITENDEN SCOUTS AND PAYMENT OF KITENDEN LEASES	6,827.	WIRE/EFT	0.		
	SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CONSTRUCTION OF NIKEIYA ECO LODGE	8,042.	WIRE/EFT	0.		
	SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CONCEPT FOR THE DISTRIBUTION OF IMPROVED COOKING STOVES IN SIMIEN	8,313.	WIRE/EFT	0.		
	SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	SEED CAPITAL FOR VICOBA	9,992.	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 and EIN (if applicable)	(b) IRS code section and EIN (if applicable)					
	(c) Region	(d) Purpose of grant					
		(e) Amount of cash grant					
		(f) Manner of cash disbursement					
		(g) Amount of non-cash assistance					
		(h) Description of non-cash assistance					
		(i) Method of valuation (book, FMV, appraisal, other)					
	SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	PAINTED DOG CONSERVATION ANTI-POACHING UNITS ZERO TOLERANCE TO	10,616.	WIRE/EFT	0.		
	SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	SUSTAINABILITY & INCLUSION STRATEGY FOR GROWTH CORRIDORS IN AFRICA GMP	14,099.	WIRE/EFT	0.		
	SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	HUMAN-LION CONFLICT MITIGATION IN THE MAASAI STEPPES, NORTHERN TANZANIA	16,750.	WIRE/EFT	0.		
	SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	VIABILITY STUDY OF WILDLIFE CORRIDORS	17,303.	WIRE/EFT	0.		
	SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CENTRAL AFRICA FOREST ECOSYSTEMS CONSERVATION (CAFEC) - MARINGA-LOPO	22,296.	WIRE/EFT	0.		
	SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	SAFEGUARDING BONOBO AND MARINGA-LOPORI-WAMBA FOREST LANDSCAPE	71,207.	WIRE/EFT	0.		
	SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	AFRICAN ELEPHANT SPECIALIST GROUP DATABASE	25,000.	WIRE/EFT	0.		
	SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	IMPLEMENTATION OF CONSERVATION AGRICULTURE PROJECT IN RUNGWE AND MAKETE	41,812.	WIRE/EFT	0.		
	SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CENTRAL AFRICA FOREST ECOSYSTEMS CONSERVATION (CAFEC) - MARINGA-LOPO	49,371.	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 - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	ENHANCING ELEPHANT PROTECTION IN PENDJARI	65,867.	WIRE/EFT	0.			
	SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	PROTECTING THE AFRICAN ELEPHANT IN THE KAFUE ECO-SYSTEM AND THROUGHOUT	70,871.	WIRE/EFT	0.			
	SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	CENTRAL AFRICA FOREST ECOSYSTEMS CONSERVATION (CAPEC) -- MARINGA-LOPO	78,186.	WIRE/EFT	0.			
	SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	MANYARA RANCH ANTI-POACHING PROGRAM	128,582.	WIRE/EFT	0.			
	SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	ENHANCING AFRICAN WILDLIFE LMA ENFORCEMENT AND NETWORKING	453,561.	WIRE/EFT	0.			
	NORTH AMERICA		NORTH AMERICA	U.S WILDLIFE TRAFFICKING ALLIANCE SUPPORT	10,000.	WIRE/EFT	0.			
	NORTH AMERICA		NORTH AMERICA	KRUGER LIMPOPO RHINO PROTECTION	12,500.	WIRE/EFT	0.			
	NORTH AMERICA		NORTH AMERICA	MAASAI STEEPPE GIRAFFE STUDY	15,000.	WIRE/EFT	0.			
	NORTH AMERICA		NORTH AMERICA	ENHANCING ELEPHANT PROTECTION IN THE RUAHA-RUNGWA ECOSYSTEM	47,629.	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)
		NORTH AMERICA	CENTRAL AFRICA FOREST ECOSYSTEMS CONSERVATION (CAFEC) -- MARINGA-LOPO	59,703.	WIRE/EFT	0.		
		NORTH AMERICA	USAID/UGANDA BIODIVERSITY PROGRAM AND MONITORING CHIMPANZES IN	132,216.	WIRE/EFT	0.		
		NORTH AMERICA	RHINO HORN DEMAND REDUCTION IN CHINA AND VIETNAM	155,648.	WIRE/EFT	0.		
		NORTH AMERICA	ENHANCING AFRICAN WILDLIFE LWA ENFORCEMENT AND NETWORKING	545,144.	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)
KABALE ROTARY CLUB SCHOLARSHIP PROGRAM	SUB-SAHARAN AFRICA	9	9,150.00	EFT	0.		
CHARLOTTE FELLOWSHIP -PHD FISHERIES	SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	1	20,000.00	EFT	0.		

COPY

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; do not file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* Yes No

Schedule F (Form 990) 2016

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

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 - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,
(D) PURPOSE OF GRANT: ENHANCEMENT OF ANTI-POACHING EFFORTS IN THE
NORTHERN PARTS OF DJA BIOSPHERE RESERVE

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 - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,

(D) PURPOSE OF GRANT: WILDLIFE MONITORING AND ANTI-POACHING OPERATIONS AT OLTIIYANI AND NALARAMI CONSERVANCIES

REGION: SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,

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

REGION: SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,

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

REGION: SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,

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

REGION: SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,

(D) PURPOSE OF GRANT: CONCEPT FOR THE DISTRIBUTION OF IMPROVED COOKING STOVES IN SIMIEN MOUNTAIN COMMUNITIES PILOT PHASE

REGION: SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,

(D) PURPOSE OF GRANT: PAINTED DOG CONSERVATION ANTI-POACHING UNITS ZERO TOLERANCE TO WILDLIFE CRIME

REGION: SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,

(D) PURPOSE OF GRANT: SUSTAINABILITY & INCLUSION STRATEGY FOR GROWTH CORRIDORS IN AFRICA GMP COMPONENT FOR KILOMBERO NATURE RESERVE

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 - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,

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

REGION: SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,

(D) PURPOSE OF GRANT: IMPLEMENTATION OF CONSERVATION AGRICULTURE PROJECT IN RUNGWE AND MAKETE IN DISTRICTS

REGION: SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,

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

REGION: SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,

(D) PURPOSE OF GRANT: PROTECTING THE AFRICAN ELEPHANT IN THE KAFUE ECO-SYSTEM AND THROUGHOUT ZAMBIA'S PROTECTED AREA NETWORK

REGION: SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,

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

REGION: NORTH AMERICA

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

REGION: NORTH AMERICA

(D) PURPOSE OF GRANT: USAID/UGANDA BIODIVERSITY PROGRAM AND MONITORING

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.

CHIMPANZEES IN COMMUNITY NATURAL RESERVE OF DIND F LO AND SURROUNDINGS,
SENEGAL

Multiple horizontal lines for supplemental information.

COPY

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

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

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a [X] Mail solicitations b [X] Internet and email solicitations c [X] Phone solicitations d [X] In-person solicitations e [X] Solicitation of non-government grants f [X] Solicitation of government grants g [] Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? [X] Yes [] No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization. Row 1: SANKY COMMUNICATIONS, INC. - 599 11TH AVENUE, 6TH FLOOR, MANAGEMENT OF DIRECT MAIL PROGRAM, Yes No X, 3,254,856., 882,804., 2,372,052.

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) 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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

AFRICAN WILDLIFE FOUNDATION, INC.

Employer identification number

52-0781390

Part I Questions Regarding Compensation

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

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

Schedule J (Form 990) 2016

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 (E) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) PATRICK BERGIN CHIEF EXECUTIVE OFFICER	(i) 294,551. (ii) 0. (iii) 0.	0.	0.	58,772. 0.	18,529. 0.	371,852. 0.	0. 0.
(2) JEFF CHRISFIELD CHIEF OPERATING OFFICER	(i) 228,566. (ii) 0. (iii) 0.	0.	0.	22,877. 0.	13,257. 0.	264,700. 0.	0. 0.
(3) KADDU SEBONYA PRESIDENT	(i) 227,610. (ii) 0. (iii) 0.	0.	0.	22,692. 0.	37,401. 0.	287,703. 0.	0. 0.
(4) CRAIG SHOLLEY SENIOR VP, PHILANTHROPY AND MKTG	(i) 190,658. (ii) 0. (iii) 0.	0.	0.	19,063. 0.	9,226. 0.	218,947. 0.	0. 0.
(5) KATHLEEN FITZGERALD VICE PRESIDENT, LAND PROTECTION	(i) 177,983. (ii) 0. (iii) 0.	0.	0.	17,753. 0.	17,663. 0.	213,399. 0.	0. 0.
(6) DAUDI SUMBA - UNTIL 04/2017 VP, PROGRAM DESIGN & KNOWLEDGE MGMT	(i) 177,534. (ii) 0. (iii) 0.	0.	0.	17,753. 0.	4,390. 0.	199,677. 0.	0. 0.
(7) TYRENE HARALSON VP OF FINANCE & ADMINISTRATION	(i) 165,456. (ii) 0. (iii) 0.	0.	0.	16,516. 0.	12,796. 0.	194,768. 0.	0. 0.
(8) CHARLY FACHEUX VP OF CONSERVATION PROJECTS	(i) 162,627. (ii) 0. (iii) 0.	0.	0.	16,263. 0.	22,648. 0.	201,538. 0.	0. 0.
(9) PHILIP MURUTHI VP OF SPECIES CONSERVATION	(i) 160,002. (ii) 0. (iii) 0.	0.	0.	16,000. 0.	4,698. 0.	180,700. 0.	0. 0.
(10) SANDRA COYLE - UNTIL 12/2016 SENIOR DIRECTOR OF COMMUNICATIONS	(i) 143,372. (ii) 0. (iii) 0.	0.	0.	679. 0.	20,139. 0.	164,190. 0.	0. 0.
	(i) 0. (ii) 0. (iii) 0.						
	(i) 0. (ii) 0. (iii) 0.						
	(i) 0. (ii) 0. (iii) 0.						
	(i) 0. (ii) 0. (iii) 0.						
	(i) 0. (ii) 0. (iii) 0.						
	(i) 0. (ii) 0. (iii) 0.						
	(i) 0. (ii) 0. (iii) 0.						

Part III Supplemental Information

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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2016

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

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

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	44	897,761.	FAIR MARKET VALUE
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (_____)				
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

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

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

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

Schedule M (Form 990) (2016)

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 STOCK CONTRIBUTIONS IN PART I, COLUMN (B).

Lined area 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.

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

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization

AFRICAN WILDLIFE FOUNDATION, INC.

Employer identification number
52-0781390

FORM 990, PART III, LINE 4A:

AS IT DEMONSTRATES THAT WILDLIFE AND PEOPLE CAN THRIVE SIDE BY SIDE,
AWF PROVIDES CRITICAL ASSISTANCE TO NATIONAL PARKS AND RESERVES AND
PROMOTES INTERNATIONAL COOPERATION TO PROTECT IMPORTANT SITES AND
POPULATIONS THAT STRETCH ACROSS NATIONAL BOUNDARIES. AWF WORK CAN BE
CATEGORIZED INTO THE FOLLOWING CORE AREAS: LAND AND HABITAT
CONSERVATION, WILDLIFE PROTECTION AND EDUCATION AND ADVOCACY. BELOW ARE
DESCRIPTIONS OF AWF WORK AND KEY ACHIEVEMENTS WITHIN THE LAST FISCAL
YEAR.

I. LAND AND HABITAT CONSERVATION: AWF'S UNIQUE LARGE-LANDSCAPE APPROACH
TO CONSERVATION FOCUSES ON IDENTIFYING AFRICA'S GREAT WILD SPACES AND
WORKING WITH GOVERNMENTS AND OTHER PARTNERS TO SECURE THESE SPACES AS A
HOME FOR WILDLIFE - PIECING TOGETHER PARKS, PRIVATE LANDS AND COMMUNITY
LANDS. HISTORICALLY, AWF WORKED TO ESTABLISH NATIONAL PARKS AND
WILDLIFE RESERVES AND TO HELP LOCAL PEOPLE ESTABLISH COMMUNITY
CONSERVANCIES. AWF IS NOW SUPPORTING THE MANAGEMENT OF PARKS AND
EXPLORING NEW PRIVATE-LAND CONSERVATION APPROACHES TO PROTECT CRITICAL
WILDLIFE HABITAT.

A. IN SIMIEN MOUNTAINS NATIONAL PARK IN ETHIOPIA, HOME TO GELADA
MONKEYS, ETHIOPIAN WOLF AND OTHER WILDLIFE, AWF TURNED TO ITS SIGNATURE
STRATEGY: THE CLUSTER APPROACH. WE GROUP A VARIETY OF INTERVENTIONS IN
THE SAME LANDSCAPE TO ADDRESS WILDLIFE PROTECTION AS WELL AS LIVELIHOOD
AND EDUCATIONAL NEEDS. WE WORK WITH THE ETHIOPIAN WILDLIFE CONSERVATION
AUTHORITY (EWCA) TO CO-MANAGE THE PARK, AND HELPED DEVELOP A PARK

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

Schedule O (Form 990 or 990-EZ) (2016)

632211 08-25-16

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

TOURISM PLAN AND TRAIN TREKKING GUIDES. AWF AND EWCA ALSO WORKED WITH THE COMMUNITY ON A STRATEGY TO REDUCE GRAZING IN THE PARK; ULTIMATELY, THE COMMUNITY DESIGNATED 70 PERCENT OF THE PARK AS A NO-GRAZING ZONE. AWF HAS PROVIDED FUNDING SUPPORT TO A LOCAL PARTNER THAT EDUCATES COMMUNITY MEMBERS AND RECRUITS PEOPLE TO BECOME WOLF AMBASSADORS WHO MONITOR THIS KEY PREDATOR'S ACTIVITY. THROUGH OUR FLAGSHIP CLASSROOM AFRICA PROGRAM, AWF REBUILT ADISGE PRIMARY SCHOOL, SITUATED JUST OUTSIDE THE PARK. CLASSROOM AFRICA BRINGS BRIGHT, AIRY, HIGH-QUALITY SCHOOLS, QUALIFIED TEACHERS AND CONSERVATION EDUCATION TO REMOTE COMMUNITIES. IN A BIG VICTORY, SIMIEN WAS REMOVED FROM THE LIST OF WORLD HERITAGE IN DANGER IN JULY 2017.

B. THE LOMAKO LANDSCAPE IN THE DEMOCRATIC REPUBLIC OF CONGO (DRC) HOSTS WILDLIFE SUCH AS BONOBO, FOREST ELEPHANT AND GIANT PANGOLIN. WITHOUT SUSTAINABLE INCOME-GENERATING OPPORTUNITIES, RESIDENTS RELY ON FOREST RESOURCES FOR FOOD, FUEL AND SHELTER. AWF IMPLEMENTED AN ARRAY OF CONSERVATION PROJECTS HERE UNDER A CLUSTERING SCHEME. WE HELPED COMMUNITIES MAKE A LAND-USE PLAN ESTABLISHING TWO PROTECTED AREAS HARBORING BONOBO AND FOREST ELEPHANT. THANKS TO STRATEGIC PATROLS, BOTH RESERVES HAVE SEEN AN INCREASE IN WILDLIFE POPULATIONS. TO ADDRESS LIVELIHOOD NEEDS, AWF PROVIDED IMPROVED SEEDS AND TRAINING IN SUSTAINABLE AGRICULTURE TO MORE THAN 600 FARMERS. WE ALSO TRAINED LOCAL WOMEN IN SEWING AND SOAP-MAKING. AND, WE REBUILT ILIMA PRIMARY SCHOOL UNDER OUR CLASSROOM AFRICA UMBRELLA. MOST RECENTLY, AWF HELPED ILIMA AND SIX OTHER COMMUNITIES SECURE RIGHTS TO THE LAND THEY INHABIT; THEY ARE THE FIRST DRC COMMUNITIES TO RECEIVE FOREST CONCESSIONS UNDER A 2014 LAW ALLOWING COMMUNITIES TO APPLY FOR CONCESSIONS GRANTING FORMAL OWNERSHIP AND THE RIGHT TO DECIDE HOW TO USE THE LAND. COMMUNITIES MUST

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

CHOOSE A SUSTAINABLE LAND USE THAT GENERATES INCOME - ARTISANAL LOGGING, FOR EXAMPLE. BUT THE ILIMA COMMUNITY DEVOTED ITS ENTIRE CONCESSION TO CONSERVATION-ABOUT 400 SQ. KM OF FOREST.

C. IN PRIORITY HABITAT FOR CHIMPANZEES AND ELEPHANTS IN UGANDA, AWF HAS WORKED TO ACHIEVE SUSTAINABLE BIODIVERSITY CONSERVATION AND LOCAL ECONOMIC GROWTH IN FIVE PROTECTED AREAS IN UGANDA: MURCHISON FALLS NATIONAL PARK, KIDEPO VALLEY NATIONAL PARK, LAKE MBURO NATIONAL PARK AND KALINZU AND BUDONGO CENTRAL FOREST RESERVES. WITH FUNDING FROM THE U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT, AWF UNDERTOOK A WIDE RANGE OF ACTIVITIES. MOST RECENTLY, WE SUPPORTED PROTECTED-AREA IMPROVEMENTS SUCH AS RENOVATION OF THE LAKE MBURO CONSERVATION EDUCATION CENTRE TO FACILITATE WATER HARVESTING. WE WORKED WITH COMMUNITIES TO IMPLEMENT AGRICULTURAL ACTIVITIES SET OUT IN THEIR LAND-USE PLANS, INCLUDING SELECTING DEMONSTRATION FARMS FOR TRAINING IN GROWING MAIZE, SORGHUM, CHILIS AND BEANS. AT MURCHISON FALLS, WE HELPED A NEW COMMUNITY CONSERVANCY DRAFT A CONSTITUTION. OTHER ACTIVITIES INCLUDED: CREATING WALKING TRAILS FOR ECOLOGICAL MONITORING AND TOURISM; PROVISION OF ROAD MAINTENANCE EQUIPMENT TO ENHANCE ECOLOGICAL MONITORING AND RESPONSE CAPACITY; AND TRAINING IN BEEKEEPING AS AN ALTERNATIVE INCOME SOURCE. WE ALSO SUPPORTED LOCAL FARMERS IN GROWING CHILIS AS A MEANS OF KEEPING ELEPHANTS OUT OF CROPS AND ALLEVIATING HUMAN-WILDLIFE CONFLICT.

WILDLIFE PROTECTION: EVEN WHERE LAND AND HABITAT HAVE BEEN SECURED, CERTAIN SPECIES FACE UNIQUE THREATS AND REQUIRE A TARGETED CONSERVATION APPROACH. POPULATIONS OF RARE AND ENDANGERED SPECIES, SUCH AS THE RHINOCEROS, GORILLA AND ALL OF THE GREAT CATS, HAVE BEEN DIMINISHED DUE TO POACHING, DISEASE AND CONFLICT WITH HUMANS. AWF USES A NUMBER OF

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

METHODS TO MONITOR AND PROTECT KEY POPULATIONS AND ENSURE THESE SPECIES SURVIVE AND THRIVE IN THEIR NATIVE HABITAT. ONE OF THESE TACTICS IS TO PROVIDE FUNDING TO PARTNERS ON THE GROUND THROUGH THE SPECIES PROTECTION GRANTS PROGRAM. THE PROGRAM OFFERS A WAY TO DIRECTLY COMBAT WILDLIFE TRAFFICKING AS IT FUNDS PROJECTS THAT HELP TO STOP THE KILLING AND STOP THE ILLEGAL TRADE IN AFRICAN WILDLIFE.

A. IN HWANGE NATIONAL PARK IN ZIMBABWE AN ELUSIVE PREDATOR - THE ENDANGERED AFRICAN WILD DOG - FACES INCREASING PRESSURE FROM HABITAT FRAGMENTATION, HUMAN-WILDLIFE CONFLICT, AND, MOST URGENTLY, POACHING. POACHERS COMMONLY USE WIRE SNARES, WHICH KILL LARGER ANIMALS INDISCRIMINATELY. WILD DOGS ARE PARTICULARLY VULNERABLE BECAUSE THEY COVER A LOT OF GROUND WHILE HUNTING. IN ADDITION TO SNARES, POACHERS SOMETIMES POISON WATER SOURCES WITH CYANIDE. THEY ARE USUALLY TARGETING ELEPHANTS FOR IVORY BUT KILL A VARIETY OF OTHER SPECIES IN THE PROCESS. AWF FUNDS PAINTED DOG CONSERVATION (PDC), WHICH HAS AN ANTI-POACHING UNIT AND COMMUNITY OUTREACH CAMPAIGN APTLY NAMED "ZERO TOLERANCE TO WILDLIFE CRIME." ON AVERAGE, THE ANTI-POACHING PATROLS REMOVE MORE THAN 100 SNARES PER MONTH WHILE APPREHENDING POACHERS, DESTROYING POACHING CAMPS AND DISPOSING OF CYANIDE TRAPS. BETWEEN APRIL AND DECEMBER 2016, EIGHT POACHERS WERE ARRESTED, AND, IN AREAS WITH REGULAR GROUND PATROL PRESENCE, POACHING HAS DECLINED. LOCAL COMMUNITIES' ATTITUDES TOWARD WILD DOGS, MEANWHILE, ARE BECOMING MORE POSITIVE. MOST IMPORTANTLY, THE PAINTED DOG POPULATION IN HWANGE IS STABLE. THE POACHING HOTLINE HAS EVEN HELPED OTHER SPECIES: PEOPLE SOMETIMES CALL TO TIP OFF AUTHORITIES ABOUT PLANNED ELEPHANT POACHING ACTIVITIES.

B. CANINES FOR CONSERVATION, THE DETECTION DOG PROGRAM, CONTINUES TO

Name of the organization

AFRICAN WILDLIFE FOUNDATION, INC.

Employer identification number

52-0781390

SEE REMARKABLE SUCCESS. DETECTION DOG UNITS TRAINED AND SUPPORTED BY AWF HAVE BEEN STATIONED AT AIRPORTS AND SEAPORTS IN UGANDA, KENYA AND TANZANIA. BY THE END OF 2017 MOZAMBIQUE AND BOTSWANA WILL ALSO HAVE DOG UNITS. SINCE THE PROGRAM STARTED, THE DETECTION DOG UNITS HAVE UNCOVERED MORE THAN 180 INCIDENTS OF HIDDEN IVORY, RHINO HORN, PANGOLIN SCALES OR OTHER ILLICIT WILDLIFE PRODUCTS, PRIMARILY AT ENTEBBE INTERNATIONAL AIRPORT IN UGANDA. THE TEAM AT JOMO KENYATTA INTERNATIONAL (JKIA) INTERCEPTED 18 PIECES OF RAW IVORY WORTH SH6.4 MILLION (ABOUT \$62,000) IN TRANSIT FROM MAPUTO TO BANGKOK. IN JUNE, 500KGS OF PANGOLIN SCALES WERE INTERCEPTED AT JKIA. THE SKILLED DOGS CAN DETECT THE SMALLEST AMOUNT OF WILDLIFE CONTRABAND INCLUDING IVORY AND RHINO DUST. THIS YEAR SAW A SIGNIFICANT SUCCESS FOR THE CANINES PROGRAM WHEN UGANDAN PRESIDENT YOWERI MUSEVENI DIRECTED THAT SNIFFER DOGS AND HANDLERS CAN WORK THROUGHOUT THE AIRPORT, INCLUDING IN THE VIP SECTION. PREVIOUSLY, DOGS WERE CONFINED TO CHECK-IN AREAS, WHICH OBVIOUSLY HAMPERED THE TEAMS' EFFECTIVENESS. WHERE THEY ARE DEPLOYED, THE CANINES FOR CONSERVATION TEAMS HAVE SERVED AS EFFECTIVE DETERRENTS FOR THOSE THINKING ABOUT ENGAGING IN WILDLIFE TRAFFICKING.

C. CONFISCATING CONTRABAND AND EVEN ARRESTING POACHERS IS ONLY PART OF THE BATTLE. PROSECUTING CRIMES IS NECESSARY TO DETER POACHING. TO SUPPORT EFFORTS IN PROSECUTING WILDLIFE TRAFFICKING CRIMES, AWF CONTINUED ITS JUDICIAL TRAINING WORKSHOPS IN A NUMBER OF LOCATIONS IN AFRICA THIS YEAR. THE WORKSHOPS TARGET PROSECUTORS, MAGISTRATES AND LAW ENFORCEMENT OFFICIALS. ALONG WITH PARTNER SPACE FOR GIANTS, AWF IS DEVELOPING A RAPID-REFERENCE GUIDE FOR PROSECUTORS TO USE IN TRAFFICKING HEARINGS. IT LAYS OUT THE DOCUMENTS AND PROCEDURES NEEDED TO SUBMIT EVIDENCE GATHERED BY CANINE HANDLERS AND DISCUSSES HOW TO

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

SUCCESSFULLY USE CANINE-HANDLER TESTIMONY. AWF HAS ALSO ANALYZED WILDLIFE LAWS IN KENYA, TANZANIA, ETHIOPIA AND UGANDA AND SYNTHESIZED THE FINDINGS IN A REPORT THAT SERVES AS A LAUNCH POINT FOR WORKSHOP DISCUSSIONS OF BEST PRACTICES AND CHALLENGES IN PROSECUTING WILDLIFE LAW.

FORM 990, PART III, LINE 4B:

IN RECENT YEARS, AWF HAS SUPPLEMENTED THESE EFFORTS WITH MORE POINTED ADVOCACY EFFORTS AIMED AT SENSITIZING AFRICAN POLITICAL LEADERS TO THE NEED TO CONSERVE WILDLIFE AND WILD LANDS TO ENSURE FUTURE AFRICAN VITALITY AND PROSPERITY.

A. EACH YEAR, AWF HIRES A SMALL NUMBER OF RECENT MASTER'S DEGREE GRADUATES TO TAKE PART IN AN INTENSIVE 24-MONTH CONSERVATION MANAGEMENT TRAINING PROGRAM. OUR CONSERVATION LEADERSHIP AND MANAGEMENT PROGRAM IS NOW IN ITS SIXTH YEAR, WITH A NEW CLASS OF TRAINEES THAT STARTED IN AUGUST 2017. THE NEW CLASS INCLUDES THREE ASSOCIATES, FROM BENIN, MALAWI AND SOUTH AFRICA, WHO BEGAN THE TWO-YEAR PROGRAM AT OUR NAIROBI HEADQUARTERS AND WILL EVENTUALLY BE PLACED WITH AWF TEAMS IN THE FIELD OR AT HEADQUARTERS. THROUGH THE PROGRAM, AWF WORKS TO DEVELOP A CADRE OF CONSERVATION PROFESSIONALS SPECIFICALLY TRAINED TO TAKE ON THE PARTICULAR CHALLENGES OF AFRICAN CONSERVATION. WHERE POSSIBLE, AWF HIRES PROGRAM GRADUATES INTO LONG-TERM POSITIONS WITHIN THE ORGANIZATION. CLASS MEMBERS FROM TWO YEARS AGO GRADUATED THIS PAST JUNE AND HAVE ALL TRANSITIONED INTO ROLES WITHIN AWF.

B. AWF'S CLASSROOM AFRICA INITIATIVE BUILDS LOCAL PRIMARY SCHOOLS IN RETURN FOR A SIGNIFICANT CONSERVATION COMMITMENT FROM THE COMMUNITY.

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

CLASSROOM AFRICAN STUDENTS LEARN ABOUT ECOSYSTEMS AND WHY IT IS IMPERATIVE TO PROTECT WILDLIFE AND THE ENVIRONMENT FOR FUTURE GENERATIONS. 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. STUDENT ENROLLMENT TRIPLED AND THE SCHOOL HAS BECOME ONE OF THE REGION'S TOP PERFORMERS. CURRICULUM INCLUDES FIELD TRIPS, AND IN 2017 THE SEVENTH-GRADE CLASS JOURNEYED FROM THE POWERFUL AND SENSATIONAL VICTORIA FALLS TO MOSI-OA-TUNYA NATIONAL PARK, WHERE THEY SAW ZEBRA, GIRAFFE AND ELEPHANTS, MOST FOR THE FIRST TIME. IN THE DRC AT ILIMA CONSERVATION PRIMARY SCHOOL, ENVIRONMENTAL CLUBS PERFORM ECO-DRAMAS FOR THE COMMUNITY AND PLANT TREE NURSERIES TO AFFOREST OLD AGRICULTURAL LAND. THE COMMUNITY PARTICIPATES IN SUSTAINABLE FARMING THAT PROTECTS BONOBO HABITAT. IN THE SIMIEN MOUNTAINS IN ETHIOPIA, THE NEW ADISGE SCHOOL IS A POINT OF PRIDE FOR THE COMMUNITY; EVEN BETTER, NEIGHBORING COMMUNITIES HAVE EXPRESSED INTEREST IN HAVING THEIR OWN SCHOOLS.

C. LATE IN 2016, AWF HIT A NEW MILE MARKER WHEN IT ENTERED INTO A PARTNERSHIP AGREEMENT WITH THE LEADING PAN-AFRICAN POLITICAL ORGANIZATION, THE AFRICAN UNION (AU). THIS AGREEMENT POSITIONS US TO OFFER THE AU AND ITS MEMBERS OUR TECHNICAL EXPERTISE AND CONSERVATION PERSPECTIVE BEFORE POLICIES ARE ENACTED THAT IMPACT WILDLIFE AND WILD LANDS. AWF ALSO IS A PRIMARY CONSERVATION ADVISOR TO THE COMMON MARKET FOR EASTERN AND SOUTHERN AFRICA, ALLOWING US TO INFLUENCE DEVELOPMENT DECISIONS WITHIN THIS REGIONAL TRADING BLOC. THIS YEAR AWF ALSO PARTNERED WITH THE ALLIANCE FOR A GREEN REVOLUTION IN AFRICA, WHICH WORKS TO LIFT SMALL-SCALE FARMERS AND THEIR FAMILIES OUT OF POVERTY THROUGH AGRICULTURAL TRANSFORMATION.

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,

ZIMBABWE, 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 TAX ACCOUNTANTS, THE COMPLETED RETURN UNDERGOES A SECOND LEVEL OF REVIEW BY THE VP OF FINANCE & ADMINISTRATION (VP OF F&A). CHANGES ARE COMMUNICATED TO THE TAX ACCOUNTANTS AS NECESSARY AND APPROPRIATE. THE FINAL DRAFT IS REVIEWED BY THE VP OF F&A AND THE CHIEF OPERATING OFFICER (COO) BEFORE BEING PRESENTED TO THE AUDIT COMMITTEE. THEREAFTER, A COPY OF THE FINAL DRAFT 990 IS PROVIDED TO THE FULL BOARD OF TRUSTEES BEFORE FILING WITH THE INTERNAL REVENUE SERVICE.

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

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

HIRING AND WITH EACH NEW CONTRACT AMENDMENT. STAFF CONCERNS REGARDING CONFLICTS OF INTEREST ARE BROUGHT TO THE HUMAN RESOURCES DEPARTMENT FOR RESEARCH WITH REVIEW BY THE VP OF F&A AND OTHER MEMBERS OF EXECUTIVE MANAGEMENT AS NECESSARY.

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

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

A COMPENSATION STUDY FOR OFFICERS AND KEY EMPLOYEES IS CONDUCTED ANNUALLY. FOR ALL OFFICERS AND KEY STAFF LOCATED WITHIN THE UNITED STATES, INFORMATION FROM COMPARABLE ORGANIZATIONS IS COLLECTED THROUGH PUBLICLY AVAILABLE FEDERAL FORM 990S. FOR KEY EMPLOYEES LOCATED OUTSIDE THE UNITED STATES, COMPENSATION STUDIES ARE OBTAINED AS NECESSARY TO PROVIDE COMPARABLE DATA.

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

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
AL, AR, CA, CT, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, OR, PA, RI, SC, TN
UT, VA, WV, WI

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

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.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2016
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

AFRICAN WILDLIFE FOUNDATION, INC.

Employer identification number
52-0781390

Part I 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

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule R (Form 990) 2016

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
AMC LIMITED	PROVISION OF CAPITAL		AFRICAN WILDLIFE						
C/O AXIS FIDUCIARY, 18N FRERE FELIX DE VALOIS	FOR CONSERVATION		MAURITIUS FOUNDATION	C CORP	140,000.	577,272.	100%		X
AMC CB1 LIMITED	PROVISION OF CAPITAL		MAURITIUS AMC LIMITED	C CORP	281,539.	2,573,506.	100%		X
C/O AXIS FIDUCIARY, 18N FRERE FELIX DE VALOIS	FOR CONSERVATION		MAURITIUS AMC LIMITED	C CORP	421,723.	3,878,431.	100%		X
AMC CB2 LIMITED	PROVISION OF CAPITAL								
C/O AXIS FIDUCIARY, 18N FRERE FELIX DE VALOIS	FOR CONSERVATION								
PORT LOUIS, PORT LOUIS, MAURITIUS	ENTERPRISES								

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

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

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

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

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

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

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

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	Yes/No	
					1a	1b
(1) AWC LIMITED		A	140,000.FMV		X	X
(2) AWC CBI LIMITED		A	281,539.FMV		X	X
(3) AWC CBI LIMITED		D	2,085,274.FMV		X	X
(4) AWC CBI LIMITED		E	3,000,000.FMV		X	X
(5) AWC CB2 LIMITED		A	421,723.FMV		X	X
(6) AWC CB2 LIMITED		D	3,532,980.FMV		X	X

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-)	(c) Amount involved	(d) Method of determining amount involved
(7)AWC CB2 LIMITED	E	4,000,000.FMV	
(8)			
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate 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		Yes	No	

COPY